## 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: <a href="mailto:patientinformation@rcog.org.uk">patientinformation@rcog.org.uk</a>

**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
Association for Improvements in the Maternity		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.	
Services (AIMS)		General Comments	
www.aims.org.uk		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.	
		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	

## INFORMATION FOR YOU: GESTATIONAL DIABETES MELLITUS (GDM)

	need to keep statistical information brief and uncomplicated for the general public, this leaflet is lacking in even basic statistics. This is particularly relevant with regards to the section entitled 'What does gestational diabetes mean for me and my baby?' Failure to provide such statistics undermines informed consent as women will not have access to all crucial and relevant information.
	The definition of GDM is very simplistic. Although this is acceptable for this leaflet, we suggest the document would benefit from some signposting which indicates where a woman can obtain further information.
	We would recommend the AIMS book 'Gestational Diabetes' be included as a resource www.aims.org.uk/shop/item/gestational-diabetes.
line 66	This section states that 'if your blood glucose levels are high there are increased chances of you having an induced labour or caesarean birth.' This information is misleading and incorrect: it is the diagnosis of GDM which increases the chances of these interventions. Although we acknowledge that these interventions may have potential benefits, they also have potential risks. We suggest moving this line to appear after the bullet points and stating that 'in order to try to reduce these risks more women diagnosed with GDM have induced and caesarean births.'
line 68	The risks need to be quantified in the section 'What does gestational diabetes mean for me and my baby?' As it stands, the information in this section is not provided in a meaningful and useful way. Without quantifying the risk, this bulleted list may create unnecessary alarm.  The wording here is also problematic. Is 'being bigger than average' a risk in itself? Further, shoulder dystocia is not "shoulders getting stuck." This is alarmist language. We would recommend changing the wording to describe shoulder dystocia as 'a delay in the baby's shoulders being born.'
line 78	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 explaining what care would be offered in hospital that could not be provided elsewhere.

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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	reference to women being able to expect support for breastfeeding.  The document does not seem to be available anymore.	
line 174	The document does not seem to be available anymore.	