



IMPORTANT INFORMATION FOR GENERAL PRACTITIONERS and the PRIMARY CARE TEAM

WOMEN WITH TYPE 1 AND TYPE 2 DIABETES

Women with Type 1 and Type 2 diabetes have high risk pregnancies compared to the general maternity population

Their babies are:

- five times as likely to be stillborn
- three times as likely to die in the first month of life
- twice as likely to have a major congenital anomaly
- five times as likely to deliver before 37 weeks
- twice as likely to be macrosomic ($\geq 4\text{kg}$) at birth and 10 times as likely to have Erb's palsy.¹

Two-thirds of women with Type 1 and Type 2 diabetes are delivered by caesarean section.¹

Preconception care and good blood glucose control before and during pregnancy can decrease these risks.

Type 2 diabetes is important in pregnancy

- Women with Type 2 diabetes have the same pregnancy risks as women with Type 1 diabetes.¹
- Half of pregnant women with Type 2 diabetes are from ethnic minority groups.¹
- Pregnant women with Type 2 diabetes are more likely to live in a deprived area, especially if they are from an ethnic minority group.¹



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WOMEN WITH TYPE 1 AND TYPE 2 DIABETES: STEPS TO DECREASE PREGNANCY RISKS

1. All women with diabetes of child-bearing age should receive the following information

- The risks associated with pregnancy.
- Good blood glucose control before and during pregnancy offers the best chance of decreasing these risks
 - HbA1c should be <7%
 - Home blood glucose tests should not be higher than 5.5mmol/l before meals and 7.7 mmol/l 2 hours after meals*.²
- Effective and reliable contraception** is important to avoid an unplanned pregnancy.
- Women should contact their diabetes care team if they are thinking of becoming pregnant.

2. Women who wish to become pregnant

- Check HbA1c.
- Refer woman as soon as possible to a preconception diabetes clinic (if available locally), or to their diabetes care team.
- Review current medication:
 - Discontinue ACE inhibitors
 - Commence methyldopa if antihypertensives are required
 - Discontinue statins
 - Women on oral hypoglycaemic agents should be changed to insulin under the supervision of the diabetes care team
 - Continue contraception until the woman has been seen by her diabetes care team
- Monitor blood glucose control more frequently (at least 4 times a day) as advised by the diabetes care team.
- Prescribe folic acid 5mg daily, to continue until the woman is 12 weeks pregnant.
- Give smoking cessation advice.
- Explain the benefits of breastfeeding (including improved blood glucose control and easier weight loss).

3. Women who are already pregnant

- Go through steps 1 and 2 to ensure that the woman has received all the appropriate information and care.
- Refer urgently to the designated diabetes antenatal clinic at the local maternity unit for
 - A dating ultrasound scan before 13 weeks
 - Review and monitoring of blood glucose control
 - Retinal assessment
 - Evaluation of renal function
 - Dietetic advice
 - Additional fetal ultrasound scans as required.

4. Women who have had their baby

- Commence effective contraception as soon as possible.
- Review medication:
 - Women with Type 2 diabetes who are breast feeding will usually need to continue with insulin during this time.
 - Normalise other medication as appropriate.

*these values apply to meters which measure capillary whole blood glucose. For meters measuring capillary plasma glucose, the corresponding values are 4.4-6.1mmol/l and 8.5mmol/l.²

**Women with diabetes can safely use the combined oral contraceptive pill, intrauterine contraceptive device, progesterone injections, patches and implants.

References:

1. Confidential Enquiry into Maternal and Child Health (CEMACH). *Pregnancy in women with type 1 and type 2 diabetes in 2002-2003, England, Wales and Northern Ireland.* London; RCOG Press; 2005 [www.cemach.org.uk]
2. Diabetes UK Care Recommendation (April 2002): *Preconception care for women with diabetes.* [www.diabetes.org.uk/infocentre/carerec/preconcept.htm]