

# Diabetes - Pregnancy

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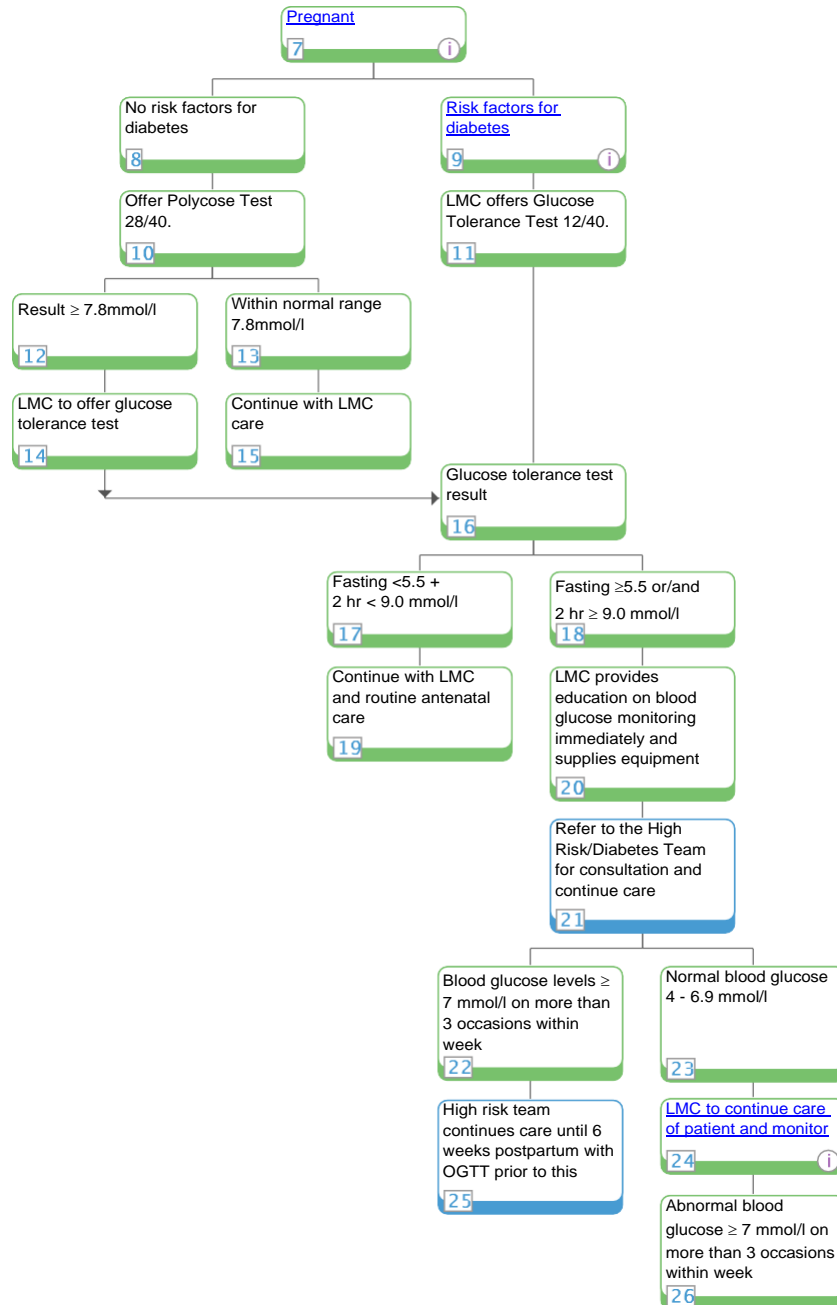
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## 1. Care map information

### Abbreviations:

- ACE Inhibitor - Angiotensin Converting Enzyme Inhibitor
- ARB - Angiotensin Receptor Blocker
- ARC - Aged Residential Care
- BMI - Body Mass Index
- CHO - Carbohydrate
- DKA - Diabetic ketoacidosis
- eGFR - Estimated Glomerular Filtration Rate
- GI - Glycaemic index
- HbA1c - Glycated haemoglobin
- HHNS - Diabetic hyperosmolar hyperglycaemic non-ketotic syndrome
- MODY - Maturity onset diabetes in youth
- NDNKSF - National Diabetes Nursing Knowledge and Skills Framework
- OGTT - Oral glucose tolerance test.

### References:

See Provenance Certificate for full list of references.

## 2. Information resources for patients and carers

### Te Ara Whānau Ora Brochure

- [Te Ara Whānau Ora Brochure](#)

### Patient version of pathway

- [Patient version of pathway](#)

## 3. Updates to this care map

Date of draft publication: May 2013.

Interim update:

This care map has been updated in line with consideration to evidenced based guidelines.

For further information on contributors and references please see the care map's Provenance.

