

# SIGN guideline on Diabetes in Pregnancy

Consultation report on: Plain language version

The consultation	
Open consultation took place from 16 April to 28 May 2024. Interested stakeholders were invited to complete a survey to provide feedback on the draft information. 17 people participated in the consultation process. All participants declared their interests.	
<b>1. Please tell us about the way the booklet is written. Is the language and tone appropriate?</b>	
<b>Responses:</b>	
<b>Yes – 93%</b>	
<b>No – 7%</b>	
Feedback	Group Response
Aim for an HbA1c	? Incomplete. What section does this relate to?
Information is clear and easy to understand	Thank you
Sensitive and easy to understand.	Thank you
<p>I wonder if the tone is right for the following sentence on page 7 recommendations</p> <p>Before planning your pregnancy you should:</p> <p><b>Receive lifestyle advice</b> such as smoking cessation, healthy eating, weight management, and exercise recommendations</p> <p>To me this sounds like a passive process.</p> <p>Perhaps something along the line of the following?</p> <p>Consider lifestyle changes that support a healthy pregnancy and beyond such as stopping smoking, healthy eating patterns,</p>	<p>Changed to consider if there are any changes that you could make to your lifestyle to support a healthy pregnancy and beyond. For example, stopping smoking, healthy eating patterns, making an enjoyable physical activity part of your daily routine, and managing your weight if needed.</p>

## SIGN guideline on Diabetes in Pregnancy

Consultation report on: Plain language version

	enjoyable physical activity as part of your daily routines, and if necessary weight management.		
	clear without jargon	Thank you	
<b>2. Please tell us what you think of the content.</b> <b>Does the content help people understand what the latest research and good practice supports around assessment, diagnosis, treatment, and management?</b>			
<b>Responses:</b> <b>Yes – 53%</b> <b>No – 47%</b>			
	<b>Feedback</b>	<b>Group Response</b>	
	I have read somewhere that DM is the most common complication of pregnancy - looking at the data on PHS it is definitely on the rise. Someone smarter than me could work out the numbers!	Added to beginning: ‘Gestational diabetes is not as common than type 1 or type 2 diabetes, but it is increasing. It affects at least 4–5 in 100 women during pregnancy, or 1 in 20 pregnancies in the UK.’	
	I think if I was a patient I would find it hard to differentiate between clinical and research.	Added ‘Recommendations in the guideline are based on different types of evidence. Some of the evidence we use comes from current research and some of our evidence is from the clinical experience and opinions of healthcare professionals and people with lived experience’	
	Be offered advice on the importance of taking folic acid (Think this should "Be aware of the importance of taking folic acid"	Agree	
	personalized v personalised (this is a Scottish guideline, are we using americanised language?)	Error due to AI which we didn't pick up	

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	<p>it's beneficial to aim for glucose levels similar to those in individuals without diabetes. - I think you should link see page 12 (the table with numbers)</p>	<p>Agree and added</p>	
	<p>When is it recommended to deliver the baby for women with diabetes during pregnancy? I think you should reword this to:</p> <p>“Discuss with your healthcare team as soon as possible what the delivery options are best suitable for your birthing plan. You will be able to create a birthing plan that is the best possible for you and your baby - these can be recorded in your case notes too.”</p>	<p>Changed to information point ‘It's important to talk with your healthcare professional about when and how you plan to give birth. You should aim to do this as soon as possible after becoming pregnant. You will be able to create a birthing plan that is the best possible for you and your baby. This can be recorded in your case notes too. Final decisions about when and how to deliver your baby will be made during the third trimester of your pregnancy’.</p>	
	<p>What will happen if I had gestational diabetes?</p> <p>Postnatal care - in our HB patients have a follow up Hba1c I believe about a month after. not sure if everyone else the same.</p>	<p>To clarify, HbA1c level is not accurate until after 13 weeks postnatal due to changes in blood volume, anaemia or blood loss during delivery. We can use fasting blood glucose but HbA1c is not reliable in this time period and not recommended. No change made to report.</p>	
	<p>Clinical experience is what a healthcare team should offer? Research is maybe more Be aware? not sure what synonym could be used that is less scary for those with diabetes in pregnancy.</p>	<p>We want teams to practice evidence-based medicine and we want people to know that the care they get is based on the latest research and good practice. The symbols and wording have been tested with patients and the public as part of a research project we took part in. Is group happy with this response?</p>	
	<p>This guideline is not consistent with the prevention of Type 2 diabetes guideline which identifies high risk of diabetes as FPG 5.5 to 6.9 whereas this document talks about postnatal tests only being high risk if glucose over 6.0. Perhaps the evidence bases are different but it is really confusing to have 2 different levels. One of the guidelines needs to change or additional information included to explain why there is a difference.</p>	<p>Change being made to Prevention of type 2 diabetes therefore no change needed for this.</p>	

