GOOD OUTCOMES FOR INDIGENOUS MUMS AND BUBS

AHW/DIABETES EDUCATOR
Sumaria Corpus

ROYAL DARWIN HOSPITAL
DIABETES TEAM
BLACK GROUND
Sumaria black ground

- Aboriginal Health Worker past 10 years.
- Remote and urban community clinics.
- Trainee Diabetes Educator @ Royal Darwin Hospital 2003, 12month.
- Cert Grad Diabetes Education and Management Flinders Uni SA.
- Worked on the DRUID Study 18 month.
- Top End Preventable Chronic Disease.
- Diabetes Team Royal Darwin Hospital for past 6 years {with funding}
RDH DIABETES TEAM
Our team members

- 3 Endocrinologist Consultants
- 2 Registrars on yearly rotation
- 2 CDE Nurses
- 2 Trainee Diabetes Educator
- Aboriginal Health Worker / Diabetes Educator {that Me}
My role as a Team Member

- Specialist out reach visiting, focusing on 4 large community per year.
- Diabetes in Pregnancy, Type 1 and Type 2, Gestational Diabetes.
- Educate and support all women with Diabetes in Pregnancy.
- Follow up via emails, phone and fax for community patients.
- High Risk Antenatal Clinic, Friday afternoon.
- All Indigenous people with Type 1 Diabetes. Adults and Children.
Case study Indigenous Mums with diabetes

- 2 case studies
  - mums with type 1 diabetes in pregnancy
  - One from Darwin urban area (Palmerston) and the other far remote, Robinson River via Borroloola.
Introduction

- Pat Rose
- 31 years old
- Lives in Palmerston urban area of Darwin.
- Type 1 Diabetes at 13 years old
Background

Family

- Father type 2
- Grandmother type 2
- Mother heart
Obstetric History

- Diabetes History
  - Insulin resistance markers {present}
  - Diabetes complications DKA 2009
- Medical History
- Pulmonary melliodosis (2009)
- Obstetric History
  - 3 live children, 1 FDIU (2009), presented at 6/40 in 2010
  - Stay at home mum
Working towards good outcomes

- Improve blood glucose control
- Monitor for diabetes complications
- Keep in contact with team.
- 2012 HBA1C below 8% with healthy baby
Good outcomes for mum and bubs!
Remote mum

- Veronica
- 25 years old
- Type 1 diagnosed at 11 years of age
- Multiple DKA
- Rheumatic heart disease 2002
Mother type 2 diabetes, commenced on insulin, the age 16 years old, while pregnant with Veronica.

3 girls, second child type 2 Query type 1, youngest sister type 1, deaf mute.

All live in Robinson River via Borroloola.
Management

- Overcoming remoteness
- Perceived barriers
- Community letter
Perceived barriers

- They can not do it???
- To hard Basket
- They don’t have food supply.
- They don’t know what to eat.
Daily routine

**What your numbers should be**
- 4mmols to 7mmols
- Before breakfast target 5.0mmols and less
- 2 hours after meal under 7mmols

**High BGLs**
- If two readings over 7mmols
- High blood sugar levels go to the clinic or contact treating team.

**Low BGLs**
- If BGL under 4mmols, have a sweet drink or jelly beans or honey or jam, and a sandwich or damper, or rice and stew {solid food}
- Wait ½ hour re do BGL it should come up, if not go to the clinic for advice or ring diabetes educator.
**Before Breakfast**
- Check BGL write it down
- Get breakfast ready
- Inject insulin Novorapid ..... units
- TAKE YOUR METFORMIN EVERY MORNING
- 2 hour after breakfast check BGL and write it down.

**Lunch: have lunch ready**
- Inject Novorapid ..... units
- 2 hours after lunch check BGL and write it down

**Before dinner,**
- Have dinner ready to eat,
- Inject insulin, Novorapid ..... units
- 2 hours after dinner check BGL and write it down

**Before bed:**
- Inject Protaphane ..... units
Good Outcomes for Mums and Bubs

- Tell them the true story use resources that cultural friendly.
- Leads to engagement and follow through with treatment throughout pregnancy
- Support and encouragement
Thanks from our mob!!!
Thanks for the support.

- Menzies School of Health NT
- Royal Darwin Hospital, Diabetes Team
- Work colleagues