

SWS DIABETES SPECIALIST SERVICES

If your patient is planning to become pregnant, they should be referred to one of the pre-pregnancy diabetes clinics.

- Bankstown-Lidcombe Hospital Diabetes Centre, Eldridge Road (PH: 9722 8360)
- Campbelltown Hospital Macarthur Diabetes and Endocrine Service, Therry Rd (PH: 4634 4963)
- Liverpool Hospital Diabetes and Endocrine Service, Suite 19, Level 2, 45-47 Goulburn Street (PH: 8738 4577)

IF YOUR PATIENT IS PREGNANT

The most challenging time in terms of risk is in the first 8 weeks of pregnancy during major organ development. In women with pre-existing diabetes (type 1 and type 2 diabetes) they also have increased risk of hypoglycaemia due to increased insulin sensitivity.

Any pregnant patient who has diabetes should see her endocrinologist immediately. She can also be referred to the local diabetes in pregnancy clinic (not just the maternity clinic) as below for an urgent review.

CURRENT GUIDELINES RECOMMEND A HBA1C OF 6.5% OR BELOW BEFORE THE PATIENT BECOMES PREGNANT.

The Diabetes Contraception and Pre-pregnancy Program (DCAPP) is a collaboration between Western Sydney University, South Western Sydney Primary Health Network & South Western Sydney Local Health District. DCAPP aims to increase awareness about contraception and the risks of unplanned pregnancy whilst facilitating easy access to best practice pre-pregnancy care.



Diabetes Contraception and Pre-pregnancy Program (DCAPP) for those with Pre-existing Diabetes (Health Professionals Guide)

PRE-PREGNANCY PLANNING

Having pre-existing diabetes during pregnancy may increase the risk of birth defects and early pregnancy loss, especially with unplanned pregnancy. The risks are higher if blood glucose levels before and during early pregnancy have not been within optimal range.

Women with HbA1c above 7.5% are 9 times more likely to have congenital malformation, and 4 times more likely to miscarry than women with a HbA1c of 6.5% or less.

There are also increased risks for the mother such as high blood pressure and pre-eclampsia.

Planning for pregnancy

Ideally, planning for pregnancy should occur at least 3 months before trying to conceive.

All medications, including those for managing diabetes, cholesterol and blood pressure must be reviewed before pregnancy.

Women with pre-existing diabetes are recommended to take a high dose of folic acid because of their increased risk of birth defects ie. 5 mg.

Contraception

If your patient is not planning pregnancy, the most reliable and most recommended contraceptive approaches are: • Contraceptive Implants (e.g. Implanon®) • Coil (Intrauterine Device - IUD) • Hormone Releasing Intrauterine System (IUS) (e.g. Mirena) • Sterilisation (When family is complete)

Also: • The pill-combined oral (COC) • Progestogen only (POP) • Contraceptive patch

It is not advised that patients over 40 years or those who have had diabetes for 20 years or more use the combined oral contraceptive

Is your patient planning pregnancy?

Please provide your patient with a referral to their closest local Diabetes Pre-Pregnancy Planning Clinic as soon as possible

- Bankstown-Lidcombe Hospital Diabetes Centre Eldridge Road, Ph: 9722 8360. REFERRALS to be faxed to 9722 8366
- Campbelltown Hospital Macarthur Diabetes and Endocrine Service Therry Rd4634 4963. REFERRALS ACCEPTED VIA email SWSLHD-MDEMS@health.nsw.gov.au or fax on 46344045
- Liverpool Hospital Diabetes and Endocrine Service Suite 19, Level 2, 45-47 Goulburn Street, Ph 8738 4577. REFERRALS ACCEPTED VIA FAX 02 8738 4539 OR EMAIL SWSLHD-Liverpool-DiabetesandEndocrine-Referrals@health.nsw.gov.au

Key points for Medication Management for diabetes and pre-pregnancy planning

- Conception whilst taking teratogenic drugs such as some glucose, blood pressure or lipid medications is associated with adverse outcomes.
- Sulphonylureas, DPP-4 inhibitors, glitazones, GLP1's, and SGLT2i's are contraindicated in pregnancy.
- Oral hypoglycaemic agents are not recommended. Specialist supervision is needed for patients on metformin.
- Some women may need to commence insulin therapy.
- Substitute anti-hypertensive medications such as ACEI and ARB with methyldopa or labetalol
- Stop statins and fibrates

Steps to reduce diabetes pregnancy related complications:

- 5mg/day folate use for 3 months before and up to 12 weeks during the pregnancy
- HbA1c 6.5% or below for at least 3 months before the pregnancy
- Recommend patients with type 1 diabetes wear a glucose sensor (CGM)
- Stop all fetotoxic drugs at, preferably before conception
- Patients to attend pre pregnancy planning clinic and be referred to a specialist diabetes in pregnancy clinic as early as possible upon confirmation of pregnancy (before 10 weeks gestation)
- *Women not planning a pregnancy on reliable long acting reversible contraception (eg. Mirena)*

