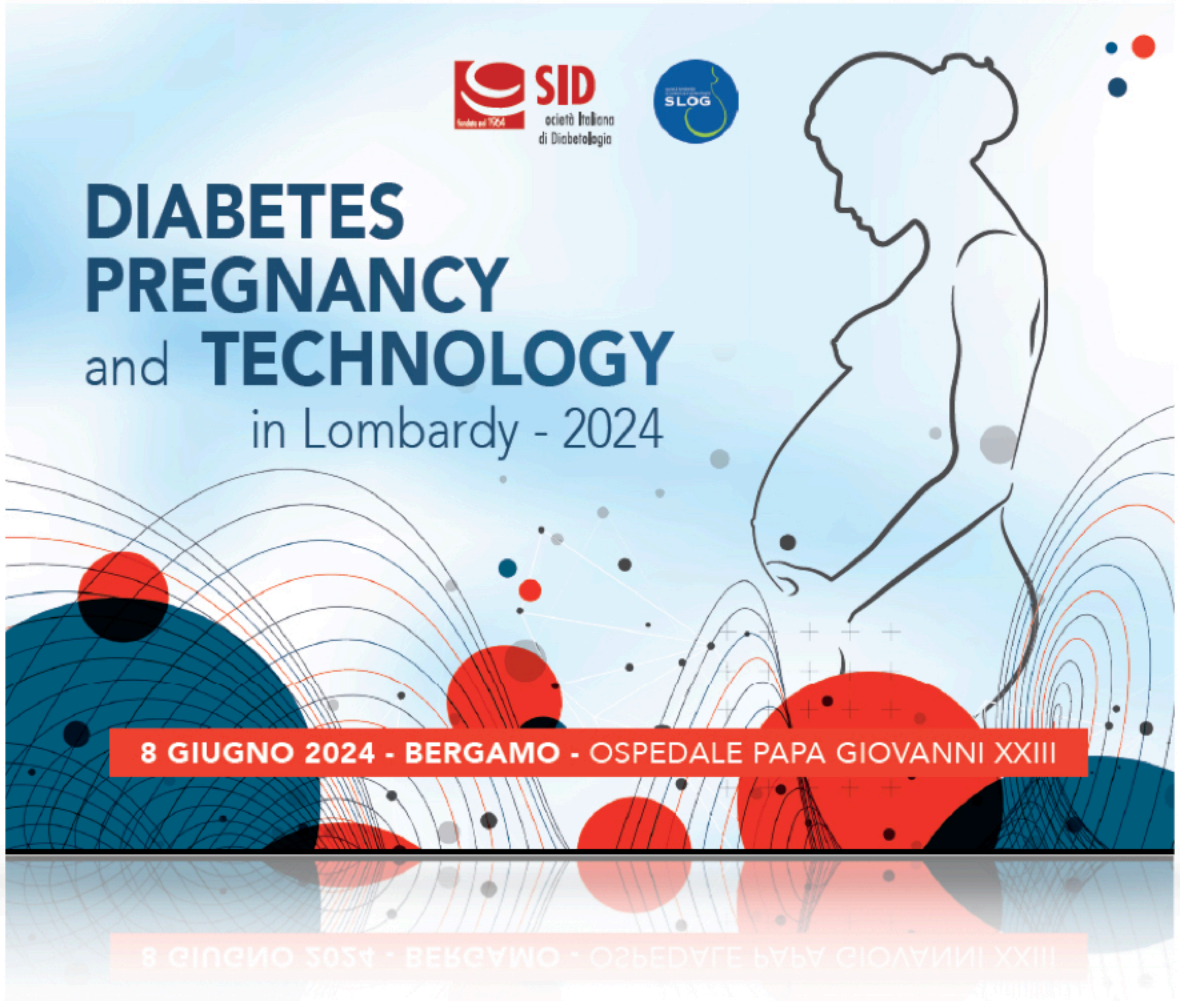


DIABETE PRE-GESTAZIONALE

Counseling preconcezionale

Antonella Cromi

Università degli Studi dell'Insubria
ASST Sette Laghi- Ospedale F. Del Ponte
Varese

La dr.ssa Cromi Antonella dichiara di NON aver ricevuto negli ultimi due anni compensi o finanziamenti da Aziende Farmaceutiche e/o Diagnostiche

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

CURE PRECONCEZIONALI: IL GINECOLOGO

ADA checklist for preconception care for people with diabetes

Valutazione della storia ostetrica/ginecologica, *compresa anamnesi di: taglio cesareo, malformazioni congenite o aborti/morti endouterine, attuali metodi contraccettivi, disturbi ipertensivi della gravidanza, emorragia postpartum, parto pretermine, precedente macrosomia, incompatibilità Rh ed eventi tromboembolici …*

*Consulenza sul diabete in gravidanza tra cui ...**rischi per la gravidanza**, incluso aborto spontaneo/morte perinatale, malformazioni congenite, macrosomia, travaglio e parto pretermine, disturbi ipertensivi in gravidanza, ecc.*

Piano contracettivo *per prevenire la gravidanza fino al raggiungimento degli obiettivi glicemici*

Management of Diabetes in Pregnancy: ***Standards of Care in Diabetes—2024***

CURE PRECONCEZIONALI: IL GINECOLOGO

Non solo prevenzione delle complicanze feto-neonatali!

