EUROPEAN SOCIETY OF ENDOCRINOLOGY
AND ENDOCRINE SOCIETY JOINT CLINICAL GUIDELINE:

DIABETES AND PREGNANCY

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Experts suggest screening women with diabetes for intent to conceive at every doctor visit

Endocrine Society and European Society of Endocrinology suggest delivery before 39 weeks

A joint guideline released today from the Endocrine Society and the European Society of Endocrinology (ESE) recommends women with diabetes receive proper preconception care and access to emerging diabetes technology and therapeutics to manage their blood sugar before, during and after pregnancy.

Adverse pregnancy outcomes such as miscarriages or birth defects are common in individuals with pre-existing diabetes and are often related to modifiable factors such as maternal high blood sugar and body mass index (BMI).

Screening women of reproductive age who have diabetes for intent to conceive at every reproductive, diabetes and primary care visit helps ensure they get the appropriate preconception care and reduces health risks.

"Diabetes and Pregnancy: An Endocrine Society and European Society of Endocrinology Joint Clinical Practice Guideline," was published online in the Society's respective journals, *The Journal of Clinical Endocrinology & Metabolism (JCEM)* and the *European Journal of Endocrinology (EJE),* and is being presented today at ENDO 2025, the Endocrine Society's annual meeting in San Francisco, Calif.

"We developed these guidelines as diabetes rates are rising among women of reproductive age and very few women with diabetes receive proper preconception care," said Guideline Chair Jennifer Wyckoff, M.D., of the University of Michigan in Ann Arbor, Mich. "In addition to preconception planning, the guideline discusses advances in diabetes technology, delivery timing, medications and diet."

Summary of suggestions from the guideline include:

- Screening—ask all women with diabetes of reproductive age about intent to conceive at every reproductive, diabetes and primary care visit.
- Delivery timing—before 39 weeks for pregnant individuals with diabetes as the risks associated with continued pregnancy may outweigh those of early delivery
- Medications—discontinue anti-obesity medications called GLP-1s prior to pregnancy; avoid prescribing metformin in pregnant individuals with preexisting diabetes already on insulin
- Diabetes technology—recommend hybrid closed loop systems for pregnant individuals with type 1 diabetes
- Contraception—suggest women with diabetes use contraception until they are ready to become pregnant

“The guidelines highlight the need for research and investment into preconception care, more randomised control trials to define glycemic targets in pregnancy, and data on optimal nutrition and obesity management in pregnancy," Wyckoff said.

Guideline Co-chair Annunziata Lapolla, M.D., of the University of Padova in Padova, Italy commented, “During the preparation of these guidelines, the panel prioritised randomised controlled trials (RCTs), and the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology was used to assess the certainty of evidence and guide recommendations.”

She continued, “Given the increase in type 2 diabetes associated with obesity worldwide and women with this pathology who become pregnant, these recommendations have also addressed the issues related to correct nutrition and therapeutic approach in such women.”

Other members of the writing committee that developed this guideline include: Bernadette D. Asias-Dinh of the University of Houston in Houston, Texas; Linda A. Barbour of the University of Colorado School of Medicine and Anschutz Medical Campus in Aurora, Colo.; Florence M. Brown of Joslin Diabetes Center in Boston, Mass.; Patrick M. Catalano of Massachusetts General Hospital and Harvard Medical School in Boston, Mass.; Rosa Corcoy of Hospital de la Santa Creu i Sant Pau in Barcelona, Spain, CIBER-BBN in Madrid, Spain, and Universitat Autònoma de Barcelona in Barcelona, Spain; Gian Carlo Di Renzo of PREIS International School and Meyer Children’s University Hospital in Florence, Italy; Nancy Drobycki of the University of Texas Southwestern Medical Center of Dallas in Dallas, Texas; Alexandra Kautzky-Willer of the Medical University of Vienna in Vienna, Austria; M. Hassan Murad of the Mayo Clinic Evidence-Based Practice Center in Rochester, Minn.; Melanie Stephenson-Gray of National Health Service in Cardiff, United Kingdom; Adam G. Tabák of Semmelweis University of Medicine in Budapest, Hungary, and the University College London in London, United Kingdom; Emily Weatherup of the University of Michigan in Ann Arbor, Mich.; Chloe Zera of the Beth Israel Deaconess Medical Center in Boston, Mass.; and Naykky Singh-Ospina of the University of Florida in Gainesville, Fla.

The Clinical Practice Guideline Program provides endocrinologists and other clinicians with evidence-based recommendations in the diagnosis, treatment and management of endocrine-related conditions. Each guideline is developed by a multidisciplinary panel of topic-related experts in the field using a rigorous methodology.

Guideline writing panels rely on evidence-based reviews of the literature when developing guideline recommendations. Neither the Endocrine Society nor ESE solicit or accept corporate support for guidelines. All Clinical Practice Guidelines are supported entirely by Society funds.

This Clinical Practice Guideline was co-sponsored by the American Diabetes Association, the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, The International Association of the Diabetes and Pregnancy Study Groups, the European Association for the Study of Diabetes, the Association of Diabetes Care and Education Specialists, and the American Pharmacists Association.