

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Y 1,000 diwrnod cyntaf | First 1,000 Days

FTD 02

Ymateb gan: Diabetes UK Cymru

Response from: Diabetes UK Cymru

1. Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy).

Diabetes in pregnancy

Diabetes can complicate pregnancy whether it is pre-existing Type 1 or Type 2, or develops during pregnancy (gestational diabetes – see below). For the mother risks can include an increased risk of miscarriage, eye or kidneys problems and having a large baby, which can make labour more difficult.

For the baby, risks can include health problems after birth requiring special or intensive care, as well as the possibility of heart problems, spina bifida and other birth defects. There is also an increased risk of stillbirth or the baby dying shortly after birth.

Careful management of diabetes, extra monitoring and scans and regular frequent appointments with a joint antenatal and diabetes team can minimize these risks and improve the chances of a healthy pregnancy and baby.

More pregnancies are affected with diabetes than ever before, with about five per cent of pregnant women in the UK (around 35,000 women) diagnosed with each year. In Wales, 39% of women with diabetes in pregnancy have Type 2 diabetes. It is essential that good preconception care is available in the community for people with Type 1 and Type 2.

Gestational diabetes is a type of diabetes that affects pregnant women, usually during the second or third trimester and often goes away after giving birth. It is usually diagnosed using a blood test 24–28 weeks into a pregnancy.

Gestational diabetes is a serious condition:

- It can be potentially dangerous for both mother and child that can cause birth defects, stillbirth and complications for the mother during pregnancy.
- Managing blood sugar levels during pregnancy is important for the health of both the mother and baby.
- Children born to women with gestational diabetes are six times more likely to develop Type 2 diabetes later in life.
- Increasing rates of gestational diabetes could mean a health time bomb, with those children who go on to develop Type 2 diabetes later in life at higher risk of early death and complications such as heart disease, kidney failure, blindness, stroke and amputation.
- Being overweight significantly increases the risk of gestational diabetes. Maintaining a healthy weight, having a healthy and balance diet and keeping active is important for the child's health and this health benefit may stretch many years into the future.
- These lifestyle changes, including diet and physical activity, play an important role in the treatment of gestational diabetes. Some women with the condition are able to control their blood glucose levels through these alone, however most will need medication, such as insulin.

Smoking and diabetes

Smoking increases the chance of heart disease, stroke and cancer but for people with diabetes the risk may be even greater. Smoking narrows blood vessels, which are very important for people with diabetes. Non-smokers have half the risk of developing many of the health problems smokers with diabetes face. People living with diabetes already have an increased chance of developing cardiovascular disease, such as a heart attack, stroke or circulatory problems in the legs. When combined with smoking, the risk of developing these diseases are even greater.

- 2. Deliver improved child health outcomes across Wales (for example prevention of obesity and the promotion of health-enhancing behaviours for every child such as eating a well-balanced diet, playing actively, and having an appropriate weight and height for their age and general health).**

The vast majority of children with diabetes have Type 1 diabetes which is not linked to diet or any lifestyle factors. Type 2 diabetes usually appears in people

over the age of 40 and accounts for about 90 per cent of all people with diabetes. Type 2 is closely linked to an unhealthy diet and sedentary lifestyle, and can be treated with a healthy diet and increased physical activity. However, an increasing number of young people are developing Type 2 diabetes, and it is most likely to occur in overweight adolescents or Asian or Black origin

Lifestyle interventions aimed at changing an individual's diet and increasing the amount of physical activity they do can halve the number of people with impaired glucose tolerance who go on to develop Type 2 diabetes. It is essential to adopt this behaviour at the earliest possible stages in life. Diet physical activity, weight management all play a key part in managing Type 2 diabetes.

Diet

Eating a healthy, balanced diet is a vital part of a child's diabetes treatment.

Physical activity

For children with diabetes, being active and physically fit reduces blood pressure, lowers the levels of fats in the blood, keeps the heart healthy, and may help to improve blood sugar levels (also known as blood glucose) and prevent excess weight gain.

Weight management

The Millennium Cohort Study 2010, 22% of Welsh children were overweight by age 3 and just over 5% of these were obese. More recent figures suggest that this had increased to 25% (2014).

Diabetes UK is calling on the UK Government to implement urgent measures to tackle the rising levels of obesity. This includes setting targets for manufacturers to make their products healthier; restricting marketing of unhealthy food and drinks to children; and introducing a 20 per cent tax on sugar-sweetened drinks.

