

Improving screening for patients with risk factors for gestational diabetes

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We are aiming to increase the proportion of patients who are offered a glucose tolerance test (GTT) at the correct time, based on local guidance, to 63% by March 2019

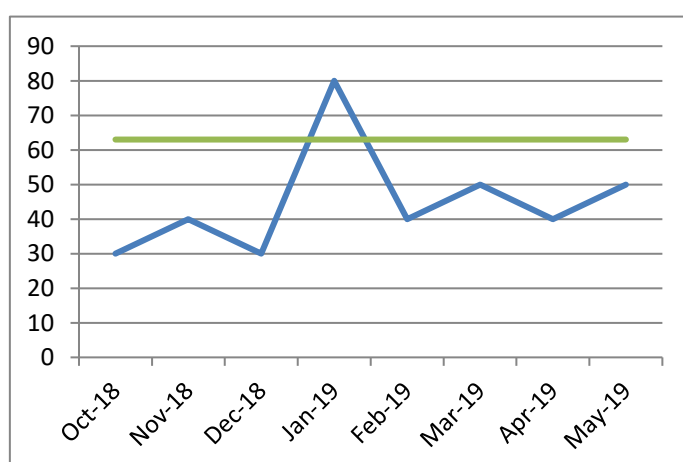
Background

An audit completed prior to our involvement with the NMNHSC showed that only 43% of patients with risk factors for gestational diabetes (BMI >30, ethnicity, family history of diabetes, previous gestational diabetes, history of PCOS) were having GTTs performed at the correct time (between 24 and 28 weeks gestation, or at booking if previous GDM)

We used the opportunity of our involvement in the NMNHSC to develop strategies to improve the proportion of patients offered GTTs at the correct time

Approach taken

- Multidisciplinary discussions and 'away day' to establish underlying causes of low performance of GTTs and potential solutions
- Put systems in place to reduce missed opportunities to offer GTTs to appropriate patients
- Develop mechanisms that will help ensure patients that are missed initially are identified before 28 weeks



Percentage of GTTs correctly performed Oct 2018 – May 2019 by patient estimated due date (with 63% target)

Change ideas

- Updating electronic maternity notes system to ensure an automatic management plan is uploaded for community midwife when risk factors for GDM are identified
- Development of patient information about the importance of GTTs, which will be uploaded to the patient's maternity app
- Creation of a new diabetic link midwife role to track patients once risk factors are identified, ensure GTTs are completed and coordinate care through the Obstetric Medicine clinic

Outcome and impact

- We have not reached our target of 63% of GTTs being correctly performed but many interventions were not in place until late 2018/early 2019, meaning there will be a 16+ week lag until we see the effect (April/May 2019)
- Community midwives are now given accurate, evidence-based advice on how to manage patients with risk factors for GDM via the electronic records system
- We have used the opportunity of overhauling the diagnosis of GDM to ensure that the GTT process is standardised amongst all GP surgeries

Learning

Quality Improvement is crucial to improve our patients' safety but can be challenging. We are a small maternity unit and all leads have multiple roles within the unit. Trying to make time for team meetings and coordinate wider MDT involvement is difficult. An 'away day' where each team member cancelled clinical commitments was very helpful to gain an understanding of the problems we faced and potential solutions

It is important to keep your unit updated on what you are doing as they can offer suggestions and approaches you may not have considered, as well as suggesting people who may be able to help

