

Confidential Enquiry into Maternal and Child Health

Improving health for mothers, babies and children

Diabetes enquiry pro forma

Do not keep any duplicates or copies of this form
Do not enter any names or signatures

Enquiry reference number:

Panel members:

Mark box as appropriate

Enter a number into box if several members from one specialty

Obstetric

Neonatal nursing

Midwifery

Diabetologist

Neonatology

Diabetic nurse specialist

Lay representative

Other, specify: _____

Guidance for completing the pro forma

Please read before proceeding to complete this assessment

Panel Guidance

Some questions in the enquiry pro forma include guidance (in italics) for the panel assessors. The purpose of this guidance is to aid consistent definitions and is not intended to be prescriptive. This is particularly relevant when evaluating glycaemic control as it is recognised that the panel may have access to information at enquiry which is at variance with the guidance provided. In this situation it is expected that the panel will make a decision based on all the information available rather than on the guidance only.

Terminations and Intrauterine Death

Only the relevant sections need be completed. We have a record of both the pregnancy outcome and gestation so all subsequent questions can be automatically coded as not applicable in analysis.

'No' and 'Not Documented' options

Only use the 'no' option where it is documented in the notes that something has not been done or is not present. We are aware that the nature of note keeping makes the 'no' option redundant in many questions but we need to record the information in this way for consistency in analysis. Use the 'not documented' option in all other situations.

Coding

The intention with the diabetes enquiry pro forma is that where glycaemic control, clinical care or the woman's approach to managing her diabetes is thought to be poor or adequate, the qualitative issues that informed this decision should be préciséd in the accompanying free text space. However in order to assist us with analysis of the data at a later stage there is also a basic coding system in operation. This means that wherever possible the free text should be categorised into main and supplementary codes by the panel as below. It is not essential to provide supplementary codes so please only complete if appropriate. We are aware that the codes are simplistic and that cases reviewed at panel are often complex with multiple issues, but the intention is only to assist in analysis and the detail of the free text will always be studied.

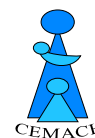
Broadly there are two categories of codes, those relating to the woman and her diabetes and those relating to the provision of health services.

A prefix **P** denotes that the issues discussed relate directly to the patient and/or family issues and the codes are:

PD	Duration or severity of diabetes
PO	Other complicating medical or social and/or lifestyle factors which may hinder optimal management e.g. management-intensive medical conditions such as thrombophilia or cardiac disease, and social factors such as housing problems or lack of family support
PC	Woman actively chose not to follow the medical advice given e.g. refusal to undergo induction of labour until 42+ weeks of gestation
PA	Woman's actions detracted from optimal management e.g. infrequent home blood glucose monitoring, not following dietary instructions
PN	Woman did not attend appointments e.g. failure to attend for clinic visits or ultrasound scans

A prefix **H** denotes that the issues discussed relate to the provision of health services and the codes are:

HP	Clinical practice e.g. no timely discussion of timing and mode of delivery
HC	Communication. This could be a failure of communication between professionals caring for the woman e.g. inadequate discussion between obstetrician and physician or a failure of communication between professionals and the woman e.g. interpreting services were not adequate despite difficulties with English
HR	Resources including staffing e.g. no dietician in the antenatal clinic, lack of midwifery staff on labour ward, problems with accessing timely fetal surveillance such as growth scans



PRE-PREGNANCY CARE *Please complete with reference to the pre-pregnancy pro forma*

1. Does the panel think the woman's glycaemic control was optimal, adequate or poor prior to conception?
(Panel guidance: HbA1c < 7% optimal, 7 to 8% adequate, > 8% poor but please consider all available information including home blood glucose testing results and episodes of hypoglycaemia when making an assessment)

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

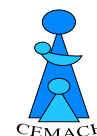
2. Does the panel think pre-pregnancy care, other than glycaemic control, was optimal, adequate or poor?
(Panel guidance: please consider the assessment and treatment of complications, advice given, folic acid and other information contained in the pre-pregnancy pro forma. Optimal indicates that there are no issues with care that need documenting, adequate indicates that there are some issues)

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

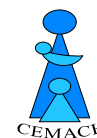
Main code

Supplementary codes



PREGNANCY CARE (up to delivery)

