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\*NHS Digital must be quoted as the source of these figures

\*Local data are available within this report

## Report highlights increased risk of pregnancy complications for women with diabetes

Many women with diabetes who become pregnant are at increased risk of complications because of a lack of preparation for pregnancy, according to a report published today.

The *National Pregnancy in Diabetes Audit 2015*, published by NHS Digital, Diabetes UK and the Healthcare Quality Improvement Partnership (HQIP) found that few women with diabetes who become pregnant are well prepared, despite agreed national guidelines<sup>1</sup> - resulting in increased risk of congenital abnormalities, stillbirth and large babies.

In an audit of over 3,000 women with diabetes who were pregnant, only 46 per cent with Type 1 diabetes and 23 per cent with Type 2 diabetes were taking the recommended 5mg of folic acid prior to conception. Most women also had high blood glucose levels. Just 16 per cent of those with Type 1 diabetes and 38 per cent of those with Type 2 diabetes had blood glucose levels within the recommended range in the critically important early weeks of pregnancy.

First contact with antenatal diabetes services was later than recommended for many women. 55 per cent of women with Type 1 diabetes and 36 per cent of women with Type 2 diabetes had no contact with an antenatal diabetes specialist team during the first 8 weeks of pregnancy.

The stillbirth rate amongst women with both Type 1 and Type 2 diabetes has more than halved since comparable figures were published by the Confidential Enquiry into Maternal and Child Health in 2003. However, it remains much higher than in the overall population – 10.7 per 1,000 births for women with Type 1 diabetes and 10.5 per 1,000 for Type 2 diabetes, compared with 4.7 per 1,000 in the general population. A baby dying during the first 28 days of life is also more common when the mother has diabetes. Neonatal deaths occurred for 8.1 per 1,000 live births where the mother had Type 1 diabetes and 11.4 per 1,000 with Type 2 diabetes, compared with 2.5 per 1,000 in the general population.

Dr Nick Lewis-Barned, a specialist diabetes physician and clinical lead for the audit, said:

“Over 3000 women and 155 specialist teams worked together to provide information for this report. Thanks to them we know that many pregnant women with diabetes have worse outcomes than women without diabetes – and that this is often avoidable.

“The key things that can help to reduce the risks for these women and their babies are easy to identify – taking 5mg folic acid daily starting well before pregnancy, having the best possible glucose control, and stopping any treatments that might cause harm. At the moment this isn't happening consistently enough.

“Good information and support from their usual diabetes team when thinking about pregnancy, and contact with specialist antenatal teams before and early in pregnancy, can help women to achieve this. If these outcomes are to improve we need to find ways to work with women much more effectively to be ready for pregnancy.”

The report can be downloaded from <http://digital.nhs.uk/pubs/npdaudit16>

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<sup>1</sup> Diabetes in Pregnancy: management from preconception to the postnatal period. NICE guidelines NG3, published February 2015.

## Notes to editors

1. The National Pregnancy in Diabetes Audit (NPID) is commissioned by the Healthcare Quality Improvement Partnership (HCIP) as part of the National Clinical Audit programme. HCIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. The NPID audit measures the quality of care and outcomes for women with pre-gestational diabetes who are pregnant or planning pregnancy, and supports quality improvement. Data is collected and submitted by antenatal diabetes services in England, Wales and the Isle of Man, from women who have given permission for their information to be used as part of the audit. Additional data is supplied by NHS Digital from the National Diabetes Audit and Hospital Episode Statistics and from NHS Wales Informatics Service for the Patient Episode Database for Wales.
2. NHS Digital is the national information and technology provider for the health and care system. Our team of information analysis, technology and project management experts create, deliver and manage the crucial digital systems, services, products and standards upon which health and care professionals depend. Our vision is to harness the power of information and technology to make health and care better. **NHS Digital is the new trading name for the Health and Social Care Information Centre (HSCIC). We provide 'Information and Technology for better health and care'. Find out more about our role and remit at [www.digital.nhs.uk](http://www.digital.nhs.uk)**
3. Caution is required when comparing stillbirth and neonatal death rates, as a greater proportion of women in the NPID audit were aged 35 and over compared with the general maternity population. Stillbirth and neonatal death rates are known to be higher for these age groups irrespective of diabetes status.
4. Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.
5. For media enquiries, please contact the press office on 0300 303 3888 or [media@nhsdigital.nhs.net](mailto:media@nhsdigital.nhs.net)