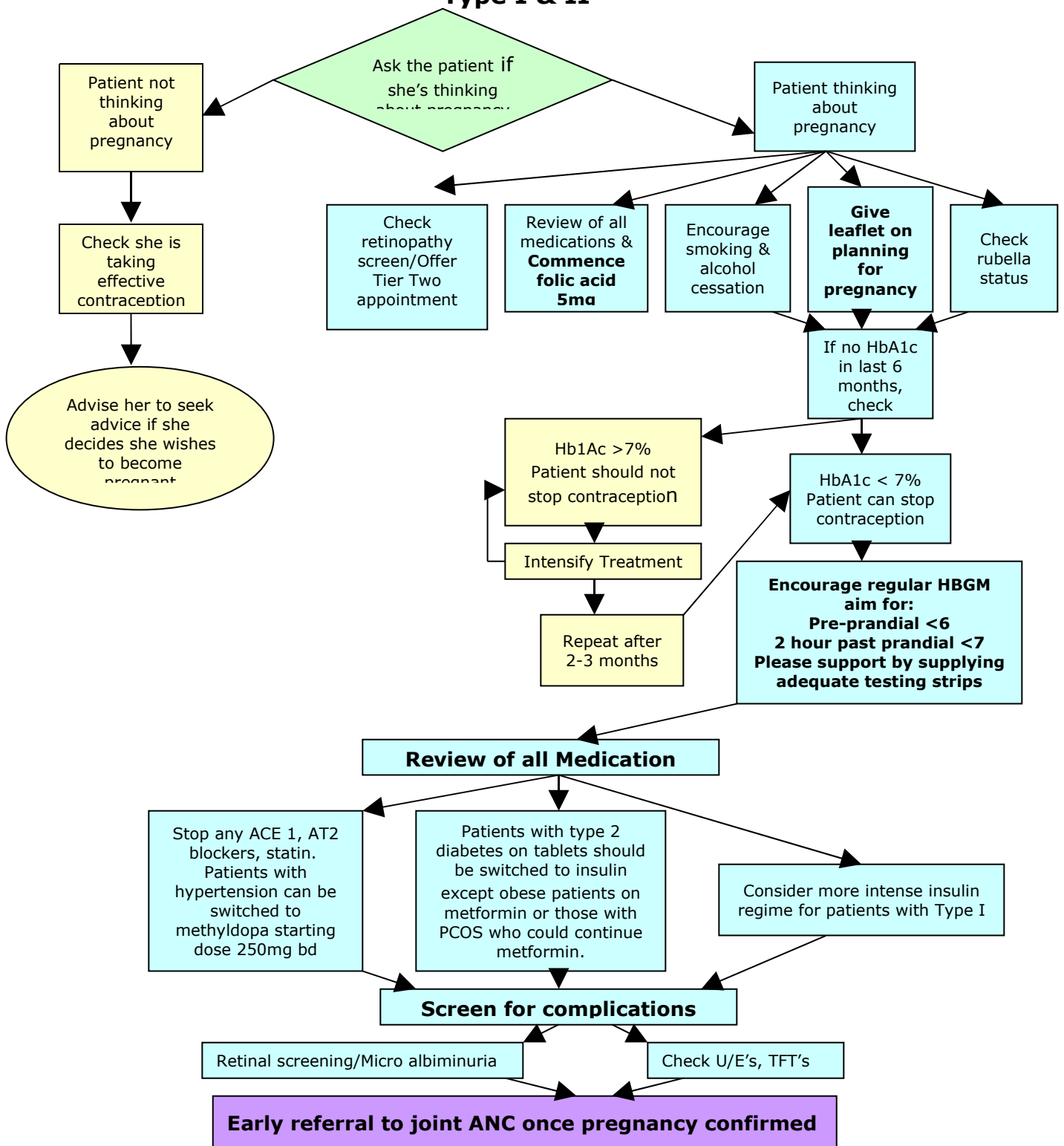


Preconception Guidelines for women with diabetes Type I & II



GUIDELINES FOR PRE PREGNANCY CARE IN WOMEN WITH PRE EXISTING DIABETES

Information for GP looking after female patients with Type 1 or Type 2 Diabetes who are of child bearing age.

CONTRACEPTION

If a woman has no plans for pregnancy please ask about contraception. No contraceptive methods are specifically contraindicated in women with diabetes, but methods with high degrees of effectiveness are preferred. Please refer to PCT website under publications Diabetes for leaflet on Pregnancy and Birth Control.

Women with microvascular or macrovascular complications, over age 35 or obese (BMI>35) should not be prescribed the combined oral contraceptive pill.

EDUCATION

Give leaflet on Pregnancy and Conception and explain about increased risk of pregnancy complications.

FOLIC ACID

Prescribe **FOLIC ACID** 5mg daily, which should be continued until 12 weeks gestation.

BLOOD GLUCOSE MONITORING

Control needs to be extremely tight i.e. <6 pre meals and <7 two hours post meals. Patients need to be tested more frequently and need your support by adequate provision of glucose testing strips.

REVIEW OF DIET

A dietetic review is often required at this stage

HbA1c

This should be checked and repeated every 3 months aiming for level of 7% or less.

ANTI HYPERGLYCAEMIC TREATMENT

At the moment although there is no evidence to suggest that oral hypo glycaemic agents are teratogenic the consensus in the UK is that a woman with Type 2 on oral agents needs to be switched on to insulin.

However, we suggest that obese women on Metformin or those with pre existing polycystic ovary syndrome (PCO'S see below) could stay on Metformin but additional insulin may be required in order to achieve target Hb1Ac. Women with Type 1 can continue on their current regime as long as it is effective at achieving excellent glycaemic control.

OTHER MEDICATIONS

ACE inhibitors, Antigtension 2 blockers and statins should be stopped as they are contraindicated in pregnancy. Women with hypertension should be switched to and appropriate medication.

COMPLICATIONS SCREENING

Ensure up to date retinal screening and screening for micro albuminuria, Women with Type 2 should also have an ECG.

Please also:

Check TFT's (FT4 and TSH as later falls in pregnancy), U&E's

Check Rubella status

Encourage smoking cessation/Alcohol reduction cessation.

Once Hb1Ac is as close to 7% as possible women can discontinue their contraception method.

As soon as pregnancy confirmed [please refer to Joint Diabetes/ANC service at FGH.

WOMEN WITH PCO'S

There is evidence to support the use of Metformin in women with PCOS who are planning or currently pregnant. Metformin helps induce ovulation and if used up to 12 weeks gestation there is evidence to suggest it reduces miscarriage rates. So for women with diabetes and PCOS it is reasonable to continue using Metformin along with insulin if necessary.

PRECONCEPTION CLINIC

Please offer Tier two services to anyone planning a pregnancy.