

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

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Plain English summary

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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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