3. Was the current pregnancy planned? Yes No Not documented
4. Was this woman a primagravida? Yes No Not documented
 a) If no, please indicate if any previous pregnancy ended in a congenital malformation Yes No Not documented
5. Did this woman have gestational diabetes in a previous pregnancy? Yes No Not documented
(only complete if woman has Type 2 diabetes) Not applicable
6. What was the date at first contact with a health professional this pregnancy? (dd/mm/yy) / /
7. What was the date at first hospital appointment this pregnancy? (dd/mm/yy) / /
8. Please indicate which professionals were involved in the antenatal care of this woman:
- physician midwife with special interest in diabetes diabetes nurse specialist
 dietician obstetrician with special interest in diabetes
9. Was antenatal care carried out in a dedicated multidisciplinary combined clinic? Yes No Not documented
(Panel guidance: a clinic where the relevant professionals are present at the same time)
10. Was a retinal assessment performed in the first trimester or at booking if later? Yes No Not documented
 a) If yes, was this through dilated pupils? Yes No Not documented
11. Was retinopathy present? Yes No Not documented
 If yes, please answer a) and b)
 a) Please indicate type: Pre-existing – no change Pre-existing and deteriorating
 New finding
 b) Was the woman referred to an ophthalmologist? Yes No Not documented
12. Was folic acid taken in the first trimester? Yes No Not documented
 If yes, please answer a) and b)
 a) Please specify dose of folic acid 400mcg 4-5mg Dose not specified
 b) Please indicate when folic acid started (completed weeks)



PREGNANCY CARE (up to delivery) continued

13. Was this woman monitored for signs of nephropathy? Yes No Not documented

14. Did this woman have diabetic nephropathy? Yes No Not documented

If yes, please answer a) and b)

- a) Please indicate type: Incipient with microalbuminuria
 Established with persistent dip stick positive proteinuria and/or serum creatinine > 130

b) Was renal function monitored adequately?
(Panel guidance: at least every trimester by 24 hour urinary protein estimation in women with microalbuminuria. At least monthly monitoring of urine and blood in women with macro-proteinuria) Yes No Not documented

15. Were there recurrent episodes of hypoglycaemia during pregnancy? Yes No Not documented

16. Did any episode of hypoglycaemia require help from another person? Yes No Not documented

17. Were there any pre-existing diabetic complications that required treatment during the last year? Yes No Not documented

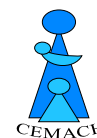
If yes, please describe:

18. Were there any other medical or surgical complications that required treatment during the last year? Yes No Not documented

If yes, please describe:

19. Was a target range set for blood glucose control during the first trimester (prior to 13 weeks)? Yes No Not documented
(Panel guidance: if not documented in the notes but included in the hospital protocol please complete as yes)

a) If yes, was this target range communicated to the woman? Yes No Not documented



PREGNANCY CARE (up to delivery) continued

20. Was a target range set for blood glucose control thereafter (from 13 weeks up to labour and delivery)? Yes No Not documented
(Panel guidance: if not documented in the notes but included in the hospital protocol please complete as yes) Not applicable

a) If yes, was this target range communicated to the woman? Yes No Not documented

21. Does the panel think the woman's glycaemic control was optimal, adequate or poor:
(Panel guidance: HbA1c < 7% optimal, 7 to 8% adequate, > 8% poor)

a) In the first trimester (prior to 13 weeks)?

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

b) Thereafter (from 13 weeks up to labour and delivery)?

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes



22. Does the panel think the diabetic care of the mother during pregnancy, other than glycaemic control, was optimal, adequate or poor? *(Panel guidance: Please consider retinal & renal screening and the management of any complications. Optimal indicates that there are no issues with care that need documenting, adequate indicates that there are some issues)*

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

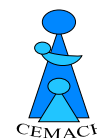
23. Does the panel think the maternity care of the mother during pregnancy was optimal, adequate or poor? *(Panel guidance: optimal indicates that there are no issues with care that need documenting, adequate indicates that there are some issues)*

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes



FETAL ASSESSMENT (before labour)

24. Was there antenatal evidence of:

- a) Fetal growth restriction or poor growth velocity? Yes No Not documented
- b) Fetal size greater than 90th centile? Yes No Not documented

c) If yes to either a) or b), does the panel think the subsequent monitoring of fetal well being was optimal, adequate or poor? (*Panel guidance: optimal indicates that there are no issues with care that need documenting, adequate indicates that there are some issues*)

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

LABOUR AND DELIVERY

25. What was the date of delivery? (dd/mm/yy) //

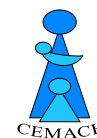
26. Was this delivery less than 36⁺⁰ weeks? Yes No Not documented

Not applicable

If yes:

a) Were any corticosteroids given? Yes No Not documented

b) If corticosteroids were not given, please give reason if documented:



LABOUR AND DELIVERY continued

c) If corticosteroids were given, were any of the following undertaken:

- i. Increased checking of blood glucose? Yes No Not documented
- ii. Change in subcutaneous insulin regime? Yes No Not documented
- iii. Intravenous dextrose and insulin? Yes No Not documented

27. Was the mode and timing of delivery discussed with the woman?

- Yes No Not documented
 Not applicable

a) If yes, at what gestation was this first discussed (completed weeks)?

