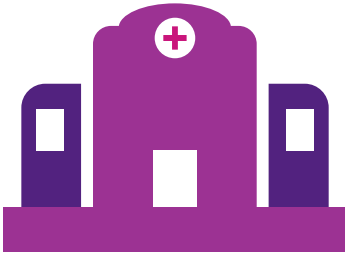




Diagnosed with gestational diabetes (GDM) and thinking about birth in a midwifery unit (MU)?

Information from a national research study



What is a midwifery unit?

Midwifery units (MUs) are often known as birth centres. There are two types of MU: alongside midwifery units (AMUs), which are on hospital sites where there is also a labour ward or delivery suite; and freestanding midwifery units (FMUs), located away from a hospital or in a hospital that doesn't have a labour ward.



What is gestational diabetes (GDM)?

GDM is a condition which develops in pregnancy and means you have high levels of sugar (glucose) in your blood. In most cases, it will go away after giving birth but it may reoccur in the future.



Care plan

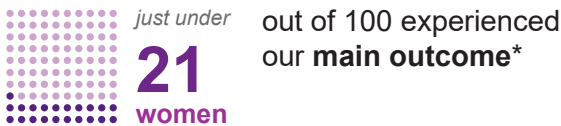
Talk to your midwife and make a care plan that suits you. An MU birth may not be best for everyone.

These results may apply to you if:

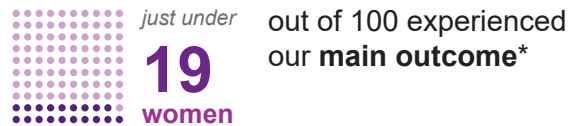
- ✓ You are thinking about birth in an **AMU**
- ✓ You have well-controlled GDM (you have stable blood sugars which are rarely out of advised limits)

What we found - For women diagnosed with GDM, which is well-controlled, planning a birth in an AMU can be just as safe as for women who do not have diabetes.

Women with gestational diabetes



Women without diabetes



***Main outcome** – having at least one of the following: needing labour to be speeded up with a drip; birth assisted by forceps or ventouse; caesarean birth; needing a blood transfusion; a severe tear after birth; needing intensive care after birth.



This information is based on a national research study carried out in all **199 midwifery units, 126 AMUs and 73 FMUs**, in the UK in 2021-2022.

We collected information about all women admitted to MUs (both AMUs and FMUs) for labour care/birth who were recorded as having diabetes (420 women in total).

What we did - We compared what happened to 420 women with diabetes and their babies with a group of 411 women who were not diagnosed with diabetes who were admitted to the same MUs.

We aimed to collect information about all women admitted to any type of MU with any type of diabetes (including pre-existing 'Type 1' or 'Type 2' diabetes)

64
women with GDM
were on medication

351
women with GDM
were not on
medication

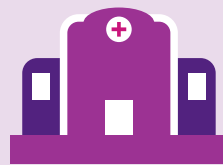
2
women with GDM did
not have medication
recorded

3
women with
pre-existing diabetes



What we found - There were 420 women with diabetes admitted for labour care to a MU in our study

417 women had GDM **3** women had pre-existing diabetes



411 women with diabetes were admitted to an AMU

9 women with diabetes were admitted to an FMU

These results best apply to women with well-controlled GDM thinking of giving birth in an AMU.

As well as the main outcome, we also looked at other outcomes for the woman and her baby.

Any transfer to obstetric care (during labour or after birth)

Women with gestational diabetes

just under **25** out of 100 women were transferred

Women without diabetes

just under **23** out of 100 women were transferred

Straightforward vaginal birth (SVB) - (i.e birth without forceps, ventouse or caesarean, with no third/fourth degree perineal tear and no blood transfusion)

Women with gestational diabetes

83 out of 100 women had an SVB

Women without diabetes

84 out of 100 women had an SVB

Caesarean birth

Women with gestational diabetes

just under **6** out of 100 women had a caesarean birth

Women without diabetes

just under **5** out of 100 women had a caesarean birth

Neonatal admission

Women with gestational diabetes

3 out of 100 babies were admitted to the neonatal unit

Women without diabetes

2 out of 100 babies were admitted to the neonatal unit