Diabetes and Pregnancy

The National Diabetes in Pregnancy Audit seeks to address three key questions:

- Were women adequately prepared for pregnancy?
- Were adverse maternal outcomes minimised?
- Were adverse foetal/infant outcomes minimised?

The 2018 audit found that in England and Wales:

- Less than half of women in the audit were taking folic acid in any dose prior to pregnancy (44 per cent).
- Only 15.6 per cent of women with Type 1 diabetes and 36.28 per cent of women with Type 2 diabetes had a first trimester HbA_{1c} measurement below 48 mmol/mol.
- 8 per cent of women were taking potentially harmful medications (statins, ACE inhibitors and ARBs) at the time of conception
- 6 per cent of women with Type 2 diabetes became pregnant while taking a potentially hazardous glucose lowering medication.
- There were high rates of adverse outcomes for women with type 1 & type 2 diabetes - 27 stillbirths per live births 1000, 20 neonatal deaths per 1000 live births and 88 anomalies per 1000 live births.
- 26% of women with 2DM and 54% of women with 1DM had babies that were large for gestational age.

There has been no improvement in these figures over several years.

The report made the following recommendations for primary care:

- Identify and inform all women with diabetes who might become pregnant about the importance of, and options for, safe effective contraception and pregnancy planning. Encourage long-acting methods where possible,
- Encourage women with diabetes to engage with healthcare professionals when they are considering pregnancy and refer them to specialist services for pre-conception counselling.
- Advise women with diabetes to take 5mg folic acid daily when they are considering pregnancy, or as soon as they think they may be pregnant.
- Review glucose lowering medications for women considering pregnancy, and consider stopping those that are not licensed for use in pregnancy, and whose safety is uncertain, i.e. GLP-1 analogues and all oral hypoglycaemic agents except metformin.

- Review medications prescribed for diabetes-related complications and consider stopper those that are known to be teratogenic such as statins, ACEIs and ARBS.

- Support women to achieve optimal glucose control prior to pregnancy, (HbA1c <48mmol/l) balancing the aim of achieving the recommended HbA1c level with the risk of hypoglycaemia.
- Inform women of the importance of reporting pregnancy as soon as it is confirmed and ensure that she is in contact with specialist diabetes and maternity services.
- The number for the specialist diabetes midwife is on the HIDS referral form. Please ring her when you send off this form and she will ensure that the woman is booked into a joint ante-natal clinic as soon as possible. The specialist service should organise retinal screening, but the form for this is also on DXS.
- Please direct women with diabetes who are planning a pregnancy, are pregnant or have gestational diabetes to the resources on the Herts Valleys Diabetes website. https://hertsvalleysdiabetes.co.uk/resources/resources-for-patients/womens-health-diabetes/

I am sure you are all aware that with the increasing incidence of type 2 diabetes in younger age groups, we are seeing many more women who are at risk of adverse pregnancy outcomes, and in primary care we are well placed to intervene to try to improve these disappointing results from the NPID audit.

Dr Nicola Cowap (HVCCG diabetes clinical lead)
Dr Tom Galliford (Consultant Endocrinologist WHHT & Clinical Lead for the Herts Integrated Diabetes Service)