

Too few women with diabetes receive recommended preconception counseling

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Not enough women of childbearing age who have diabetes are receiving the recommended preconception counseling, a new study suggests. The findings will be presented in a poster on Saturday at ENDO 2018, the 100th annual meeting of the Endocrine Society in Chicago, Ill.

Women with type 1 or type 2 [diabetes](#) and their babies benefit from strict blood sugar control before and during pregnancy, and the American Diabetes Association recommends that all [women](#) who have diabetes and are of childbearing age receive preconception counseling beginning at puberty.

"In our study, rates of preconception counseling among women of childbearing age with diabetes were very low," said lead study author Angela L. Magdaleno, D.O., a medical resident Lehigh Valley Health Network in Allentown, Pa. "Primary care providers believed they were providing preconception counseling with patients more frequently than they actually were."

"Previous studies have shown that preconception counseling decreases birth defects and other complications in babies of mothers with type 1 and type 2 diabetes. However, in our study, primary care physicians in *Obstetrics and Gynecology*, Internal Medicine, and Family Medicine did not regularly discuss glucose control or provide comprehensive counseling with their patients prior to conception," she said.

Magdaleno and her colleagues reviewed the electronic medical records

of one regional health care system and identified 577 charts of women 18-35 years old with type 1 or type 2 diabetes mellitus with or without complications who had had an office visit with Obstetrics and Gynecology, Internal Medicine, or Family Medicine over a two-year period.

The researchers reviewed the office notes to determine whether the patients had received preconception counseling at the office visit. They also sent anonymous surveys to 524 providers in the system inquiring about the preconception counseling services they provided to women with diabetes.

Based on the 97 (18.5 percent) responses the authors received, providers believed they were providing preconception counseling more often than they actually were.

Overall, among all primary care providers, 39 percent believed that they were regularly (more than 80 percent of the time) providing preconception counseling to their patients with diabetes. In reality, only 18.9 percent of these patients had actually received preconception counseling during an office visit in the past three years. Obstetrics and Gynecology providers discussed preconception counseling more often (36.1 percent) than Internal Medicine (9.8 percent) or Family Medicine (7.1 percent).

"Our survey has revealed the following perceived barriers to preconception counseling: providers' lack of time, the perception that the women should request preconception counseling, and that pregnancies are unplanned," Magdaleno said.

"Organizations providing healthcare to women of childbearing age with diabetes should develop processes to implement higher rates of preconception counseling," she advised. "Based on our physician survey,

primary care provider perceptions to barriers of counseling need to be addressed to improve rates of preconception discussions with women of childbearing age with diabetes."

Provided by The Endocrine Society

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