

## Preconception blood glucose levels and the risk of preterm birth

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A new study examined the associations between preconception diabetes, prediabetes, and hemoglobin A1c (HbA1c) levels on the risk of preterm birth. The study, which also evaluated whether these associations were



modified by access to or utilization of healthcare services, is published in the peer-reviewed *Journal of Women's Health*.

Preconception diabetes is strongly associated with adverse birth outcomes. In the current study, Erin Delker, Ph.D., from University of California, San Diego and San Diego State University, and co-authors, found that both preconception diabetes and prediabetes were associated with increased risk of <u>preterm birth</u>. The investigators reported that the associations between preconception elevated HbA1c and preterm birth were greater among women without stable healthcare coverage.

"Our findings, in aggregate with the existing literature, suggest that screening for hyperglycemia prior to pregnancy is important to identifying women who may experience greater risks of adverse birth outcomes," state the investigators.

In an accompanying Editorial, Amber Healy, DO, from Ohio University Heritage College of Osteopathic Medicine, states that "Recommendations for the diagnosis and treatment of prediabetes in pregnancy are lacking." Dr. Healy concludes that "Better screening for prediabetes and diabetes preconception and increased access to contraception will prove beneficial in reducing preterm delivery. Engaging both primary care providers and obstetrics/gynecology specialists in these strategies are key to these strategies succeeding."

**More information:** Erin Delker et al, Associations Between Preconception Glycemia and Preterm Birth: The Potential Role of Health Care Access and Utilization, *Journal of Women's Health* (2023). DOI: 10.1089/jwh.2022.0256

Amber M. Healy, Better Preconception Glycemic Screening Guidelines Are Needed to Improve Pregnancy Outcomes, *Journal of Women's Health* (2023). DOI: 10.1089/jwh.2022.0431



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