

Pre-conception pathway for women with pre-existing diabetes

eden

 RELEVANT FOR PRIMARY CARE

Pre-conception

diabetes clinic referral

If planning a pregnancy, **REFER** to the secondary care pre-conception diabetes clinic



Body weight

If BMI above 27 kg/m², **OFFER** weight management support



HbA1c target

Aim for HbA1c level below 48mmol/mol (6.5%)
Strongly advise women to **AVOID** pregnancy if HbA1c is above 86mmol/mol (10%), and discuss risks of congenital malformations



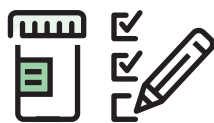
Folic Acid

PRESCRIBE Folic Acid 5 mg/day, and continue until 12 weeks of gestation



Stopping Contraception

Will usually be recommended by the pre-conception diabetes team, when safe to do so.



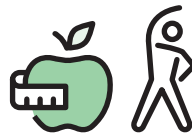
Contraception

CONTINUE contraception until pre-conception care is optimal



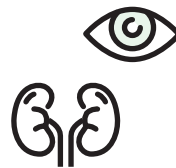
Lifestyle

ADVISE on smoking, alcohol, healthy diet and exercise



Eyes and Kidneys

OFFER Retinal and renal screening before stopping contraception



REVIEW/STOP unsafe medications

- Statins
- ACE inhibitors
- ARB's
- Glucose lowering agents (except Metformin and insulin)



Antenatal clinic referral

If pregnancy is confirmed, **REFER** ASAP to the diabetes pregnancy team



For further information contact:

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Abbreviations:

GDM – gestational diabetes
OGTT – oral glucose tolerance test
Hypo – hypoglycaemia
CGM – continuous glucose monitoring



Leicester Diabetes Centre

