Preconception care for women with type 1 or type 2 diabetes mellitus: a mixed-methods study exploring uptake of preconception care

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Declared competing interests of authors: none

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published March 2017
DOI: 10.3310/hta21140

Plain English summary

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Health Technology Assessment 2017; Vol. 21: No. 14
DOI: 10.3310/hta21140

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Diabetes mellitus, a condition in which the amount of sugar (glucose) in the blood is too high, is one of the most common medical conditions in pregnancy. Women with pre-existing diabetes mellitus are at an increased risk of a variety of adverse outcomes including miscarriage, stillbirth, complications during labour and problems with the development of the baby.

The National Institute for Health and Care Excellence has produced preconception care (PCC) guidelines which should help reduce these risks. PCC includes things such as optimising blood glucose levels, folic acid supplementation and supported lifestyle changes (e.g. maintaining a healthy diet). In spite of the benefits of PCC, uptake is low.

This study sets out to explore the facilitators of and barriers to the uptake of PCC by women with pre-existing diabetes mellitus. The study findings, based on a systematic review of 18 qualitative studies and 12 interviews carried out with white British and Pakistani women, reveal four key issues:

1. There is a lack of clarity about what PCC is.
2. There may be a lack of expertise in delivering the core elements of PCC (i.e. pregnancy planning, fertility and contraception).
3. It is not clear who is responsible for delivering PCC to women with diabetes mellitus.
4. Care needs to focus on enabling women to make positive changes rather than treating them as women at risk of failure.
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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 12/185/14. The contractual start date was in August 2014. The draft report began editorial review in March 2016 and was accepted for publication in August 2016. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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