



WOMEN OF CHILDBEARING AGE WITH DIABETES or PREVIOUS GESTATIONAL DIABETES (GDM)	
50% of all pregnancies are unplanned	
All women with Diabetes	Offer contraceptive advice
	All forms of contraception may be used for women with Diabetes
	Pre-conception care
	Stress the importance of: Folic acid Good glycaemic control Medicines review (stop ACE, ARBs and statins) Ensure retinal screen and microalbuminuria test performed within the last 12 months
All women with Type 1 Diabetes actively seeking pregnancy	Refer to secondary care for pre-conception counselling
	for consideration of pump therapy to optimise their glycaemic control. Start folic acid 5mg OD
All women with Type 2 Diabetes actively seeking pregnancy	Refer to secondary or intermediate care for pre-conception counselling
	Discontinue all oral agents and injectable therapies except Metformin and insulin Optimise glycaemic control with a basal bolus regime if needed Start folic acid 5mg OD
For women with a previous history of gestational Diabetes	Emphasise importance of annual review
	Check a HbA1c yearly to exclude Diabetes Give dietary and weight management advice Explain the high probability that GDM will recur in any future pregnancy and need for early booking
On confirmation of pregnancy	Refer immediately to the Diabetes Antenatal Clinic
	Refer to retinal screening
	Ensure folic acid 5mg OD is being taken and ACE , ARBs and statins stopped