Dear colleagues

The COVID-19 pandemic is posing an extraordinary and unprecedented challenge for NHS staff and pregnant women with diabetes. Here are some suggestions for the weeks/months ahead

**Remote DIP clinics**: This week we ran all DIP clinics remotely so women attended only for their scan appointments (BP and urinalysis in conjunction with scans) - left immediately and were contacted by telephone/NHS attend anywhere. Apart from an occasional screaming toddler, this mostly worked well. There are more and more on-line resources to support between visit self-management. Tips for women with type 1 diabetes to optimise glucose levels during pregnancy, and for those on **Libre** and **CGM** are attached as well as on-line modules <https://abcd.care/dtn/CGM> and <https://www.youtube.com/watch?v=Jhv_CID-c-g>

**Pre-pregnancy care**: All pre-pregnancy appointments have been cancelled.

**COVID-19**: We’re recommending that women with diabetes resume or continue **safe effective contraception** until more is known about COVID-19 exposure during early pregnancy, and until routine NHS antenatal diabetes services resume. COVID-19 exposure during late pregnancy does not seem of great concern but data are limited with official guidance changing almost daily.

**Sick-day rules**: For pregnant women with diabetes, COVID-19 like any other flu like illness, is best avoided if possible. For women with symptoms, easy access to sick-day rules and out of hours telephone advice will help to reduce risk of hospital admissions for DKA. Sick day rules for women using MDI, pumps and those following DAFNE are attached.

**GDM screening/management**: We expect increasing disruption to OGGT provision. Currently, women with GDM are seen once, taught SMBG and insulin injection administration (in case needed later), given a prescription for metformin and insulatard (in case needed later). Dietitians will increasingly support GDM service provision via telephone/NHS attend anywhere appointments.

**Antenatal steroids**: We’re limiting routine administration of antenatal steroids for fetal lung maturation to women <34 weeks gestation. Women between 34-36 weeks will be assessed on a case to case basis weighing up potential benefits versus risks of hospital admission, VRIII etc.

**Breast-feeding**: Except in the sickest COVID-19 exposed women (i.e. those requiring ICU admission), the benefits of breast feeding outweigh any potential risks. We’re trying to offer **postnatal contraception** (depot or implant) to all women with diabetes as routine GP appointments will be limited.

We’re investigating the possibility of a DIP helpline to support women with diabetes and health care providers over the weeks ahead.

Let’s keep safe, share resources and work together in this new virtual world.

Best wishes

Helen Murphy on behalf of the NPID advisory group