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	<p>Re the text that ideally, testing should be done between 6 and 13 weeks post delivery. A Diabetes consultant recently expressed caution at testing at 6 weeks if there had been a lot of blood loss at birth.</p>	<p>For clarity, we would use fasting glucose and not HbA1c between 6 and 13 weeks due to the reason highlighted above. Clarified in document.</p>	
	<p>Do the guideline group really think it is ok to encourage pregnancy in women with HbA1cs of 80 which is what this document suggests - ie you only need to avoid getting pregnant if your HbA1c is above 86. This is inconsistent with the statement that you should aim for an HbA1 of 48 when planning pregnancy</p>	<p>We are giving mixed messages and want to avoid confusion so have added 'You should use reliable contraception until you reach your target HbA1c as discussed with your healthcare team' to opening paragraph of this section and removed the recommendation to wait until below 86 mmol/mol.</p>	
	<p>Re text in the paragraph on What is gestational diabetes? - This feels a bit passive. Suggest instead " Having Gestational Diabetes increases your risk of going on to develop type 2 diabetes'? (It goes on to say this later)</p>	<p>Agree and changed</p>	
	<p>Section on Are there any supplements or alternative treatments? - The first 3 sentences here essentially say the same thing. Suggest instead 'There is limited and inconclusive evidence on the effectiveness of myo-inositol and probiotics.'</p>	<p>Agree and changed</p>	
	<p>Please add in other social media: Facebook, Instagram and Twitter (X): @diabetesscot</p>	<p>Added, thank you</p>	
	<p>There is no mention of eating disorders or advice not to try to lose weight during pregnancy</p> <p>I have had two pregnancies with type 1 diabetes and both these pregnancies resulted in PPRM and early delivery of my babies at 34 and 33 weeks. I wasn't given much information in my</p>	<p>Outwith guideline remit</p> <p>Agree – group did not address this but I would have no objection including details about Bliss.</p> <p>Added text to information about delivery planning. 'Some babies may be delivered prematurely. Often no cause is found and may or may not be</p>	

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Consultation report on: Plain language version

	<p>antenatal diabetes clinics about the likelihood and risks associated with premature delivery both for myself and my babies. I was hoping I could suggest that more info is included on this form?</p> <p>Could you also add Bliss - charity for babies born premature or sick into the useful resources section?</p>	<p>related to diabetes. Babies may need urgent neonatal care and you will be supported by your healthcare team. Further details are available through the charity Bliss. <a href="http://www/bliss.org.uk">www/bliss.org.uk</a>.' Added again to further resources section.</p>	
	<p>Description of GDM counter to our current explanation which is focused on insulin resistance due to pregnancy hormone release rather than a insufficiency of insulin.</p>	<p>Added 'It happens when your body can't produce enough insulin to meet the extra needs during pregnancy, leading to high blood glucose levels. This happens due to the pregnancy hormones causing insulin resistance.'</p>	
	<p>Helpful guide for anyone planning a pregnancy</p>	<p>Thank you</p>	
	<p>It feels light on postnatal care for Type 1 and Type 2 diabetes. Can we add some more here? Diabetes changes massively after pregnancy in so many ways I think it is important to acknowledge that. Even just to note the areas that might be worth talking to your diabetes team about.</p>	<p>Two information boxes on what should be discussed have been added</p>	
	<p>JDRF doesn't use the longer version of its name (Juvenile Diabetes Research Foundation). It is just JDRF UK now</p>	<p>Updated, thank you</p>	
	<p>could add in risk factors for GDM and type 2 diabetes</p>	<p>Added in risk factors to GDM section and added in screening recommendations to reflect guideline.</p>	
	<p>There is no info for postpartum support, I'd suggest PANDAS</p>	<p>Guideline does not cover postpartum support but useful to include PANDAS and Mental health Alliance in further sources of support section.</p>	
	<p>Page 9 - information re CGM in the ante natal period is on it's own page? could this be kept with it's relevant section?</p>	<p>This will be formatted at DTP so related information will be kept together</p>	

