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# Pregnancy - current status

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**Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>**

## *Identifying and Definitional Attributes*

Data Dictionary: NHDD  
Knowledgebase ID: 000842                      Version number: 1  
Metadata type: DATA ELEMENT  
Registration Authority: NHIMG                      Admin status: SUPERSEDED  
Effective date: 01-MAR-05  
Definition: Whether a female person is currently pregnant.  
Context: Public health, health care and clinical settings.

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## *Relational and Representational Attributes*

Datatype: Numeric  
Representational form: CODE  
Representation layout: N  
Minimum Size: 1  
Maximum Size: 1  
Data Domain: 1                      Yes, currently pregnant  
                  2                      No, not currently pregnant  
                  9                      Not stated/ inadequately described  
Guide For Use: Record whether or not the female individual is currently pregnant  
Collection Methods: Ask the individual if she is currently pregnant.  
Related metadata: relates to the data element Diabetes status version 1  
                          relates to the data element Health professionals attended - diabetes mellitus version 1

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## *Administrative Attributes*

Source Document: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.  
Source Organisation: National Diabetes Data Working Group

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Comments: Pregnancy in women with pre-existing diabetes is a potentially serious problem for both the mother and fetus. Good metabolic

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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, dietitian, endocrinologist or physician experienced in diabetes care, or diabetes centre.

## [Data Element Links](#)

*Information Model Entities linked to this Data Element*

NHIM

Physical wellbeing

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*Data Agreements which include this Data Element*

DSS - Diabetes (clinical)

From 01-Jan-03 to

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