Preexisting Diabetes and Pregnancy

Preconception, glycemic management, technology, delivery, and postpartum care for preexisting diabetes mellitus (PDM).

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Preexisting Diabetes and Pregnancy Joint Guideline
Wyckoff et al. · JCEM 2025;110:2405–2452

GRADE · 1 · Strong For · 2 · Suggest For · 2- · Suggest Against · Ungraded / Best Practice

1 Preconception Care

2	Ask a **pregnancy-intention screening question** at every reproductive, diabetes, and primary-care visit — and at urgent care/ED visits when appropriate.
2	Use **contraception** when pregnancy is not desired.
2	In T2DM, **discontinue GLP-1RA before conception** rather than between conception and end of the first trimester.

2 Glycemic Management

2-	**Against** routine addition of metformin to insulin in pregnant individuals with T2DM already on insulin — LGA benefit doesn't outweigh SGA/body-composition risk.
2	Either a **carbohydrate-restricted diet (<175 g/day)** or a usual diet (>175 g/day) is reasonable during pregnancy — evidence is insufficient to favor either.
2	In T2DM, either **CGM or SMBG** is a reasonable monitoring approach — no direct evidence of CGM superiority in T2DM pregnancy specifically.
2-	**Against** a single 24-hour CGM target <140 mg/dL in place of standard pregnancy targets: fasting <95, 1h postprandial <140, 2h postprandial <120 mg/dL.

3 Technology, Delivery & Postpartum

2	In T1DM, use a **hybrid closed-loop pump** rather than a pump+CGM without an algorithm or multiple daily injections+CGM — improves time-in-range and reduces time below range.
2	**Early delivery based on risk assessment** rather than expectant management — risks may outweigh benefits of expectant management beyond 38 weeks.
2	**Postpartum endocrine/diabetes care** in addition to usual obstetric care — including after pregnancy loss or termination, since this period often overlaps with the next preconception window.

Wyckoff JA, Lapolla A, Asias-Dinh BD, et al. Preexisting Diabetes and Pregnancy: An Endocrine Society and European Society of Endocrinology Joint Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2025;110(9):2405–2452.