Pre-conception advice for women with diabetes or previous gestational diabetes

Within the hospital trust where I work, until the end of 2023, the availability of pre-conception clinics was one morning clinic per month, with waiting lists. This was then increased to 17 clinics per month between diabetes consultants, and diabetes specialist nurse and midwife clinics. This has seen waiting lists reduce dramatically, a five-fold increase in patients attending the pre-conception clinic and, ultimately, women are entering pregnancy with improved glycaemia (for those planning pregnancy). Through my experience of these clinics, alongside the antenatal clinic covering type 1, type 2 and gestational diabetes, I have created this table as a visual guide to what is required for different elements of care for those planning pregnancy with pre-existing or previous GDM.

Cathy Jones
Diabetes Technology Specialist Midwife, Leicester Diabetes Centre and University Hospitals of Leicester NHS Trust

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	Type 1 diabetes	Type 2 diabetes and pre-diabetes (HbA_{1c} 42–47 mmol/mol)	Previous gestational diabetes (GDM)
Why is planning pregnancy important?	For most people, pregnancy with diabetes will go well. There are some known risks of diabetes and pregnancy, including an increased risk of miscarriage, baby growing bigger than expected, neonatal hypoglycaemia, pre-eclampsia, shoulder dystocia, some fetal abnormalities and stillbirth. Blood glucose level is a modifiable risk factor, so supporting its optimisation can help to reduce these adverse outcomes.		In women who previously had GDM, there is an increased risk of developing GDM in future pregnancies. Check for early-onset type 2 diabetes (EOT2D) prior to pregnancy.
Pre-conception clinic	Recommended to attend a pre-conception diabetes clinic for input – predominantly within secondary care. If this is not available, discuss with primary care or the local diabetes team in secondary care what is available for those with pre-existing diabetes who are planning pregnancy. Pre-conception is a key time to support improved glycaemia, as many of the baby's essential organs and systems develop within the first 12 weeks of pregnancy.		Check with local services if those with previous GDM can attend pre-conception services. If so, and they are happy to be referred, complete the referral. If not, discuss with their GP what services are available in primary care.
Folic acid and vitamin D	Where possible, women with diabetes should be prescribed 5 mg/day of folic acid for 3 months prior to conception and until 12 weeks of pregnancy. Vitamin D required during pregnancy.		Take 400 µg/day of folic acid. Or 5 mg/day prescribed by a doctor or non-medical prescriber if other risk factors are present, BMI is ≥30 kg/m², family history of neural tube defects or coeliac disease. Vitamin D is available in antenatal multivitamins.
Medication	If the woman is taking medication for medical conditions other than diabetes (e.g. for mental health or high blood pressure), liaise with their GP or hospital consultant for a review of these. Some may be safe in pregnancy, whilst others may need to be switched to a safer source. For example, there are no safe statins that can be taken during pregnancy. Antihypertensives safe for use during pregnancy include nifedipine, labetalol and methyldopa. **Always discuss with a doctor or non-medical prescriber prior to stopping any prescribed medication. If someone presents to you pregnant, discuss as a matter of urgency.**		

