

# Preconceptual care for women with diabetes

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# Why Are We Here?

- Enhance knowledge of safe pre conception advise
- Highlight the importance of safe contraceptive management issues that should be discussed with women who have diabetes and are of childbearing years at each contact with a healthcare professional
- Increased awareness of complications and adverse outcomes that can be related to diabetes in pregnancy
- Raise awareness of appropriate lifestyle management in women of childbearing age including management of blood pressure weight and glycaemic control

# Questions



- What are the Hba1c targets for women planning a pregnancy?
  - HbA1c target is  $< 48$  mmol/l pre conception
  - HbA1c  $> 86$  mmol/l women should be advised to NOT attempt to get pregnant due to the associated risks
  - Advise women any reduction towards an HbA1c of 48mmol/l is beneficial

# What Medications are Safe for Pregnancy?

## Advised preconception

- Folic acid 5mg

Safe for pregnancy

- Metformin
- Insulin
- Labetalol (if antihypertensive required)



## Deemed unsafe

- Stop ACE/ARBs
- Stop Statins
- Stop blood glucose lowering agents other than metformin or insulin
  - Ideally preconception or as soon as pregnancy confirmed

What risks are associated with poor glycaemic control before and during pregnancy?



## SOME OF THE RISKS INCLUDE:

### TO MOTHER



- Having a severe low blood glucose episode (hypo)
- Problems with eyes and kidneys
- Having a large baby, which increases the chance of problems with birth

### TO BABY



- Developing a birth defect
- Being stillborn or dying in the 28 days after birth
- Health problems that may require special or intensive hospital care

# National Diabetes in Pregnancy Audit (NPID)




- The National Pregnancy in Diabetes audit measures the quality of care provided to women with diabetes through pre-conception, pregnancy and birth.

## NPID addresses three high level audit questions:

- Were women with diabetes adequately prepared for pregnancy?
- Were appropriate steps taken during pregnancy to minimise adverse outcomes to the mother?
- Were adverse neonatal outcomes minimised?

## BEFORE PREGNANCY

### WOMEN SHOULD BE WELL PREPARED FOR PREGNANCY BY:

-  having HbA1c below 48 mmol/mol
-  taking 5mg folic acid
-  not taking potentially harmful medication



**ONLY 1 IN 8**

women with diabetes were well prepared

## DURING PREGNANCY

**NEARLY HALF**



of women with type 2 diabetes were not seen by the antenatal diabetes team in the first 10 weeks of pregnancy



**OVER 1 IN 10**

women with type 1 diabetes went into hospital with hypoglycaemia (low blood sugar levels) during pregnancy

## BIRTH

### HIGHER LEVELS FOR WOMEN WITH DIABETES

-   stillbirths
-  neo-natal death
-  congenital abnormalities

than for the general population

### LGA BABIES FOR WOMEN WITH TYPE 1 DIABETES

**OVER 1 IN 2**



were large for gestational age, which increases the risk of problems during birth



## National Pregnancy in Diabetes Audit 2020 (local results)

<p><b>Type 1 Diabetes</b> 45.8% (11/24)</p>	<p><b>Pregnancies in 2020</b> 28</p>		<p><b>Type 2 Diabetes</b> 54.1% (13/24)</p>
<p><u>Type 1 Diabetes</u>  Average age: 28 years Average BMI: 30.6</p>	<p><b>Live Births</b> 22/24 2 terminations 4 spontaneous miscarriages: 14%</p>		<p><u>Type 2 Diabetes</u>  Average age: 30 years Average BMI: 36.8</p>
<p>3/24 Woman prescribed medications not recommended for pregnancy</p>	<p>Percentage of women taking the recommended 5mg dose of folic acid prior to pregnancy 22.5%</p>		<p>Percentage of women who had 1<sup>st</sup> trimester HbA1c below 48mmol/l 8.3%</p>
<p>Percentage of women where first contact with antenatal diabetes team was below 10 weeks: 20.8%</p>	<p><b>Neonatal Care</b>  8 Babies 4 &gt; 37 weeks 16.6%</p>	<p><b>Congenital anomalies</b>  2 Baby</p>	<p>Percentage of women who had 3<sup>rd</sup> trimester HbA1c below 48mmol/l: 41.6%</p>

## NPID RECOMMENDATIONS FOR PREGNANCY PLANNING

*Better systems and a coordinated effort both between primary and secondary health care providers and between diabetes and maternity teams.*

Improved patient education and support around contraception and pregnancy planning

Increased awareness and training for all healthcare professionals involved in the care of women with diabetes

