Identify, Prepare Diabetic Women for Pregnancy

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SAN FRANCISCO — The first step in preparing a diabetic woman for pregnancy is recognizing that she has diabetes before she conceives.

Women with type 2 diabetes often don’t get diagnosed until pregnancy, when it’s too late to reduce the risk of congenital anomalies through better glyceremic control, Dr. Ingrid Block said at a meeting on diabetes and endocrinology sponsored by the University of California, San Francisco. Congenital anomalies in infants of diabetic mothers occur as early as 5 weeks after the mother’s last menstrual period (for caudal regression) and as late as 8 weeks after the last period (for cardiac anomalies).

“If you don’t sit down with that patient and ensure that she plans her pregnancy and that she has good glyceremic control before conception, you run the risk that she’ll find out she’s 8 weeks pregnant and she has missed the opportunity to avoid these congenital anomalies, said Dr. Block, of the university.

With any new female patients, pay attention to their obstetric histories, she urged. If a nondiabetic woman has delivered a large baby or had gestational diabetes, she’s at increased risk for developing type 2 diabetes and should be screened for it periodically.

Congenital anomalies occur in 6%-10% of pregnancies among diabetic women with uncontrolled hyperglycemia, compared with an incidence of 2% in nondiabetic women. Emphasize effective contraception until diabetes patients achieve stable glycemic control, she advised.

Preconception counseling and care should help women optimize glyceremic control before pregnancy, which significantly reduces risks of stillbirths and fetal death, studies have shown. Women with type 2 diabetes should transition before conception from managing their diabetics using diet alone or oral therapies to using insulin, she added. Identification and treatment of long-term complications of diabetes such as retinopathy, nephropathy, neuropathy, hypertension, and coronary artery disease will give physicians an opportunity to warn some patients about difficult or nonviable pregnancies.

Diabetic women with early renal failure are unlikely to have viable pregnancies, for example, but renal transplant has allowed some of these women to have successful pregnancies, deliveries.

A diabetic woman with preconception hypertension and proteinuria over 500 mg in 24 hours should be informed of her significant risk for precampsias and preterm delivery, which could mean weeks in the neonatal intensive care unit.

“That is a very stressful experience for the baby and the parents,” Dr. Block said.

At her institution, women with type 1 or type 2 diabetes who want to become pregnant should get tests for hemoglobin A1c, TSH levels, 24-hour urine protein, and serum creatinine.

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Overdosage of combination hormonal contraceptives may cause nausea, vomiting, vaginal bleeding, or other menstrual disturbances.

Women who use hormonal contraceptives should be counseled to avoid pregnancy for 4 weeks after discontinuing. In a clinical study involving 37 NuvaRing®-treated subjects, glucose tolerance testing showed that all subjects who discontinued had glucose levels similar to those of the control group.

Patients who use combination hormonal contraceptives containing etonogestrel should use alternative forms of contraception for at least 28 days before conception, she said. Patients who use combination hormonal contraceptives containing etonogestrel should use alternative forms of contraception for at least 28 days before conception.

The onset or exacerbation of migraine or development of headache with a new pattern which is recurrent or persistent should be evaluated by a physician.

Women who have or have had breast cancer should not use hormonal contraceptives because breast cancer is usually hormonally sensitive.

An increase in blood pressure has been reported in 6%-10% of the population, she said. A clinical study involving 37 subjects showed that all subjects who discontinued had blood pressure levels similar to those of the control group.

Women who have or have had gestational diabetes should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.