NB: This information appears on each page of this care map.

## 4. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Wha \(Māori model of health\)](#) when working with Māori whānau
- asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of [whānaungatanga \(making meaningful connections\)](#) with their Māori client / whānau

- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators](#) where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

**For further information:**

- [Hauora Māori](#)
- [Central PHO Maori Health website](#)

## 5. Pasifika

[Pacific Cultural Guidelines \(Central PHO\) 6MB file](#)

**Our Pasifika community:**

- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The Fonofale Model \(pasifika model of health\)](#) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- [Cultural protocols and greetings](#)
- [Building relationships with your pasifika patients](#)
- [Involving family support, involving religion, during assessments and in the hospital](#)
- [Home visits](#)
- [Contact information](#)

**Pasifika Health Service - Better Health for Pasifika Communities:**

- the Pasifika Health Service is a service provided free of charge for:
  - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433
- [Better Health for Pasifika Communities brochure](#)

**Additional resources:**

- Ala Mo'ui - [Pathways to Pacific Health and Wellbeing 2010-2014](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
- [List of local Maori/Pacific Health Providers](#)
- [Central PHO Pacific Health website](#)

## 6. PHARMAC Subsidy Rules

According to the Pharmaceutical Schedule and updates, as of 1 April 2012 the following subsidy rules applied: **Insulin Syringes**

- disposable with attached needle
- maximum of 100 per prescription (prescribed on the same prescription as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly)
- sizes: 0.3mL, 0.5mL and 1mL Gauge: 29g and 31g
- needle size: 12.7mm or 8mm
- subsidised brands: ABM, DM Ject, B-D Ultra Fine

#### **Insulin Pen Needles**

- maximum of 100 per prescription (prescribed on the same prescription as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly) Gauge: 29g, 31g and 32g
- sizes: 12.7mm (29g), 8mm (31g), 6mm (31g), 5mm (31g), 4mm (32g)
- subsidised brands: ABM, B-D Micro Fine, SC Profi-Fine, Fine Ject (Note: Not all of the above brands are available in multiple sizes or gauge).

#### **Blood Glucose Testing**

- maximum of 50 strips per prescription unless:
  - prescribed with insulin or a sulphonylurea on same prescription
  - prescribed on different prescription page from insulin or a sulphonylurea and the prescription is endorsed accordingly
  - prescribed for a pregnant woman with diabetes and prescription is endorsed accordingly

#### **Ketone Testing**

- maximum of 20 strips per prescription
- not available on BSO
- subsidised brands: Optimum Blood Ketone Test Strips

#### **Blood Glucose Meters**

- maximum of 1 meter per prescription
- subsidised for patients who begin insulin or sulphonylurea therapy after March 2005 (or prescribed to a pregnant woman with diabetes)
- only 1 meter per patient (no further prescriptions will be subsidised)
- the prescription must be endorsed accordingly

## 7. Pregnant

All women in pregnancy are offered screening to detect and treat gestational diabetes.

## 9. Risk factors for diabetes

- BMI > 30
- previous baby > 4.5 kg
- previous gestational diabetes
- previous unexplained stillbirth
- primary family history of diabetes
- Māori/ Pacific Islander/Asian

## 24. LMC to continue care of patient and monitor

In labour, follow Diabetes Protocol of Mx in labour - recommend oral glucose tolerance test (OGTT) 6/52 post partum.

# Diabetes

## Provenance Certificate

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### Overview

This document describes the provenance of MidCentral District Health Board's **Diabetes** pathway. This pathway is regularly updated to include new, quality-assessed evidence, and practice-based knowledge from expert clinicians. Please see the Editorial Methodology section of this document for further information.

This localised pathway was last updated in **October 2017**.

For information on changes in the last update, see the information point entitled 'Updates to this care map' on each page of the pathway.

One feature of the "Better, Sooner, More Convenient" (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The purpose of implementing the CCP Programme in our DHB is to:

- Help meet the Better Sooner More Convenient Business Case aspirational targets, particularly the following:
  - Reduce presentations to the Emergency Department (ED) by 30%
  - Reduce avoidable hospital admissions to Medical Wards and Assessment Treatment and Rehabilitation for over-65-year-olds by 20%
  - Reduce poly-pharmacy in the over-65-year-olds by 10%
- Implement a tool to assist in planning and development of health services across the district, using evidence-based clinical pathways.
- Provide front line clinicians and other key stakeholders with a rapidly accessible check of best practice;
- Enhance partnership processes between primary and secondary health care services across the DHB.

To cite this pathway, use the following format:

Map of Medicine. Medicine. MidCentral District View. Palmerston North: Map of Medicine; 2014 (Issue 1).

### Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

### References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

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## Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

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## Disclaimers

### Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.