

Female—pregnancy indicator (current), code N

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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:	Female—pregnancy indicator
Value Domain:	Yes/no/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Boolean	
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.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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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
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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Related metadata references: Supersedes [Female—current pregnancy status, code N Health](#), Superseded 21/09/2005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.