GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details ***This information will be used only for contacting you in relation to this submission***	
Title	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr X ☐ Other ☐
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Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

☐ I do not want my submission published

☐ I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;

Submission Guidance

- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

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Introduction:

- The Fiona Stanley Hospital (FSH) Diabetes in Pregnancy Service is a multidisciplinary team dedicated to improving the quality of care of pregnant women with Diabetes in Pregnancy (including Gestational Diabetes) at FSH and within the South Metropolitan Health System.
- This recommendation is supported at Head of Service level across all stakeholders (Endocrinology/Obstetrics/Midwifery/Dietetics/Diabetes Nurse Education)

Recommendation:

- We recommend increased partnership with local maternity services* with provision of antenatal care to pregnant women with Gestational Diabetes requiring insulin therapy by local services (rather than FSH) until 36 weeks gestation.
- At 36 weeks these women should be transferred to Fiona Stanley Hospital for ongoing antenatal and delivery care.
- We recommend women with Pre-existing Diabetes who reside in the FSH/SMHS catchment area have their antenatal and delivery care at FSH.

*Local maternity services = Rockingham General Hospital (RGH), Armadale Kelmscott Memorial Hospital (AKMH), Bentley Hospital (BH)

Current Situation:

- Currently all pregnant women with Gestational Diabetes attending local maternity services are cared for at those sites unless they have suboptimal diabetes control and require initiation of insulin therapy which necessitates referral to FSH for ongoing antenatal and delivery care.
- Dependent on at what stage in pregnancy insulin is required this can equate to > 7-12 antenatal clinic visits distant from their home (not including the impact of attendances to Maternal Fetal Assessment Unit, Radiology and Pathology Services and Labour Ward).
- This is not a patient centred model and results in significant impact on pregnant women and their families in respect to increased time spent travelling and associated cost for antenatal care. For some women this increases the chances that they do not attend for regular antenatal care and increases the risk of significant adverse pregnancy outcome for mother and baby.
- Pregnant women with pre-existing diabetes in pregnancy have been unable to have care at FSH to date due to overwhelming number of referrals of women with Gestational Diabetes and instead antenatal and delivery care is provided at King Edward Memorial Hospital. This again is not a patient centred model and results in significant impact for this separate cohort. As a level 5 Maternity site, our expertise is not being utilised for these higher risk women and babies.

Critical Information :

- Gestational Diabetes is a common complication of pregnancy and the prevalence is increasing
- Gestational Diabetes is overrepresented in the South Metropolitan Health System with high rate of risk factors, early diagnosis and more severe phenotypes.
- Gestational Diabetes increases the risk of macrosomia, shoulder dystocia, preeclampsia, stillbirth, neonatal hypoglycemia and jaundice and in the longer term is associated with high risk of progression to maternal type 2 diabetes and in the offspring increases the risk of obesity and type 2 diabetes.

Submissions Response Field

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- If Gestational Diabetes is not well controlled with dietary and lifestyle modification, insulin therapy is prescribed and initiated by Diabetes Nurse Educator. Insulin therapy requires ongoing titration of dose by health care professional until delivery.
- Women with GDM requiring insulin therapy require frequent antenatal review (generally fortnightly in third trimester and weekly from week 36) with multidisciplinary input (Obstetric/Midwifery/Diabetes Nurse Educator/Dietitian)
- Each of the local maternity services employ members of the multidisciplinary team that such women would require
- Currently a similar model exists between FSH and local services in regards to pregnant bariatric patients (ie all women with BMI >40 are transferred to FSH at 36 weeks for ongoing antenatal and delivery care) which could be emulated for women with GDM.
- We strongly recommend the governance of such patient care be provided by staff Obstetricians rather than GP-Obstetricians as is appropriate given the potential implications of poorly controlled Gestational Diabetes.

References: Available on request