



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 testing within the last 6 months Target HbA1c ≤ 48 mmol/mol (6.5%), if achievable without causing problematic hypoglycaemia.	
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 of recurrent GDM in future pregnancy and need for early booking
On confirmation of pregnancy	Refer immediately to the Diabetes Antenatal Clinic
	Refer to retinal screening if not within previous 3 months
	Ensure taking folic acid 5mg OD and ACE , ARBs and statins have been stopped