

Referrals

Self referral, Endocrinologist, Consultant Physician, GP and Obstetrician referrals are accepted. Visits can be claimed from Medicare if you are eligible for a Enhanced Primary Care Plan (EPC) if you have type 1 or type 2 diabetes. Private Health Cover may also cover diabetes and pregnancy fees, but check first with your health insurance provider. Alternatively, private fees will apply.

Appointments

Once a referral is received, Sheree will contact you with a suitable time and date for your appointment.

Initial consultations are 30-45 minutes. Longer consultations can be arranged. Alternatively, Review consultations can be provided face to face and are 15-20 minutes. If you are currently pregnant, after your initial consultation, Sheree will provide you with a free blood glucose meter, pregnancy resources and you may also need additional consultations to discuss your blood glucose results and advice on diabetes management (as per fees). Sheree will also provide reports on your progress to other health professionals in your pregnancy team.

Home visits can be negotiated (Ballarat only) and weekend and evening consultations can be negotiated (Ballarat only), if client has an at risk pregnancy and unable to attend visit.

Clients need to bring the following to the visit;

- Medicare, Concession, Pension or Private Health Insurance cards.
- Referral letter and/or EPC plan (if eligible) from you GP or other health provider
- Copies of recent and past blood tests i.e.: Haemoglobin A1C (HbA1c) (need past 12 month results), Oral Glucose Tolerance Test (OGTT), fasting blood glucose, urine tests, cholesterol, blood pressure and information on intended health service for delivery and any previous pregnancy and delivery problems.



Where to find DETA? 2 locations

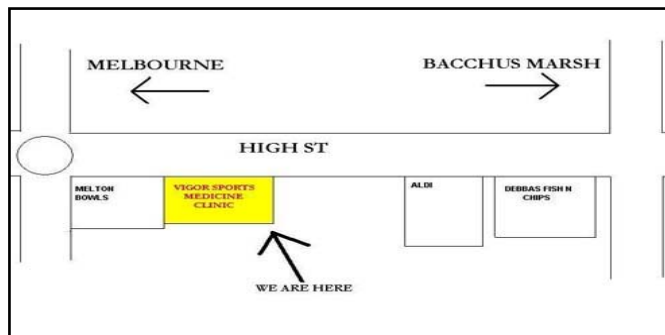
Diabetes Education To Assist (DETA)

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Diabetes Education To Assist



Diabetes:

Pre & Post Pregnancy

Sheree Jane Rennie CDE



Diabetes Education To Assist (DETA) aims to enhance the lives of women and families in the community with support and education in planning pregnancy and for women who have become pregnant and have diabetes. Sheree is a credentialed diabetes educator, endorsed with the Australian Diabetes Educators Association (ADEA). Sheree also completed postgraduate study in diabetes and pregnancy in multicultural and indigenous communities. Sheree has a unique way of looking at and providing support for women with pre-existing or newly diagnosed diabetes and pregnancy, as she also has Type 1 diabetes.

Diabetes Education To Assist (DETA) provides the following pregnancy services, but is not limited to;

- Pre-pregnancy planning, pregnancy and diabetes management and post pregnancy follow up.
- Women with pre-existing type 1 and type 2 diabetes and pregnancy.
- Women with newly diagnosed type 1 and type 2 diabetes and pregnancy.
- Women with pre-existing diabetes and Poly Cystic Ovarian Syndrome (PCOS).
- Women with past or newly diagnosed Gestational Diabetes Mellitus (GDM).
- DETA provides diabetes multicultural and indigenous diabetes and pregnancy care.
- DETA can provide diabetes and pregnancy presentations and education sessions to the local community.
- DETA can also provide diabetes presentations, education sessions, programs, development of diabetes and pregnancy resources, policies and procedures and consultancy for health care agencies and other health organisations.

But, what is Diabetes?

Diabetes occurs when the body is unable to produce insulin (type 1) or supply enough insulin (type 2) to maintain recommended blood glucose levels (BGLs) between 4-8 mmol/L. When you eat, it takes your body 2 hours to digest food and release it into your blood stream as (glucose).

Insulin is an important hormone in this process and is produced by the pancreas to help transport your digested food to your muscles to make energy. If your insulin is not working effectively, and can not transport glucose to your muscles, this results in your body sustaining high blood glucose levels.

Uncontrolled diabetes can make it difficult to become pregnant or if uncontrolled and you have conceived, can increase the risk of your baby developing malformation complications. Eating healthy meals, maintaining acceptable BGLs and achieving a HbA1c > 6% prior to conception increases your chances of a healthy pregnancy.

What is Gestational Diabetes Mellitus (GDM)?

GDM develops when hormones in the placenta block insulin from working effectively, thus causing an increase in BGLs. Women who are pregnant and have been diagnosed with GDM will need to see a credentialed diabetes educator and dietitian for education on diet and strategies to maintain BGLs in ranges of 3.5-7.0 mmol/L. This is to help reduce the risk of the baby from receiving excess glucose, which can lead to increased growth and difficult delivery. GDM is often diagnosed by a Oral Glucose Tolerance Test (OGTT) - refer to www.racgp.org.au, 2010/11 Diabetes Management in General Practice, page 37.

Why is Diabetes and Pregnancy Planning important?

If you have pre-existing (Type 1, Type 2 or GDM) and are planning on becoming pregnant, it is important to speak with your GP and credentialed diabetes educator to ensure that you are healthy before becoming pregnant (pre conception) period. Good blood glucose control, maintaining near to normal BGL ranges prior and during pregnancy will help reduce the chance of miscarriage, birth defects and help facilitate a healthy pregnancy.

Women with pre-existing diabetes and PCOS may require weight management, increased exercise and maintain near to normal BGLs to help improve their chance of becoming pregnant.

Your Doctor; can provide you with pre-conception information and medical checks such as eye and kidney checks to detect any problems before, during and after your pregnancy, as deterioration can occur whilst pregnant. If you are a smoker, information on cessation strategies during pregnancy will be provided as smoking during pregnancy can harm your baby and increase your risk of developing diabetes related vascular complications.

A CDE; can provide you with information on good diabetes management strategies pre, post and during pregnancy and provide you and your family with education and support to help improve your diabetes management during pre-conception, conception and post partum.

High blood glucose levels (Hyperglycaemia) can cause the following if you are pregnant and have diabetes;

- High BGLs can be passed on to your baby, which can cause the baby to grow quite rapidly, resulting in a difficult delivery. This is called Fetal Macrosomia. When your baby receives excess glucose, the baby's pancreas releases excessive insulin to cope with this. Keeping your BGLs within tighter ranges (3.5-7.0 mmol/L) can help prevent this.
- Post birth, your baby can develop hypoglycaemia (low blood sugar levels), as its pancreas still releases excess insulin but does not realise that the production of excessive glucose has been ceased. This will be monitored for and treated immediately by medical/health staff.