28. Were intravenous dextrose and insulin administered during labour and delivery?

- Yes No Not documented
 Not applicable

If no, give any documented reason:

29. Was a target range set for blood glucose control during labour and delivery? *(Panel guidance: if not documented in the notes but included in the hospital protocol please complete as yes)*

- Yes No Not documented
 Not applicable

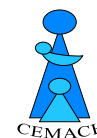
30. Does the panel think the management of the woman's blood glucose control was optimal, adequate or poor during labour and delivery? *(Panel guidance: 3.5 to 8 mmols/l optimal, 8 to 9 adequate, > 9 poor)*

- Optimal Not applicable
 Adequate
 Poor
 Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes



POSTNATAL CARE OF MOTHER continued

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

NEONATAL CARE

36. Was the baby separated from its mother after delivery?

Yes

No

Not documented

Not applicable

If yes please give the reason for this:

37. Was there an intended method of feeding in notes?

Yes

No

Not documented

Not applicable

38. Was supplemental milk or glucose given in the first 24 hours after delivery?

Yes

No

Not documented

Not applicable

39. Was low reagent stick measurement (<2.6mmol/l) checked by laboratory examination?

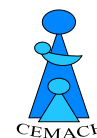
Yes

No

Not documented

Not applicable

Please give method:



PATHOLOGY

40. Was placental pathology carried out? Yes No Not documented

If yes, please indicate whether any of the following were found:

a) Cord oedema Yes No Not documented

b) Villious oedema Yes No Not documented

c) Villious immaturity Yes No Not documented

Please specify any further relevant finding:

CONGENITAL MALFORMATION (only complete if baby has congenital malformation)

Not applicable

41. When was the congenital malformation first detected?

antenatally

Please give gestation (completed weeks)

postnatally

42. Was the congenital malformation confirmed?

Yes No Not documented

If yes, please give method of confirmation:

POST MORTEM (only complete if baby died)

Not applicable

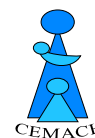
43. Was a post mortem offered?

Yes No Not documented

44. Was a post mortem carried out?

Yes No Not documented

If no, please give reason:



POST MORTEM continued

45. Was the post mortem report available at panel? Yes No Not documented

If yes, please indicate whether any of the following were found:

a) Pancreas: Islet Cell hyperplasia Yes No Not documented

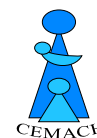
Eosinophilic pancreatitis Yes No Not documented

b) Heart: Cardiomegaly/fibre disarray Yes No Not documented

c) Kidneys: Vascular thrombosis Yes No Not documented

Please specify any further relevant finding:

Please go to summary section on the next page



SUMMARY SECTION

46. Does the panel think that the overall diabetes care was optimal, adequate or poor? *(Panel guidance: this is a summary of glycaemic control and other aspects of diabetic care from preconception through to the postnatal period. Detailed issues should be documented earlier in the pro forma)*

- Optimal
- Adequate
- Poor
- Insufficient information in notes

47. Does the panel think that the overall maternity care was optimal, adequate or poor? *(Panel guidance: this is a summary of maternity care throughout pregnancy. Detailed issues should be documented earlier in the pro forma)*

- Optimal
- Adequate
- Poor
- Insufficient information in notes

48. Does the panel think the woman's approach to managing her diabetes was optimal, adequate or poor:

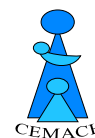
a) In the preconception period? *(Panel guidance: optimal indicates that there are no issues that need documenting, adequate indicates that there are some issues)*

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes



SUMMARY SECTION continued

b) During pregnancy? (*Panel guidance: optimal indicates that there are no issues that need documenting, adequate indicates that there are some issues*)

- Optimal
- Adequate
- Poor
- Insufficient information in notes

If poor or adequate, please summarise key issues and code accordingly:

Main code

Supplementary codes

49. Does the panel think there were any deficiencies in communication between the different professionals involved in the woman's care?

Yes

No

Not possible to infer from notes

If yes, please summarise key issues detailing disciplines involved and grades:

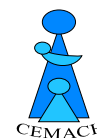
50. Does the panel think there were any deficiencies in communication with the woman?

Yes

No

Not possible to infer from notes

If yes, please summarise key issues detailing both the professionals' and woman's contribution:



SUMMARY SECTION continued

51. Does the panel think there were any deficiencies in the standard of notes? *(Panel guidance: please comment on whether this is to do with the structure of notes or quality of note keeping)*

a) obstetric notes Yes No

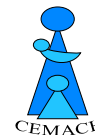
If yes, please comment:

b) diabetic notes Yes No

If yes, please comment:

52. Does the panel think there were any deficiencies in the hospital protocols? Yes No Not available at panel meeting

If yes, please comment:



SUMMARY SECTION continued

53. Please add any additional relevant information or comments not captured elsewhere on the pro forma.

54. Please list any examples of good practice that you think should be shared.



For completion by Panel Chair and Regional Manager after enquiry.

55. Please note any positive or negative issues relating to the 3 areas defined below. This will help to evaluate the panel enquiry process and make improvements for further enquiry work.

a) Panel Process:

b) Lay member/s involvement in the panel meeting:

c) Clinical issues noted during panel enquiry (e.g. inconsistency of existing definitions, variance in practice):