

IMPACT OF A PRIMARY CARE MULTIMODAL PRE-PREGNANCY INTERVENTION FOR WOMEN WITH TYPE 2 DIABETES: PREPARED

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Background

Over half of pregnancies with pre-existing diabetes are in women with type 2 (T2DM), and approximately only 1 in 10 women with T2DM meet current NICE pre-pregnancy care (PPC) criteria. This study we tested a multimodal programme of interventions to promote reproductive and pre-pregnancy healthcare.

Methods

A multi-method approach was used to evaluate the programme using a Complex Adaptive Systems (CAS) approach. The primary care-based programme iteratively exposed general practices (n=27) with 725 women ≤45 years living with T2DM, to the following interventions over (30 months): a reproductive assessment prompted by an e-template integrated into the patient record, healthcare professional (HCP) education, and posters and text messages targeting the women. Performance data on PPC and contraception advice were extracted from each practice at baseline, 6, 12, 18 and 24 months.

Results

Template activation was low, with a peak of 18 activations in audit 3 with (mean estimated clinic attendance of women during each audit interval was 210). Contraception reviews were recorded 51 times, and 30 women were referred to a PPC clinic across the total audit period. During the exposure period PPC was observed in incident pregnancies at practices exposed to the programme, as follows: Folic acid 500mg (40%), HbA1c on target (28%), none were on a statin or ACE-inhibitors at booking to antenatal care.