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<p>Page 17</p> <p>Currently reads</p> <p>Exercise is important for women with gestational diabetes and can help improve glucose control. You should aim for 150 minutes of moderate physical activity each week while pregnant. This is especially crucial if you have gestational diabetes.</p> <p>Suggest 'Physical activity' in place of 'exercise'. Also "The guidelines suggest a goal of 150 minutes" BUT if a woman is starting from nothing this could be very demotivating the way it currently reads. Ideally women who are advised to do 150 minutes of physical activity each week whilst pregnant, but doing something is better than nothing and building up as able will help improve your glucose control</p> <p>Overall a really useful document, although pretty long so would be less likely to print to give to patients, but I suspect the intention is to have leaflets available in clinics. Would there be a printer friendly version?</p>	<p>Agree and added 'You can spread this time across different days and do various activities to stay active and healthy.'</p> <p>Thank you. This information will go into RDS and we will also have a booklet in PDF format. We will print and send to Boards for use in clinics.</p>
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3. Please share any ideas for graphics for inclusion in our booklet. What type of image for the front cover would be meaningful?		
	Feedback	Group Response
	quite like <a href="#">this image</a>	Thank you for your suggestion but link not working
	Traffic light diagrams for risk eg red / amber / green	Thank you for your suggestion
	Pregnant women of different shapes and sizes	Thank you for your suggestion
	Maybe a pregnant Mother with her partner, male or female depiction.	Thank you for your suggestion
	A person who is pregnant and using an insulin pump and/or CGM	Thank you for your suggestion
	Showing a person with a pregnancy bump and diabetes technology on show	Thank you for your suggestion
	Photos of real pregnant women with CGMs/insulin pumps	Thank you for your suggestion
	Pregnant woman	Thank you for your suggestion
	Silhouette of a pregnant woman	Thank you for your suggestion
	A diverse image - perhaps of a woman/ women of reproductive age walking outdoors in a green space.	Thank you for your suggestion
	Diverse women	Thank you for your suggestion
	Health promoting image such as pregnant person exercising whilst wearing CGM	Thank you for your suggestion
Additional/Miscellaneous comments		
	Feedback	Group Response
	1. Hba1c of >86 mmol/mol to avoid pregnancy seems very high! I would tend to advise people to totally avoid pregnancy until HbA1c in 50s but advise target 48. I don't actually do PPC but I think that advice is fairly standard..	Removed this so we are not giving mixed messages.  Added 'if you have type 1 diabetes..'. We are not suggesting ketone testing for GDM (unless healthcare professional considers high risk of new type 1).

## SIGN guideline on Diabetes in Pregnancy

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	<p>2. Are we currently asking women with GDM to test for ketones when BG &gt;10 mmol/l even if not on insulin/ any treatment?</p> <p>3. I don't think there is an explanation of what an OGTT involves anywhere.</p> <p>Suggests the following: I think i would change the targets on page 12 (using time in range for t1 and t2 .</p>	<p>Added 'The Oral Glucose Tolerance Test (OGTT) checks how your body processes glucose. After fasting, your blood is tested. Then, you drink a 75-gram sugary solution, and your blood is tested again after 1 and 2 hours. This helps diagnose diabetes and gestational diabetes.'</p> <p>Added rec in 'If you are monitoring your glucose levels in pregnancy using CGM, your team will monitor your overall glucose patterns and will recommend your blood glucose levels are in range (3.5-7.8 mmol/L) at least 70% of the time.'</p> <p>Added extra sentence: 'In some occasions pregnancy is not planned hence it's important to contact the diabetes team to support you and help manage your diabetes during your pregnancy. It can be difficult to reach the target and try not to worry. Your health care team can support you to get as close as possible.'</p> <p>Fasting glucose test may not be practical for some women so a (non-fasting) HbA1c could be offered so guideline makes recommendations on use of both. Added that HbA1c test is non-fasting.</p> <p>Added need for annual testing.</p>
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	<p>postnatal test is not fasting glucose - need to change this to A1c which will be the huge majority test..</p>		
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