

Care of pregnant woman with diabetic ketoacidosis (DKA)
15HDC01036, 8 May 2017

*DHB ~ Emergency department ~ Hospital ~ Pregnancy ~ Diabetic ketoacidosis ~
Communication ~ Right 4(1)*

A woman in her thirties, who had a history of poorly controlled Type 1 diabetes mellitus was pregnant for the third time. The woman had been a diabetic since she was a child, and was under the care of the DHB Diabetes and Pregnancy Service (the Service). Despite her pregnancy being managed by the multidisciplinary “high risk” antenatal clinic, she had not been informed about the signs and symptoms of diabetic ketoacidosis (DKA), a serious complication of diabetes when the body produces high levels of ketones.

The woman, (31 weeks pregnant), presented at the hospital emergency department (ED) with a headache, nausea and general illness. She was sent directly to the maternity unit without being triaged in ED. The woman told staff she had Type 1 diabetes mellitus and that she was under specialist obstetric and endocrinologist care. However, the Service was not advised of her admission.

The woman was given IV fluids and analgesia for her headache. There is no record of her urine having been checked for ketones following the administration of fluids. Her condition improved overnight with hydration and she was discharged the following day. On the way home, the woman became increasingly short of breath and nauseated. She began vomiting and in the early hours of the following morning she represented at ED. She had shortness of breath, needed to urinate whenever she drank and stated that she had noticed reduced baby movements.

The woman was seen by the ED registrar and obstetric team and a diagnosis of probable DKA was made. Given the woman’s life-threatening condition, an emergency Caesarean was performed and a stillborn infant was delivered.

It was held that the DHB team had sufficient information to provide the woman with appropriate care. However a series of judgment and communication failures meant that it did not do so. Accordingly it was found that the DHB breached Right 4(1).

A number of recommendations were made to the DHB, including a review of relevant policies and protocols relating to staffing at the Service, patient information resources on diabetes management in pregnancy and a diabetes assessment and education checklist to include DKA. It was also recommended that the DHB review the training provided to resident medical offers on assessing patients, triaging and supervision of junior doctors.