# Consensus statement on diabetes control in preparation for pregnancy

The National Diabetes in Pregnancy Advisory Committee (NDIPAC) is a multidisciplinary committee established in November 2000 by the Commonwealth Department of Health and Aged Care as part of the National Diabetes Strategy. On behalf of the NDIPAC, we present the first Australian consensus statement (endorsed by the Committee in February 2004) on diabetes control for women with type 1 or type 2 diabetes who are preparing for pregnancy:

***Women planning pregnancy should aim to achieve a target $HbA_{1c}$ value of <7% (where the upper limit of the normal range for people without diabetes is <6%)***

(If the normal range for people without diabetes is specified otherwise, the target $HbA_{1c}$ level should be <1% above the upper limit of normal.)

The following important qualifying statements apply:

- Women with diabetes should aim to achieve the best control of diabetes possible in preparation for pregnancy. This should include achieving blood glucose levels as close to the normal range as possible, while avoiding hypoglycaemia. Decisions about the precise glucose level targets to be achieved should be made on an individual basis, with collaboration between the woman and her healthcare team.
- Women who are able to achieve better control of their diabetes than the target value indicated above (eg, an $HbA_{1c}$ level of 6%) should be encouraged to maintain these levels in preparation for pregnancy.
- Other aspects of care are also important in preparation for pregnancy. These include healthy eating, taking folic acid supplements, and detection and treatment of other diabetes-related complications.
- It is recommended that tighter control of blood glucose levels (eg, $HbA_{1c}$ < 6% or within the upper limit of the normal range) be targeted once pregnancy is achieved to minimise the risk of pregnancy complications and long-term metabolic consequences for the child.

These recommendations were made after reviewing and discussing the available data (the references listed here are a selection of the data sources considered the most relevant).[1-15] The recommendations have now been endorsed by the Australasian Diabetes in Pregnancy Society, the Australian Diabetes Society, the National Diabetes Strategy Group and the Royal Australasian College of General Practitioners.

The NDIPAC suggests that the recommendations be used to determine action strategies for improving outcomes in pregnancies complicated by diabetes. For example, they could be applied in:

- designing appropriate enhanced primary-care guidelines and target $HbA_{1c}$ levels for women in their child-bearing years;
- flagging pathology results (specifically, the $HbA_{1c}$ value in women of child-bearing potential) for action by treating clinicians;
- ongoing monitoring of pre-pregnancy glycaemic control using the framework of the National Diabetes in Pregnancy Audit Program (for more information, see the Australasian Diabetes in Pregnancy Society website, www.adips.org).

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