

OPEN COMMENTS TABLE For Peer/Consumer Review of RCOG products

RCOG patient information aims to provide clear and accessible information to girls and women to assist them in making informed choices and to their family and friends who may be offering support. The points below are intended to assist you, as a reviewer, to submit brief and structured comments:

- Please critically appraise the content and structure of the patient information, ensuring it is balanced and unbiased.
- Please make your comments constructive, structured and brief indicating the line number or section to which your comment refers.
- Detailed copy-editing or layout comments are not necessary, as this document will be edited before publication.
- Please disclose any conflicts of interest, although these do not preclude you from reviewing the document.
- The RCOG reserves the right to summarise and edit comments received, or not to publish them at all, where the comments are voluminous, publication would be unlawful or inappropriate.

Please email this form to: patientinformation@rcog.org.uk

Closing Date: Friday 20 December 2019

| Name of Peer Reviewer | Please be clear as to which line number/section your comments refer to | Comments | FOR OFFICE USE ONLY PIC response to comment |
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| Association for Improvements in the Maternity Services (AIMS) www.aims.org.uk | | <p>AIMS has concerns with this leaflet. Our comments reflect fundamental inadequacies in the leaflet's tone, language, evidence base, perspective and legal and ethical standpoints.</p> <p>General Comments</p> <p>The leaflet states that it has been written for women who have been told that they have GDM. However it includes information about testing. Consequently, it must be highlighted in the leaflet that its use is also for women who are being offered testing or may be at risk of GDM.</p> <p>Women need information in order to make decisions about whether or not to accept tests and treatments which they are offered. That information needs to quantify risks and benefits of accepting and declining these interventions. While we recognise the</p> | |

INFORMATION FOR YOU: GESTATIONAL DIABETES MELLITUS (GDM)

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| | line 123 | Timing of birth “If you have not given birth by that time your healthcare team will discuss the options for birth with you, depending on your individual circumstances.” This paragraph needs to emphasise that it is a woman’s right to make a holistic decision whether to undergo an ‘earlier birth.’ As it stands, this paragraph reads as if the decision rests with the healthcare team. | |
| | line 79 | This needs to acknowledge a woman’s right to plan to birth elsewhere and the other advantages of doing so. Decisions about birth need to be made holistically. There may be a need to differentiate between women with well controlled GDM and those who are struggling to manage their GDM or needing significant amounts of insulin to do so. We would reiterate our point made above: Is there any evidence for advising birth in hospital, especially if the blood sugar is well-controlled and the baby is growing normally? We recommend providing the rationale for this advice and an explanation of what care would be offered in hospital that could not be provided elsewhere. | |
| | line 85 | This needs to acknowledge that the majority of women should soon be receiving continuity of carer, in terms of midwifery care. | |
| | line 90 | Tablets seems very vague - women need to know more about what these are and what they do. | |
| | line 138 | Currently the leaflet says ‘Breastfeeding is safe if you have GDM.’ Breastfeeding is best for all babies, but this section needs to make clear that there are specific benefits when women have been diagnosed with GDM. There are advantages in terms of more stable blood sugar from more frequent feeding for babies, in helping women lose weight which may be a contributory factor in their GDM, and also in terms of prevention of type 2 diabetes for these mothers and babies. This is not just about breastfeeding being ‘safe;’ it is about how breastfeeding can improve outcomes. It would also be good to see something about expressing breastmilk antenatally and a reference to women being able to expect support for breastfeeding. | |
| | line 174 | The document does not seem to be available anymore. | |