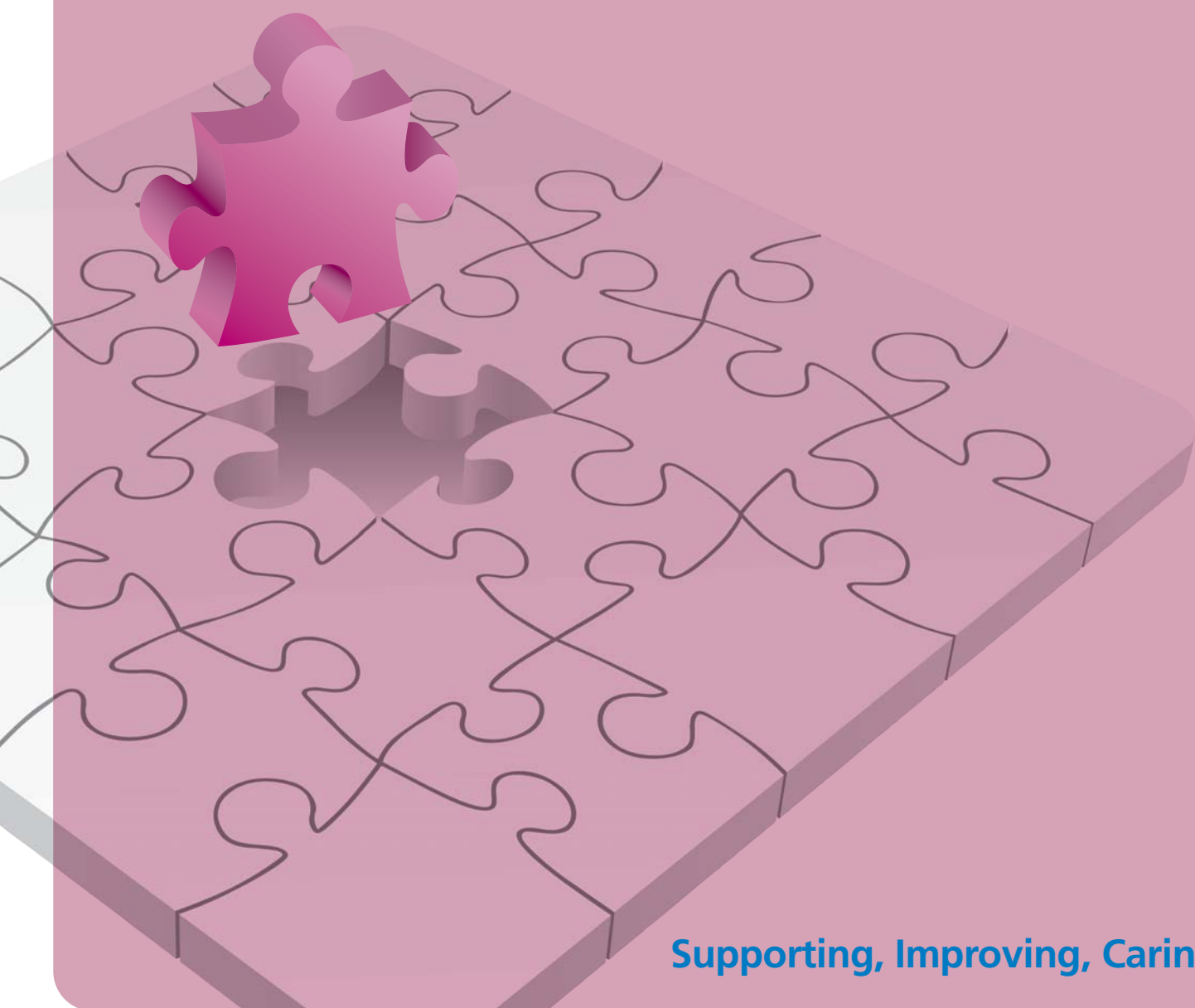


Highlighting the value of the Lead  
Diabetes Midwives Network  
October 2011



# Reader Page

<b>Title</b>	Highlighting the value of the Lead Diabetes Midwives Network
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<b>Target Audience</b>	NHS Diabetes staff, Department of Health Policy Team, Diabetes Programme Team Executive (DPTE), diabetes community in England.
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<b>Description/Purpose</b>	An evaluation report assessing the value of the Lead Diabetes Midwives network, including: members' perceived benefits of the network, barriers against participating and suggestions for improvement.
<b>Cross Reference</b>	1. Evaluation Report Executive Summary: Highlighting the value of the Lead Diabetes Midwives Network. 2. Lead Midwife in Diabetes: Standards, Role and Competencies.
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# 1. Introduction

NHS Diabetes organised a multi-stakeholder open space event called 'Diabetes in Pregnancy' in December 2008. It became apparent at this event that many maternity services had introduced a role for a lead diabetes midwife (LDM), which had not been supported by overall planning. It also emerged that midwives across the NHS were providing different levels of service and support to pregnant women with diabetes.

NHS Diabetes worked with the Royal College of Midwives (RCM) to develop a standards document to provide advice and guidance to midwives, local maternity teams and local commissioners of service. The standards document, 'Lead Midwife in Diabetes: Standards, Role and Competencies', was launched at the RCM Annual Conference in November 2010. As part of the process of developing the standards, NHS Diabetes identified midwives responsible for the care of women with diabetes in trusts across England. This enabled the development of an initial network of 105 lead diabetes midwives (LDMs) across the United Kingdom (rising to 174), aiming to enable often isolated individuals to share good practice and experience with each other.

