

Preconception considerations for women with type 1 or type 2 diabetes

Pregnancy should be planned, with the following steps taken prior to conception:

1. **A1C:** 7% or less, but strive for $\leq 6.5\%$ (ensure contraception until at personalized glycemic target)
2. **STOP:**
 - a. Non-insulin antihyperglycemic agents (except metformin and/or glyburide)
 - b. Statins
 - c. ACEi/ARB prior to pregnancy, but if overt nephropathy exists, continue until detection of pregnancy (should be discontinued in 1st trimester)
3. **START:**
 - a. Folic acid 1 mg per day x 3 months prior to conception
 - b. Insulin if target A1C is not achieved on metformin and/or glyburide (type 2)
 - c. Other antihypertensive agents safe for pregnancy (Labetalol, nifedepine XL) if hypertension control needed.
4. **SCREEN FOR COMPLICATIONS:**
 - Diabetes eye examination, serum creatinine/eGFR, urine ACR, blood pressure
5. **REFER TO DIABETES MEDICAL SPECIALIST or to diabetes clinic.**
6. Aim for healthy BMI. Counsel regarding exercise and reducing sedentary time.
7. Ensure appropriate vaccinations are up to date.