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Glucose monitoring	Continue to monitor glucose levels with continuous glucose monitoring or finger-prick testing. If a glucose sensor is being used during the pre-conception period, work to achieve a time in range of ≥70% between 3.9 and 10 mmol/L. Take a holistic and individualised approach and set realistic targets.		Depending on local services, in early pregnancy offer an early oral glucose tolerance test or early finger-prick testing when pregnant.
HbA_{1c}	HbA_{1c} is recommended to be ≤48 mmol/mol for optimal pregnancy outcomes. If HbA_{1c} has not been tested within the last 3–6 months, it is wise to have this checked. If HbA_{1c} is above target, work to achieve glycaemic targets prior to pregnancy to reduce the risks of diabetes during pregnancy. Those with pre-diabetes detected may be able to access pre-conception care through primary or secondary care (depending on the trust).		HbA_{1c} should be tested annually. If it has not been tested within the last 12 months, do so to check for any pre-existing diabetes prior to entering pregnancy.
Retinal screening	If eye screening has not been performed by the diabetes retinal screening service in the last 12 months, contact the service to organise this. If the person has had retinopathy treated (e.g. with laser treatment), it is important that the healthcare professional speaks to the ophthalmologist and diabetes team prior to pregnancy.		Not applicable.
Kidney checks	People with diabetes should have a blood test to check kidney function (U&E) and a urine sample (ACR) annually. If this has not been performed recently, do so. If there are any kidney complications, referral to the local specialist renal team prior to planning pregnancy may be necessary.		Not applicable.
Feet check	People with diabetes should have a foot check annually. If this has not been performed within 12 months, it should be done. It can be carried out within the GP surgery or with the diabetes specialist team.		Not applicable.
Diabetes medication	NICE recommends that all those planning pregnancy within 1 year or who are already pregnant are offered hybrid closed-loop (HCL) insulin therapy using the CamAPS FX system (Ypsomed or Dana pumps). Discuss this with the local insulin pump team and refer to the appropriate service. NHS England funds the HCL system, as pregnancy and pre-conception groups are part of priority 1 with the HCL rollout. Scotland, Wales and Northern Ireland may differ.	Review and discuss current medication with a GP or hospital consultant. Metformin and insulin are currently the only recommended diabetes medications for pregnancy. Switch any other medications to safe alternatives when actively trying to conceive. Some services may recommend medications to help with weight loss prior to trying for pregnancy to help reduce insulin resistance.	Not applicable.
Contraception	Discuss the full clinical situation with the relevant medical professional (likely a diabetes specialist) prior to advising that contraception is stopped. It is important that women with diabetes are aware of the risks of diabetes and pregnancy, alongside ways to reduce them. Inform them that, for most women with diabetes, pregnancy goes well and they will be supported throughout by the antenatal and diabetes teams.		
Other types of diabetes	For those with other types of diabetes, such as MODY, the same principles apply as for type 1 and type 2 diabetes, with referral to secondary care for specialist input to pre-conception care.		
Resources for healthcare professionals and patients	Diabetes and pregnancy: NHS and Diabetes UK NICE guidance: *Diabetes in pregnancy* (NG3)		
	NHS England: *Saving babies' lives: version 3. Element 6: Management of pre-existing diabetes in pregnancy*		
	JDRF pregnancy planning toolkit AiDAPT study: HCL therapy in pregnancies with type 1 diabetes	PROTECT study: CGM in pregnancies with type 2 diabetes	Diabetes UK GDM information leaflet (PDF)

Information in the table was collated from a number of resources, including:

British National Formulary (2025) *Diabetes, pregnancy and breast-feeding*. Available at: https://bnf.nice.org.uk/treatment-summaries/diabetes-pregnancy-and-breast-feeding (accessed 05.02.25)

NHS England (2023) *Saving babies' lives: version 3: A care bundle for reducing perinatal mortality*. Available at: https://www.england.nhs.uk/long-read/saving-babies-lives-version-3 (accessed 05.02.25)

NICE (2020) *Diabetes in pregnancy: management from preconception to the postnatal period* (NG3). Available at: https://www.nice.org.uk/guidance/ng3 (accessed 05.01.25)

NICE (2022a) *Type 1 diabetes in adults: diagnosis and management* (NG17). Available at: https://www.nice.org.uk/guidance/ng17/chapter/Recommendations#support-and-individualised-care (accessed 05.02.25)

NICE (2022b) *Type 2 diabetes in adults: management* (NG28). Available at: https://www.nice.org.uk/guidance/ng28/chapter/Recommendations (accessed 05.02.25)

NICE (2023) Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes (TA943). Available at: https://www.nice.org.uk/guidance/ta943 (12.02.25)