Preconception Counseling for Women With Diabetes

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Supplementary Data

- Supplementary Figure S1
- Supplementary Figure S2
- Supplementary Figure S3

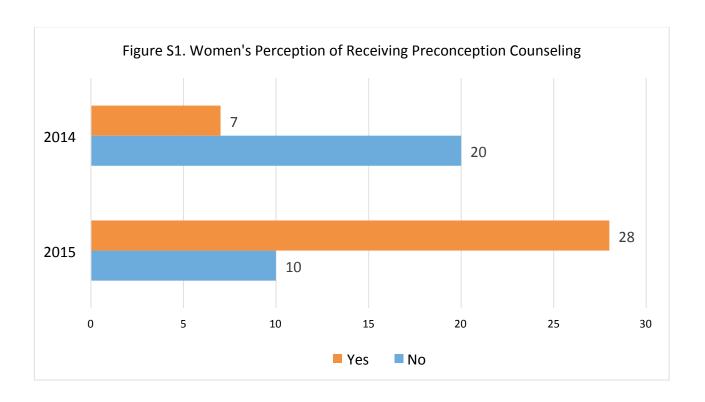


Figure S2: Preconception Counseling Brochure

Preconception Counseling for Women with Diabetes

What to know <u>before</u> getting pregnant.



PRECONCEPTION COUNSELING FOR WOMEN WITH DIABETES

Preconception counseling is an integral part of diabetes care for women of childbearing age. Even if you are not ready to plan a family, it is important to understand the need for good glycemic control prior to becoming pregnant.

Diabetes increases the risk for a baby to develop birth defects. High blood glucose levels, especially



in the first trimester, double the risk of birth defects and miscarriage. Damage to the baby's organs can occur before you even realize you are pregnant.

Not only are there risks for the baby, but for you as well. Poor glycemic control can contribute to eye and kidney problems, infections of the urinary bladder and vaginal area, and preeclampsia (high blood pressure usually with protein in the urine).

Some of the medications used to control diabetes, blood pressure and cholesterol should not be used during pregnancy. Your health care provider can identify those medications and make the needed changes before you attempt to get pregnant.

Contraception (birth control) is recommended until blood glucose goals have been met and transition to a safer medication regimen is complete.

Working with your healthcare team, you can increase the chance of a healthy pregnancy—healthy mom and healthy baby!

Don't forget to follow-up after the pregnancy!

Preconception Plan and Checklist

Target blood glucose goals before getting pregnant

• Premeal (before eating): 60-119 mg/dl

1 hour after meals: 100-149 mg/dl

Target A1C goal 3-6 months before getting pregnant

- 6.1-6.5% or lower
- No hypoglycemia

Medications to discuss with HCP:

- Diabetes medications
 - Possible insulin therapy
 - Review of oral medications
- Blood pressure medications (not safe during pregnancy)
 - o ACE inhibitors, e.g., lisinopril
 - o ARBs, e.g., candesartan
- Cholesterol medications (not safe during pregnancy)
 - o Statins, e.g., simvastatin, pravastatin,
- Folate supplements (should begin 3 months before getting pregnant)

Recommended consults/Lab tests

- Registered Dietitian
 - Healthy Eating
 - Weight reduction for overweight or obese women
- Ophthalmology screening before becoming pregnant, repeat during 1st trimester
- · Blood pressure monitoring
- Metabolic lab panel (kidney and thyroid function)

Discuss birth control method until goals met

My Pregnancy Plan

✓	Schedule appointment with Primary Care Provider 6 months	before desired
	pregnancy or immediately upon learning of pregnancy	
	o Appt date/time:	
	o Lab work date/time:	
✓	Meet with Dietitian	
	o Appt date/time:	
✓	Ophthalmology appointment	
	o Appt date/time:	
✓	My A1C goal: <6.5 <6.0	
✓	Schedule for checking blood glucose:	
	o How often:	
	o Time of day:	
✓	My blood glucose goals:	
	o Pre-meal:	_
	o Post-meal:	_
	o Bedtime:	_
	o Other:	_
✓	Medication list:	
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FelanE8915 - Excel FORMULAS DATA REVIEW VIEW ACROBAT ≡ ≡ ≡ | → | Fr Wrap Text Sort & Find & Filter - Select -N ٨ 0 Q Auvanceu Directive Yes SMB Discussed **Assessment** Preconception Type 2 Diabetes Counseling? DM E Lifes HGB A1c A1c not accurate Discordance Discuss IMP: Vacc Lifestyle ordant w/ A1c. Will check Fe changes Opht $\overline{\mathbf{v}}$ REC: Alb/c /day - 1-2 weeks before f/u. Foot **Hypertension** Toba Controlled ~ IMP: SBP Discuss Low Na+ Diet DBP -20Sep18 | 3Apr18 | 6Dec17 | 27Sep17 | 18Jul1 ... 🕂 : 🖪 **Ⅲ Ⅲ - +** 214%

Figure S3. NoteWriter Prompt for PCC Discussion