

Female—current pregnancy status, code N

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Female—current pregnancy status, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Pregnancy - current status
Synonymous names:	Pregnancy - current status
METEOR identifier:	269944
Registration status:	Health! , Superseded 21/09/2005
Data Element Concept:	Female—current pregnancy status
Value Domain:	Current pregnancy status code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Yes, currently pregnant
	2	No, not currently pregnant
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes


Guide for use:	Record whether or not the female individual is currently pregnant.
Collection methods:	Ask the individual if she is currently pregnant.

Data element attributes

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary

Relational attributes

Related metadata references:	Has been superseded by Female—pregnancy indicator (current), code N Health! , Standard 21/09/2005
	Is re-engineered from  Pregnancy - current status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.5 KB) <i>No registration status</i>

DSS specific information:

Pregnancy in women with pre-existing diabetes is a potentially serious problem for both the mother and fetus. Good metabolic control and appropriate medical and obstetric management will improve maternal and fetal outcomes. The diagnosis or discovery of diabetes in pregnancy (gestational diabetes), identifies an at risk pregnancy from the fetal perspective, and identifies the mother as at risk for the development of type 2 diabetes later in life.

Following Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus diabetes management during pregnancy includes:

- routine medical review every 2-3 weeks during the first 30 weeks and then every 1-2 weeks until delivery
- monitor HbA1c every 4-6 weeks or more frequently if indicated to ensure optimal metabolic control during pregnancy
- advise patients to monitor blood glucose frequently and urinary ketones
- initial assessment and on going monitoring for signs or progression of diabetes complications
- regular routine obstetric review based on the usual indicators.

Management targets

- Blood glucose levels:
 - Fasting <5.5 mmol/L
 - Post-prandial < 8.0 mmol/L at 1 hour, < 7mmol/L at 2 hours.
- HbA1c levels within normal range for pregnancy. (The reference range for HbA1c will be lower during pregnancy).
- The absence of any serious or sustained ketonuria.

Normal indices for fetal and maternal welfare. Oral hypoglycaemic agents are contra-indicated during pregnancy and therefore women with pre-existing diabetes who are treated with oral agents should ideally be converted to insulin prior to conception.

What to do if unsatisfactory metabolic control:

- explore reasons for unsatisfactory control such as diet, intercurrent illness, appropriateness of medication, concurrent medication, stress, and exercise, and review management,
- review and adjust treatment,
- consider referral to diabetes educator, dietician, endocrinologist or physician experienced in diabetes care, or diabetes centre.