STUDY GUIDE

[Preexisting diabetes: Expert consensus from the College of French Gynecologists and Obstetricians and from the French Society of Diabetology].

College of French Gynecologists and Obstetricians and French Society of Diabetology · 2026

Preexisting Diabetes in Pregnancy: Clinical Guidelines and Management

This study guide provides a comprehensive overview of the expert consensus from the College of French Gynecologists and Obstetricians and the French Society of Diabetology regarding the management of preexisting type 1 (T1D) and type 2 (T2D) diabetes during the preconception, gestational, and postpartum periods.

Key Management Concepts

Preconception Care and Targets

Planning is essential for women of childbearing age with diabetes. The primary goal of preconception care is to optimize glycemic control and assess for complications before pregnancy begins.

- **Glycemic Targets:**
  - **HbA1c:** Less than 6.5%.
  - **Continuous Glucose Monitoring (CGM) Range:** 0.70–1.80 g/L (3.9–10 mmol/L) for at least 70% of the time.
- **Medical Assessments:**
  - Measurement of HbA1c and TSH (for T1D).
  - Screening for microangiopathic and macroangiopathic complications.
  - Cardiovascular risk factor screening.
  - Screening for obstructive sleep apnea (for T2D and obese T1D patients).
- **Pharmacological Adjustments:**
  - Discontinue statins and potentially teratogenic antihypertensives.

    - Discontinue non-insulin/non-metformin antidiabetic treatments for T2D.
    - Initiate **folic acid supplementation** at 0.4 mg per day.
- **Lifestyle Interventions:** Smoking cessation, dietary care, weight loss (if applicable), and regular physical activity.

Management During Pregnancy

Once pregnancy is confirmed, monitoring is intensified to ensure the safety of both the mother and the fetus.

Metric	Target Value
Fasting Blood Glucose	< 0.95 g/dL (5.3 mmol/L)
Postprandial (2-hour) Blood Glucose	< 1.20 g/dL (6.7 mmol/L)
HbA1c during pregnancy	< 6%
T1D Time in Target Range (0.63–1.40 g/dL)	> 70%
T2D Time in Target Range (0.63–1.40 g/dL)	> 90%

- **Monitoring Frequency:** Monthly visits with an obstetrician-gynecologist and regular consultations with a diabetes specialist.
- **Technological Interventions:** CGM is recommended for T1D; for T2D, CGM or multiple daily capillary monitoring is used.
- **Corticosteroid Protocol:** If prenatal corticosteroids are required, maternal blood glucose must be closely monitored, and insulin doses should be increased for several days following administration.

Delivery and Neonatal Care

- **Timing:** Delivery is generally considered between 37 and 38+6 weeks of gestation.
- **Mode of Delivery:** A cesarean section is recommended if the estimated fetal weight exceeds 4,500g to prevent complications such as brachial plexus palsy.
- **Intrapartum Glucose Target:** 0.8 g/L to 1.4 g/L (4.4–7.8 mmol/L). Rapid-acting insulin is the preferred treatment.
- **Neonatal Hypoglycemia Prevention:** Immediate skin-to-skin contact, rapid drying, and feeding within one hour of birth. Capillary monitoring of the infant begins before the second feeding (no later than 4 hours post-birth) and continues every 3 hours for at least 24 hours.

Short-Answer Practice Questions

1. **What is the recommended daily dosage of folic acid for women with preexisting diabetes before conception?**
   - *Answer:* 0.4 mg per day.
2. **At what gestational age should an ultrasound be performed to assess fetal growth and guide delivery mode?**
   - *Answer:* Between 36 and 37 weeks of gestation.
3. **What are the specific blood glucose targets for a patient in labor?**
   - *Answer:* 0.8 g/L to 1.4 g/L (4.4 mmol/L to 7.8 mmol/L).
4. **How often should a woman with diabetes be screened for diabetic retinopathy during pregnancy?**
   - *Answer:* Quarterly (every three months), increasing to monthly if specific risk factors are present.
5. **Which oral antidiabetic medication is considered acceptable for use during breastfeeding?**
   - *Answer:* Metformin.
6. **Under what clinical circumstances should capillary ketonemia be measured?**
   - *Answer:* When clinical signs of ketoacidosis (nausea, vomiting, abdominal pain) are present or when blood glucose levels are ≥ 2 g/dL (11 mmol/L).
7. **What is the target blood pressure for a pregnant patient with preexisting diabetes and hypertension?**
   - *Answer:* Below 140/90 mmHg.

Essay Prompts for Deeper Exploration

1. **Technological Integration in Diabetes Management:** Analyze the role of Continuous Glucose Monitoring (CGM) and Automated Insulin Delivery (AID) in the management of Type 1 Diabetes during the transition from preconception to pregnancy. How do these tools specifically address the metabolic targets set by the French consensus?
2. **Complication Screening and Risk Mitigation:** Discuss the multi-systemic screening requirements for pregnant women with preexisting diabetes. Address the importance of monitoring renal function, retinal health, and cardiovascular factors, and explain how the frequency of these assessments changes based on patient risk.
3. **Neonatal Transition and Safety Protocols:** Describe the immediate postpartum protocols for the newborn of a diabetic mother. Explain the rationale behind the timing of the first feed and the frequency of glucose monitoring in the first 24 hours of the infant's life.
4. **Postpartum Transitions for the Mother:** Compare the postpartum insulin and medication requirements for women with Type 1 versus Type 2 diabetes. Include considerations for breastfeeding

and the selection of appropriate contraception.

Glossary of Important Terms

- **Automated Insulin Delivery (AID):** A system that coordinates a CGM and an insulin pump to automatically adjust insulin delivery based on glucose levels.
- **Brachial Plexus Palsy:** A neonatal injury involving the network of nerves that sends signals from the spinal cord to the shoulder, arm, and hand; a risk associated with high fetal birth weight (macrosomia).
- **Capillary Ketonemia:** The measurement of ketones in the blood, used to screen for diabetic ketoacidosis.
- **Continuous Glucose Monitoring (CGM):** A device that provides real-time glucose readings throughout the day and night.
- **HbA1c (Glycated Hemoglobin):** A blood test that indicates the average blood sugar levels over the past two to three months.
- **Insulin Pump Infusion Device (IUD):** A device used to deliver a continuous flow of insulin; recommended for Type 1 diabetes management during pregnancy.
- **Macrosomia:** A term used to describe a newborn who is significantly larger than average (in this context, suspected weight > 4,500g).
- **Microangiopathic Impact:** Damage to small blood vessels, often manifesting in the eyes (retinopathy) or kidneys (nephropathy) due to diabetes.
- **Postprandial:** Occurring after a meal.
- **Teratogenic:** Any agent or factor that can cause malformation of an embryo or fetus.
- **Time in Range (TIR):** The percentage of time a person spends within their target glucose range.