

Universal preconception care can cut pregestational DM burden

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undiagnosed diabetes, PCC could yield an additional \$1.2 billion in averted costs.

"Results suggest a substantial health and cost burden associated with PGDM that could be prevented by universal PCC, which might offset the cost of providing such care," the authors write.

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(HealthDay)—Universal preconception care (PCC) could prevent the substantial health and cost burden associated with pregestational diabetes mellitus (PGDM), according to a study published in the January issue of the *American Journal of Obstetrics & Gynecology*.

Cora Peterson, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues estimated the PCC-preventable health and cost burden of adverse birth outcomes associated with diagnosed and undiagnosed PGDM among women of reproductive age (15 to 44 years) in the United States. The authors estimated the risk reduction from PCC for three adverse [birth outcomes](#) (preterm birth, major [birth defects](#), and perinatal mortality), and examined lifetime medical and lost productivity costs for children with those outcomes.

The researchers found that 2.2 percent of births in the United States were to women with PGDM. Universal PCC might avert 8,397 preterm deliveries, 3,725 birth defects, and 1,872 perinatal deaths per year among women with diagnosed diabetes. For the affected cohort of children, the associated discounted lifetime costs averted could be as high as \$4.3 billion. Among women with

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