

The role of the diabetes specialist midwife

In the first of an occasional series to highlight the variety of roles involved in delivering diabetes care and how they influence services, Cathy Campbell profiles the broad and challenging work of the diabetes specialist midwife, and outlines how to embark on this career.

I have worked as a diabetes specialist midwife for 3 years at University Hospitals of Leicester NHS Trust. Prior to this, I worked at South Eastern Health & Social Care Trust in Northern Ireland, where I completed the diabetes specialist practice qualification, and worked alongside the diabetes and maternity team from 2018.

I am passionate about diabetes care and want to make a positive impact on those who I provide care for. I have type 1 diabetes and understand the complexities and difficulties that come with this. As everyone's journey is different, providing a holistic approach to care and compassion are key things to remember with each consultation.

The diabetes specialist midwife

The diabetes specialist midwife role is broad, busy and covers a wide range of skills. It evolves continually as diabetes technology use increases for those with type 1 and type 2 diabetes. With increasing numbers of women developing gestational diabetes and type 2 diabetes, it is a growing role.

All pregnant women need a midwife. When someone is diagnosed with diabetes during pregnancy, they may lose contact with their midwife and be seen by medical staff at a joint antenatal and diabetes clinic. It is important that people still see their community midwife during their pregnancies, as an element of trust should have developed with them. Women should be seen by their midwife at booking, 16 weeks, 24 weeks (first pregnancy), 28 weeks, 31 weeks and every two weeks from 34 weeks' gestation.

At most NHS centres, the bulk of diabetes and maternity work is caring for women who develop gestational diabetes during pregnancy. The rest of the role will cover caring for women who have different types of pre-existing diabetes. I have the privilege of working with women with type 1 and type 2 diabetes, providing a case-holding element of care to those with type 1 diabetes and using hybrid closed-loop (HCL) technology. This provides continuity of carer for the duration of pregnancy.

I also cover the pre-conception clinic and provide support up to 3 months postnatally. This postnatal support is important, as this period brings challenges of its own as new mothers adapt to caring for a newborn alongside managing diabetes. As continuous glucose monitoring (CGM) and HCL technology are used much more routinely, the diabetes specialist midwife role is evolving to include review of CGM and HCL graphs through their respective platforms.

Breadth of the role

The diabetes specialist midwife role incorporates many elements.

- Education for those who are diagnosed with gestational diabetes, with dietetic and diabetes specialist nurse support.
- Review of glucose levels for women with diabetes during pregnancy.
- Support and review of women with pre-existing diabetes.
- Support for multidisciplinary team clinics – antenatal and pre-conception (varies by NHS trust).
- Midwife and nurse-led antenatal education clinics.
- Providing a point of contact for those with diabetes during pregnancy.
- Being a point of contact for maternity wards and other staff who care for women with diabetes, within the inpatient and outpatient settings.



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- Education for student midwives, and other mandatory training within NHS trusts for other midwives and doctors.
- Inpatient review for women with diabetes during pregnancy and on maternity wards.
- In some areas, performing oral glucose tolerance tests.
- Implementing *Saving Babies’ Lives V3, Element 6* alongside colleagues within the multidisciplinary team.
- Completing training on CGM (part of *Saving Babies’ Lives, Element 6*) and to upskill on the use of HCL systems during pregnancy (in particular, CamAPS FX).
- Completing the National Pregnancy in Diabetes audit each year.
- Providing safe and evidence-based care for those with diabetes in the maternity service.
- Updating policies and guidelines in relation to diabetes and pregnancy to include national guidance, such as from NICE and JBDS.
- Where trusts allow, working with diabetes research teams (e.g. the [PROTECT study](#)).

Career pathway

Some NHS trusts require the diabetes specialist midwife to have completed further training on diabetes. This may be a specialist practitioner in diabetes course at level 7 (such as for those who work in Northern Ireland) or a diploma/master’s level course in diabetes care. Some NHS trusts do not require any further education, but simply an interest in diabetes and a willingness to learn or complete further education.

Any midwife applying for the diabetes specialist midwife role should have completed their basic midwifery competencies and be working at band 6 level. When in the diabetes specialist midwife role, although not essential, completing the non-medical prescribing course will enhance services and scope of practice. A willingness to learn is a key element of the role, particularly as advances in diabetes technology come thick and fast!

If a registered nurse wishes to pursue a career in midwifery, some universities provide a shortened course for dual qualification as nurse and midwife (e.g. Queen’s University Belfast). There are also standalone midwifery sciences courses for

undergraduates, which vary from 3–4 years.

Following completion of an undergraduate degree in midwifery sciences, I worked as a midwife for 5 years. I then completed a diploma in diabetes specialist practice (2019–2021) and a non-medical prescribing course (2023). I am privileged to have a split role between diabetes research at Leicester Diabetes Centre and working as a diabetes specialist midwife for technology at University Hospitals of Leicester. I have presented this work at national conferences and have taught a variety of staff on HCL technology. In early 2025, we will be publishing real-world data on the use of HCL technology – so keep an eye out in the new year!

Diabetes specialist midwifery gives the opportunity to further your career whilst still providing clinical care across pregnancy and the postnatal period, as well as the opportunity to partake in research. It is a very rewarding and worthwhile career!

Supporting other staff

The diabetes specialist midwife can support numerous members of the multidisciplinary team, often providing the link between the diabetes and obstetric disciplines. Diabetes specialist nurses and diabetes specialist midwives can work together supporting pre-conception and pregnancy clinics, and reviewing glucose levels, maternity notes and ultrasound scans.

Outside of clinics, the diabetes specialist midwife can be a point of contact for practice nurses and GPs, especially with ensuring early referral to joint antenatal services for those with pre-existing diabetes. It is key that these women are seen as early as possible, as generally blood glucose level target ranges change from 3.9–10.0 mmol/L to 3.5–7.8 mmol/L in pregnancy.

Supporting pregnant women

In Leicester, we provide women in the diabetes and pregnancy service with the work mobile numbers of the diabetes specialist midwives, so that they have a point of contact from Monday to Friday. The women are advised that these are non-emergency numbers for diabetes-related queries only. This helps to reduce fears and worries, particularly during the first few weeks after diagnosis of

gestational diabetes, during which extra support is often welcomed.

Summary

The diabetes specialist midwife role incorporates a wide variety of tasks. It is a rewarding career that provides opportunities for further education and

progression within a midwife's career. As the use of diabetes technology continues to grow, it will form a greater part of the role in the coming years. Diabetes specialist midwives provide a point of contact for both staff and pregnant women, and are often utilised for their knowledge around diabetes and pregnancy. ■

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