

Free e-learning resource

Pre-pregnancy care in diabetes

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Georgia, who is 33 years old, was diagnosed with type 2 diabetes two years ago. This is controlled with metformin 1 g twice daily. She takes the combined contraceptive pill, smokes 3–4 cigarettes per day, consumes 12 units of alcohol per week and has a BMI of 31.2 kg/m². She is planning her first pregnancy and asks for advice.

What lifestyle advice would you give Georgia to prepare for pregnancy?

38-year-old Emily has a 4-year history of type 2 diabetes, which is not adequately controlled, stable background diabetic retinopathy and a BMI of 34.5 kg/m². Her medication consists of metformin MR 1 g twice daily, sitagliptin 100 mg once daily, atorvastatin 20 mg once daily and ramipril 10 mg once daily. She is aware that her age and diabetes increase the risks of pregnancy, but is determined to add to her family.

What would your plans be for the management of Emily's glycaemia?

By working through these interactive cases, we will consider the following issues and more:

- Why pregnancy with diabetes is a special concern.
- What lifestyle advice to give to prepare for pregnancy.
- Which medications for glycaemic control can and cannot be used safely in pregnancy.
- How to manage hypertension and hyperlipidaemia in a woman planning a pregnancy.

D *Diabetes & Primary Care's* series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of type 2 diabetes.

Compared to the general maternity population, the risk of adverse pregnancy outcomes in women with diabetes is several times higher. The two mini-case studies created for this issue of the journal relate to the safe planning for pregnancy in women with diabetes.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in type 2 diabetes by encouraging us to make evidence-based decisions in the context of individual cases.

You are invited to respond to the questions by typing in your answers. In this way, you are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Specialist Doctor in Diabetes, Royal Shrewsbury Hospital; Undergraduate Clinical Tutor, Keele University; and retired GP

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