Diabetes UK Cymru recently responded to a consultation on the Public Health Wales Bill which included recommendations on measures that could be taken in Wales to reduce the rise of obesity in Wales.

Clinical support

For children with diabetes, good blood glucose control right from diagnosis can reduce the likelihood of complications relating to diabetes such as blindness, stroke and amputation.

Policies should therefore aim to improve care for children with diabetes should promote and support changes in clinical practice where the evidence is indicated.

3. Tackle child health inequalities, with a specific focus on child poverty and disabled children.

The link between diabetes and deprivation is well documented. Nearly 10% of people in the most deprived areas have Type 2 diabetes – almost double the percentage in the wealthiest areas. Deprivation is associated with obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control. All of these factors are inextricably linked to the risk of developing Type 2 diabetes or the risk of serious complications for those already diagnosed.

Diabetes can be defined as a disability under the Equality Act (2010). Diabetes UK Cymru regularly hears from families in Wales about the support/care that their child receives at school. The upcoming Additional Learning Needs & Education Tribunal Bill does not clarify Welsh Government's position on whether health conditions which are defined as a disability by the Equality Act 2010 are considered as such under the ALN Bill. It is currently unclear whether children and young people with diabetes and other chronic lifelong conditions will be included in the proposed reforms.

4. Reduce child deaths and injury prevention, particularly in the most deprived parts of Wales where infant mortality is much higher than the least deprived.

Approximately 1,500 children and young people have Type 1 diabetes in Wales. 16% will have been diagnosed late in the life-threatening stage of DKA, or diabetic ketoacidosis. In the under 5s age group, this increases to 24%. A range of common childhood illnesses, such as flu, water infections or chest infections can be misleading and can lead to misdiagnosis. Type 1 diabetes is a rapid onset condition, resulting in a child becoming critically ill. If left without immediate testing, referral and treatment, this can be fatal. It is absolutely key that all Health Boards in Wales have a clearly defined identification and diagnosis pathway in place.

5. Support effective child development and emotional and social well-being – specifically interventions that are delivered outside the health service which can help to detect and address developmental delays.

Diabetes UK Cymru is aware of resource issues regarding the availability of 24 hour and out of hours paediatric specialist diabetes services in Wales. For emergencies, this service is crucial in providing support to families. A referral to A&E services is not often the right course for a Type 1 diabetes related emergency and general paediatric ward staff may not have the appropriate knowledge and training to respond effectively to potentially life-threatening complications.

6. Focus on improving learning and speech and language development through the home learning environment and access to early years' provision (including childminders, preschools and day nurseries).

Diabetes has a significant aspect on daily life. This includes a child's time at nursery or school where it is vital that the quality of care and treatment continues. More than 1,800 children under 5 have Type 1 diabetes in the UK and the steepest rise in diagnosis of Type 1 is in this age group. This means that the number of children with Type 1 in nurseries is only going to go up.

With regards to the upcoming ALN Bill, nursery education providers that are in the voluntary or private sector, where they are in receipt of state funding for nursery places, will be required to have regard to the ALN Code of Practice. The Code will place a duty on the nursery to produce and deliver an Individual Development Plan, or IDP. The ALN Bill requires that a nursery takes all reasonable steps to secure the support needed for the child (referred to as Additional Learning Provision) included in the IDP, with ultimate responsibility resting with the relevant Local Authority that maintains the IDP (ALN Bill Explanatory Memoranda).

As stated above, it is unclear whether children with diabetes or other lifelong chronic conditions will be included in the ALN Framework. If so, consideration will need to be given on how this will be managed for healthcare conditions in children who attend nurseries in Wales.

7. Reduce the adverse impact on the child of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse through effective safeguarding.

People with diabetes experience disproportionately high rates of mental health problems such as depression, anxiety and eating disorders. All people with diabetes should have access to psychological treatment and support to reduce psychological distress and improve self-management. It has been estimated that

41% of people with diabetes in Wales have poor psychological wellbeing, with eating disorders as well as depression and anxiety as presenting difficulties. The impact on the family is significant, both for the child themselves and for their parents and other siblings. Although the issues are unlikely to affect a child under 3 they could affect a parent, which in turn impacts on the child/children. The importance of available psychological support for the whole family cannot be understated.