



Insufficient evidence to support specific preconception care for women with diabetes

Clinical question

How effective is specific preconception care for women with diabetes in improving maternal and infant health?

Bottom line

There was insufficient evidence to recommend for or against any particular protocol of preconception care for women with diabetes. The trial evaluated preconception care offered in different formats (a self-instructional, evidence-based CD-ROM or a book) rather than evaluating preconception care with standard care.

Caveat

The single included study was intended as a feasibility study and was therefore limited by the number of participants and the outcomes reported. None of the pre-specified outcomes of the review were reported. Haemoglobin A1c data were reported as mean changes from baseline and could not be included in this review.

Context

Current guidelines in many countries, including Australia, UK and the US, recommend specific preconception care for women with diabetes. Pregnant women with type 1 or type 2 diabetes are at greater risk of adverse outcomes in pregnancy, such as high blood pressure and preterm births. Pregnancy can also accelerate the development of diabetic complications (retinopathy, nephropathy, neuropathy, ischaemic heart disease, cerebrovascular disease, peripheral vascular disease). Babies born to mothers with type 1 or type 2 diabetes diagnosed before pregnancy may be larger and are at greater risk of infant death and congenital abnormality (such as neural tube defects, including anencephaly and spina bifida). These infants are also at risk of developing type 2 diabetes in the long term.

Cochrane Systematic Review

Tieu J, Middleton P and Crowther CA. Preconception care for diabetic women for improving maternal and infant health. Cochrane Reviews, 2010, Issue 12. Article No. CD007776. DOI: 10.1002/14651858.CD007776.pub2.

This review contains 1 study involving 53 participants.

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