The network has been run by an NHS Diabetes Project Manager. Members have been able to submit information requests/suggestions to the project manager via e-mail, and these have then

been disseminated to all network members via e-mail. Recently, the network has been set up on NHS Networks, providing further autonomy in a forum setting.

The NHS Diabetes Research and Evaluation team was commissioned by the responsible Project Manager to examine the network to assess: the perceived benefits of the network to its members; any barriers to participating in the network; and suggestions for improvement of the network.

## 2. Methodology

The NHS Diabetes Research and Evaluation team developed a series of both quantitative and qualitative questions (Appendix 1) to be used to survey all current members of the network (n=174)<sup>1</sup>. The questions were formatted in SurveyMonkey to enable web-based completion. A validation group of 10 members was selected to test the survey, with 5 providing pilot data.

The survey went live on 21st June 2011, at which point the NHS Diabetes Project Manager responsible for the network sent the SurveyMonkey link out to all network members via e-mail. The survey remained open for data collection for a period of three weeks, with a follow-up e-mail sent out after one week as a reminder to complete.

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<sup>1</sup> n= indicates the total number.

### 3. Findings

Data was received from 30.5% (n=53) of those invited to participate in the evaluation. Findings are presented sequentially by question.

#### 3.1 Have you accessed the NHS Networks Diabetes Midwives network within the past six months?

There were 52 responses (Fig. 1) with 78.8% (n=41) having accessed the network within the past six months. The remaining 21.2% (n=11) had not accessed the network within the past six months, and were therefore asked if there were any barriers preventing them from accessing the network.

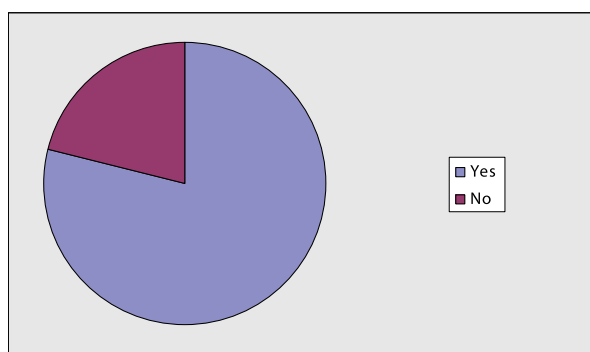


Fig. 1 Have you accessed the NHS Networks Diabetes Midwives network within the past six months?

