Female—pregnancy indicator (current), code N

Exported from METEOR (AIHW's Metadata Online Registry)

Female—pregnancy indicator (current), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Pregnancy—current status
METEOR identifier:	302817
Registration status:	Health!, Standard 21/09/2005
Definition:	Whether the female person is currently pregnant, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Female—pregnancy indicator
METEOR identifier:	303957
Registration status:	Health!, Standard 21/09/2005
Definition:	Whether or not a female person is pregnant.
Context:	Public health, health care and clinical settings.
Object class:	Female
Property:	Pregnancy indicator

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group

Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/not stated/inadequately described code N
METEOR identifier:	301747
Registration status:	Health!, Standard 21/09/2005 Housing assistance, Standard 10/02/2006 Community Services (retired), Standard 14/02/2006 Early Childhood, Standard 21/05/2010 Homelessness, Standard 23/08/2010 Independent Hospital Pricing Authority, Standard 01/11/2012 Disability, Standard 07/10/2014 Indigenous, Standard 13/03/2015 Children and Families, Standard 22/11/2016
Definition:	A code set representing 'yes', 'no' and 'not stated/inadequately described'.

Representational attributes

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

Value	Meaning

Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9   Not stated/inadequately described

This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use: CODE 1   Yes
Record if the female individual currently pregnant.

CODE 2   No
Record if the female individual not currently pregnant.

Collection methods: Ask the individual if she is currently pregnant.

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Related metadata references: Supersedes [Female—current pregnancy status, code N](#) [Health!,](#) Superseded 21/09/2005

Implementation in Data Set Specifications:

Diabetes (clinical) NBPDS
    Health!, Standard 21/09/2005
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.