

Survey of the organisation of services for pregnant women with diabetes

Please fill in this questionnaire for each maternity unit for which you have responsibility within your trust. In answering the questions, it may be helpful to work with the lead consultant obstetrician, lead diabetes physician, diabetes specialist midwife, and diabetes specialist nurse. If you have responsibility for more than one unit, please make as many copies of the questionnaire as you need.

Person to be used as a point of contact for information given in this questionnaire:

Name::.....**Job**.....

Contact phone:.....**E-mail:**.....

1 **Name of the maternity unit**

2 **Number of births in the year from 1 January – 31 December 2001:**

Personnel

3 **Number of consultants providing obstetric care from January to December 2001**

4 **Is there one obstetrician currently responsible for caring for pregnant women with diabetes?** Yes No

If 'No', how many? 2 3 4 or more

5 **Is there one physician responsible for caring for pregnant women with diabetes?** Yes No

If 'No', how many? 2 3 or more

6 **Is there one specialist midwife responsible for co-ordinating the care of pregnant women with diabetes?** Yes No

If 'No', how many midwives? 2 3 or more none

7 **Is there one specialist diabetes nurse involved in caring for pregnant women with diabetes?** Yes No

If 'No', how many nurses? 2 3 or more none

8 **Is there one dietician involved in caring for pregnant women with diabetes?** Yes No

If 'No', how many dieticians? 2 3 or more

9 **Is there any other key person working within the team caring for pregnant women with diabetes?** Yes No

If 'Yes', please give their job title:.....

Pre pregnancy counselling

10. Please tick the option which most closely describes the arrangements for pre-pregnancy counselling in your unit for women with diabetes.

- 1 Advice is provided in a separate pre-pregnancy clinic.
- 2 Advice is provided within the general diabetes clinic.
- 3 Advice is provided by an obstetrician within the obstetric services.
- 4 No formal arrangements for pre-pregnancy counselling.
- 5 If none of the above, please describe the local arrangements in your unit.

Consultation Arrangements

11 Please tick one option only which describes most closely the management of pregnant women with diabetes.

- 1 Women receive all maternity care from this unit.
- 2 Women are booked here and receive all care antenatally, and are delivered elsewhere.
- 3 Women are booked here, then transferred elsewhere for antenatal care, labour and delivery.
- 4 If none of the above, please describe what happens in your unit.

12 In your unit, is the antenatal care for women with type 1 diabetes usually:

- 1 consultant obstetrician-led only? Yes No
- 2 shared care between the consultant obstetrician and the primary care team? Yes No
- 3 If none of the above, please describe below.

In your unit, is the antenatal care for women with type 2 diabetes usually:

- 13 1 consultant obstetrician-led only? Yes No
- 2 shared between the consultant obstetrician and the primary care team? Yes No
- 3 If none of the above, please describe below.

14 Please tick one option only which best describes the local arrangements in your unit for women with diabetes attending for antenatal care.

- 1 The woman has a joint consultation with the obstetrician and physician on the same day, in the same hospital, in the same room.
- 2 The woman consults with an obstetrician and physician on the same day, in the same hospital but in a different room, followed by a joint discussion about the woman in her absence.
- 3 The woman has separate consultations with an obstetrician and physician in the same hospital on the same day.
- 4 The woman has separate consultations with an obstetrician and physician in different hospitals on the same day.
- 5 The woman has separate consultations with an obstetrician and physician in different hospitals on different days.
- 6 If none of the above, please describe below what happens in your unit.

Provision of information

15 Does your unit provide access to specialist advice for pregnant women with diabetes throughout pregnancy, delivery and the postnatal period outside normal working hours? Yes No

If 'Yes', is this advice offered by:

- a dietician? a specialist nurse? a physician? a specialist midwife?
an obstetrician?

16 Does your unit currently have guidelines for the clinical care of women with diabetes relating to:

- 1 antenatal care? Yes No
- 2 intrapartum care? Yes No
- 3 postnatal care? Yes No

Please send all protocols and guidelines that are currently available in your unit.

Please tick to confirm these guidelines are attached.

17 Does your unit provide written information for pregnant women with diabetes who have special needs, for example, information in different languages? Yes No

Please describe the arrangements in place in your unit.

Laboratory assessments

18 In your unit, what is measured to assess long-term glycaemic control?

- 1 HbA_{1c}
- 2 HbA_{1c}
- 3 Fructosamine

Other, please give details.....

Please quote your laboratory reference range for the relevant measurement.
From.....to.....

19 Does your unit measure HbA_{1c} by using the DCCT aligned HbA_{1c} method? Yes No

Neonatal facilities

20. Does your unit routinely admit the newborn of a mother with diabetes to the special care unit or intensive care unit or nursery? Yes No

21 Does your unit have skilled paediatric cover on site? Yes No

Please tick one option only which most closely describes the skilled paediatric cover which is provided at your unit:

- 1. **Level 1** – Units which provide special care but do not aim to provide any continuing high dependency or intensive care. This term includes units with or without residential staff.
- 2. **Level 2** – Units which provide high dependency and some short-term intensive care as agreed within the network.
- 3. **Level 3** – Units which provide the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery.

Name of person(s) filling in this form:..... Date.....

Please return the completed questionnaire and protocols by
Monday 25 March 2002

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Thank you for your time and help in filling in this questionnaire.