#### 3.2 Are there any barriers preventing you from accessing the network?

Those that indicated they had not accessed the network in the past six months (n=11) were asked if there were any barriers preventing them from doing so. Of the eleven responses, 55% (n=6) reported there were barriers preventing them from accessing the network. An analysis of the reported barriers revealed the barriers to be: lack of access to computers and lack of time.

#### 3.3 Approximately how many times have you accessed the network within the past six months?

There were 40 responses (Fig. 2) with 45% (n=18) accessing the network less than 3 times, 35%

(n=14) 4 to 8 times, and 20% (n=8) more than 8 times within the past six months.

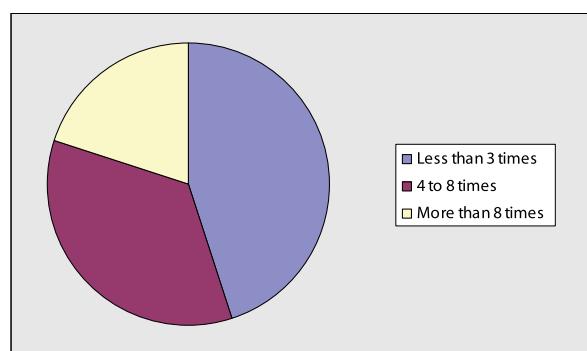


Fig. 2 Approximately how many times have you accessed the network within the past six months?

#### 3.4 What is your primary reason for accessing the network?

There were 40 responses (Fig. 3) with 12.5% (n=5) accessing the network to request information, 52.5% (n=21) to access documents and guidelines, 25% (n=10) looking for events, and 10% (n=4) citing another reason. Other reasons included: seeing what others are doing in this area, networking and communicating with other LDMs.

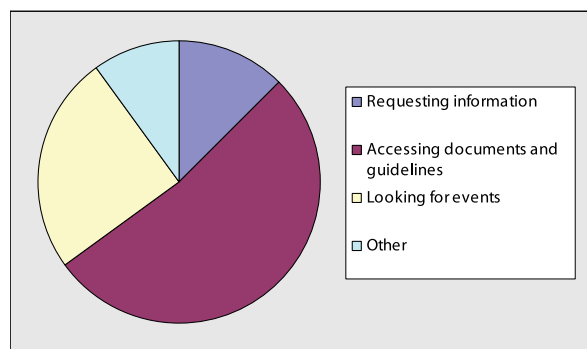


Fig. 3 What is your primary reason for accessing the network?

#### 3.5 Have you posted on the network within the past six months?

There were 40 responses with 15% (n=6) having posted on the network within the past six months, and 85% (n=34) having not.

### 3.6 Approximately how many times have you asked a question to members of the network within the past six months?

The six participants who indicated they had posted on the network within the past six months were asked approximately how many times they had asked a question in that same period. All six respondents reported they had asked a question less than three times.

### 3.7 Please give an overview of up to 3 of your most recent requests.

The six participants who indicated they had posted on the network within the past six months were asked to give a brief description of up to three of their most recent requests.

Analysis of the responses showed that members posted various requests, including: advertising events, answering blogs, requesting members to complete a survey, inviting members to apply for an LDM post, asking members for a service user representative for an event and displaying a published article.

### 3.8 Are there any barriers preventing you from posting questions on the network?

The majority of respondents reported they had not posted on the network within the past six months (85%; n=34). Of these 34, 14.7% (n=5) indicated there were barriers preventing them from posting questions on the network.

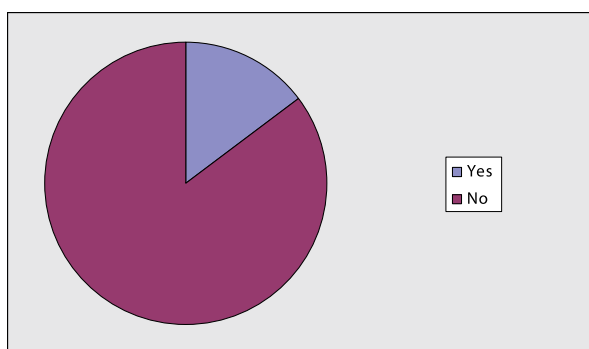


Fig. 4 Are there any barriers preventing you from posting questions on the network?