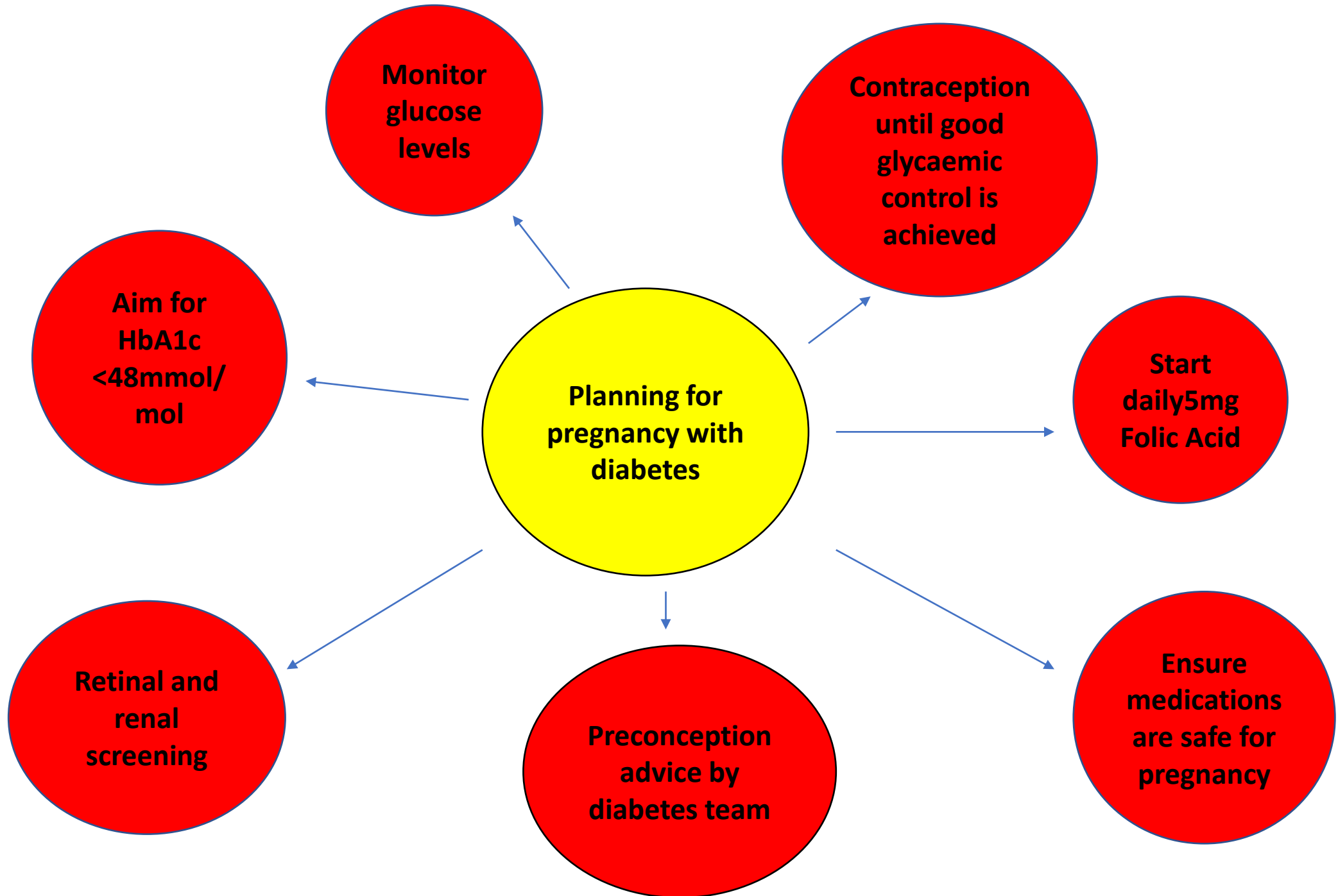
*All women with diabetes between the ages of 15-50 years should be offered access to safe, effective contraception*



## Pregnancy planning and pre conception advice

# Remember : Early interventions have better outcomes!!

- Give information and support to women who are planning a pregnancy
- Appropriate pre conceptual care with good blood glucose control can reduce, but not eliminate risks
- Medication review
- **Referral to specialist preconception care** is necessary as soon as a woman informs you she is considering a pregnancy or is already pregnant
- These women need frequent contact with healthcare practitioners, including ensuring recent retinal and renal screening has been undertaken and monthly Hba1c testing



## How to refer for pre conception advise

Diabetes Specialist Service  
e referral form to  
[barnsleydiabetes.spa@nhs.net](mailto:barnsleydiabetes.spa@nhs.net)

BEST portal website email  
referral  
Email referral form should also  
be accessible on Emis Web and  
System One



Leaflets  
Posters  
QR code for easy self referral



1 : Safe Contraception advise and benefits of pregnancy planning at each contact

2 : Safe medications

3 : Refer to diabetes specialist service for preconception advise when a women is planning a pregnancy

*“Let us never consider ourselves  
finished nurses... We must  
be learning all of our lives.”*

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Florence Nightingale