### 3.9 Please describe the barriers preventing you from posting questions on the network.

The 5 respondents who indicated there were barriers preventing them from posting questions on the network were asked for further details. Analysis of responses revealed the barriers to be lack of time and uncertainty of how to navigate and access replies.

### 3.10 Please list any benefits of membership of the network.

There were 39 responses providing details of reported benefits of membership of the network. A thematic analysis of the benefits revealed three strong themes: accessing and sharing of ideas, guidelines and best practice; and networking with colleagues and peers.

*'A good forum to benefit from others experience and share experience'*

*'It's good to know how many of us are out there, and that I can make contact'*

*'Feel part of a wider community'*

**3.11 Please list any information you have gained from being part of the network.**

There were 31 responses providing details of information gained from being part of the network. A thematic analysis highlighted access to guidelines as the main theme. There was evidence of hospitals comparing their hospital guidelines with that of others, and gaining assistance with protocols. The analysis also revealed that the members had gained general information regarding how other LDMs worked, knowledge of what was happening nationally and information regarding events of interest.

*'Diabetes management guidelines from a hospital in another region'*

*'How other LDMs are working'*

*'Changes of recommendations and new research'*

**3.12 Has being a member of the network led to any changes in your working practice? If yes, please describe.**

There were 10 responses providing details of changes in ways of working as a result of being a member of the network, including: reading more and sharing information, being more confident when working, introducing expressing of breast milk for women with diabetes and changes to the pre-pregnancy service and use of antenatal aspirin.

*'I read more and share information'*

*'More confidence with weight loss in pregnancy through healthy diet and exercise rather than calorie restricted diet'*

*'Introducing expressing of breast milk for women with diabetes'*

**3.13 Do you have any suggestions for improving the network? If yes, please describe.**

There were four suggestions made for improving the network:

- Provide an easy to follow guide to using the network
- Undertake a comprehensive survey to see exactly how members are practising
- Increase membership and make access easier
- Provide reminder e-mails to help members remember to log on.

**3.14 Do you use any other networks/sources for accessing and/or posting information regarding diabetes and midwifery?**

There were 50 responses with 22% (n=11) reporting that they do use other networks/ sources for accessing and/or posting information regarding diabetes and midwifery.

### 3.15 **Please describe the other networks/sources you use for accessing and/or posting information regarding diabetes and midwifery.**

Thematic analysis of the 11 responses revealed that the LDMs also made use of: diabetes and midwifery journals, the internet (including Google, PubMed and NHS Evidence), personal contacts (including contacting other LDMs and local drug reps) and Diabetes UK.

## 4. Limitations

As this evaluation study revealed both a lack of access to computers and lack of time to be barriers against members accessing the network, the chosen electronic evaluation approach may have introduced a level of bias by excluding those that either did not have access to a computer, or were not able to respond during the timeframe.

The self reporting nature of this evaluation study also introduced a level of bias, as rather than conducting a thematic analysis of posts, this evaluation asked members to describe their most recent posts.

## 5. Conclusion

This evaluation was well received by network members, with 53 out of 174 responding. The network was well visited with 78.8% of those responding having accessed the network within the past six months, and of these, 55% having accessed it four or more times within that period. Although only 15% of respondents reported having posted on the network within the past six months, it is evident from the data that members found the network beneficial and informative.

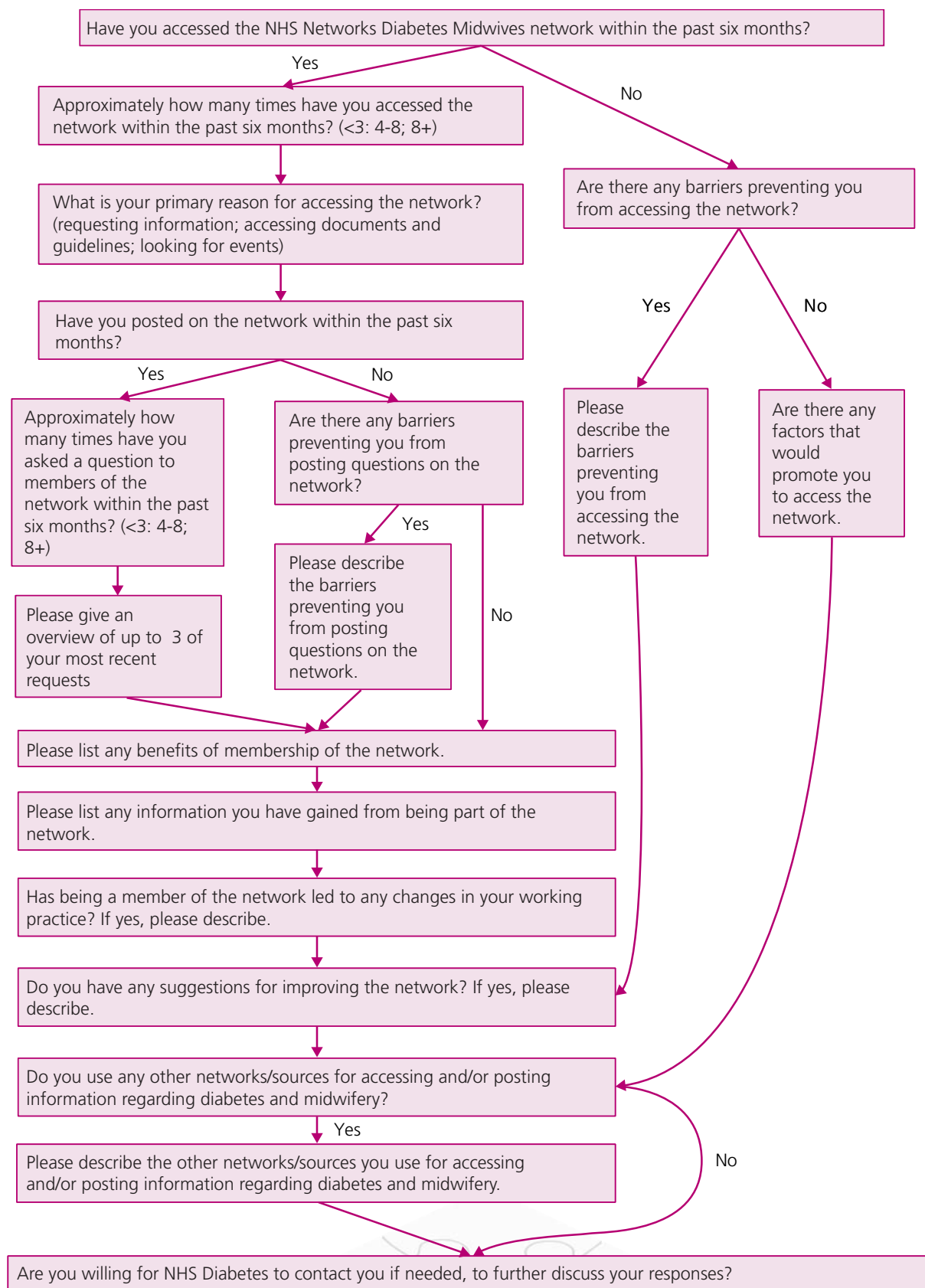
This evaluation study clearly shows members consider the main benefits of membership to be the accessing/sharing of information and networking. This is highlighted by the thematic analysis of information gained revealing that hospitals compared guidelines and gained assistance with protocols. There was evidence that the sharing of knowledge and networking has already led to changes in working practice, for example two members are introducing expressing of breast milk for women with diabetes.

There were four suggestions for improving the network: producing a guide to using the network, increasing membership, providing reminder e-mails to members to help them remember to log in and undertaking a comprehensive survey to examine how members are practicing.

In summary, the network was clearly being well used. The original aim was to enable often isolated individuals to share their experiences and good practice with each other, and the data within this report indicates this has been a success.



# 6. Appendix 1: Survey Monkey question matrix





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