Morbilità Materna Severa

women with hypertension, diabetes, or chronic kidney disease (n=63,440)

	aOR 95% CI of SMM
any preconception care	0.84 (0.77–0.91)
contraceptive care	0.84 (0.75–0.95)
routine physical or gynecologic exams	0.79 (0.71–0.88)

Dude AM et al. Am J Obstet Gynecol MFM. 2022

CURE PRECONCEZIONALI: COSA NON FUNZIONA?

Donne con diabete vs non diabetiche:

- Maggiore probabilità di gravidanza non pianificata (>60%)
- Minore utilizzo di contraccettivi (OR: 1.9 di non utilizzare contraccettivi)
- Counseling preconcezionale <50%
- L'aver già vissuto un esito ostetrico sfavorevole non migliora l'aderenza alle cure preconcezionali

CURE PRECONCEZIONALI: PERCHE' NON FUNZIONA?

Cultura

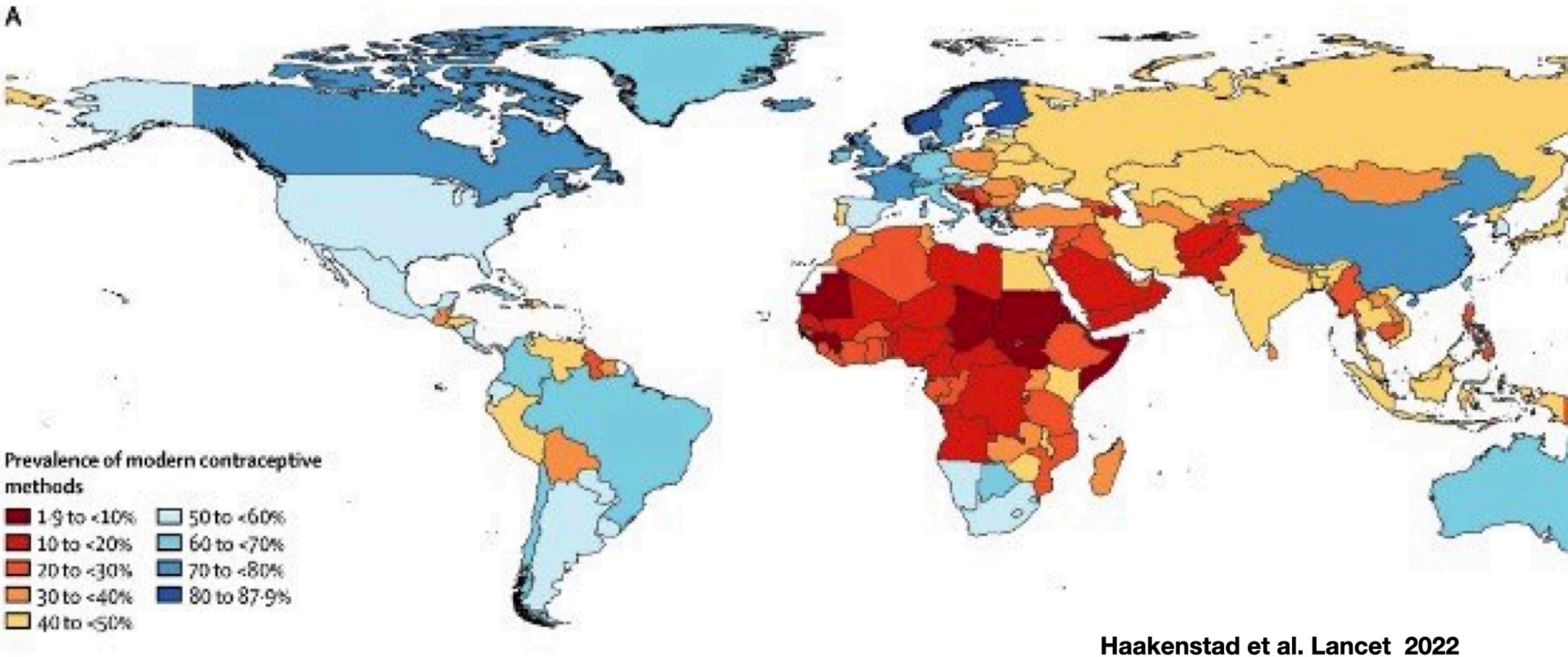
Risorse

Mancata conoscenza

Mancata intenzione

INDICATORI DI PIANIFICAZONE FAMILIARE

Prevalence of modern contraceptive methods among women of reproductive age (15–49 years)



Haakenstad et al. Lancet 2022

CONTRACEPTION POLICY ATLAS EUROPE

CONTRACEPTION POLICY ATLAS

EPF European Parliamentary Forum for Sexual & Reproductive Rights — FOR EDUCATION, EMPOWERMENT & EQUALITY

Tracking government policies on access to contraceptive supplies, family planning counselling and the provision of online information on contraception

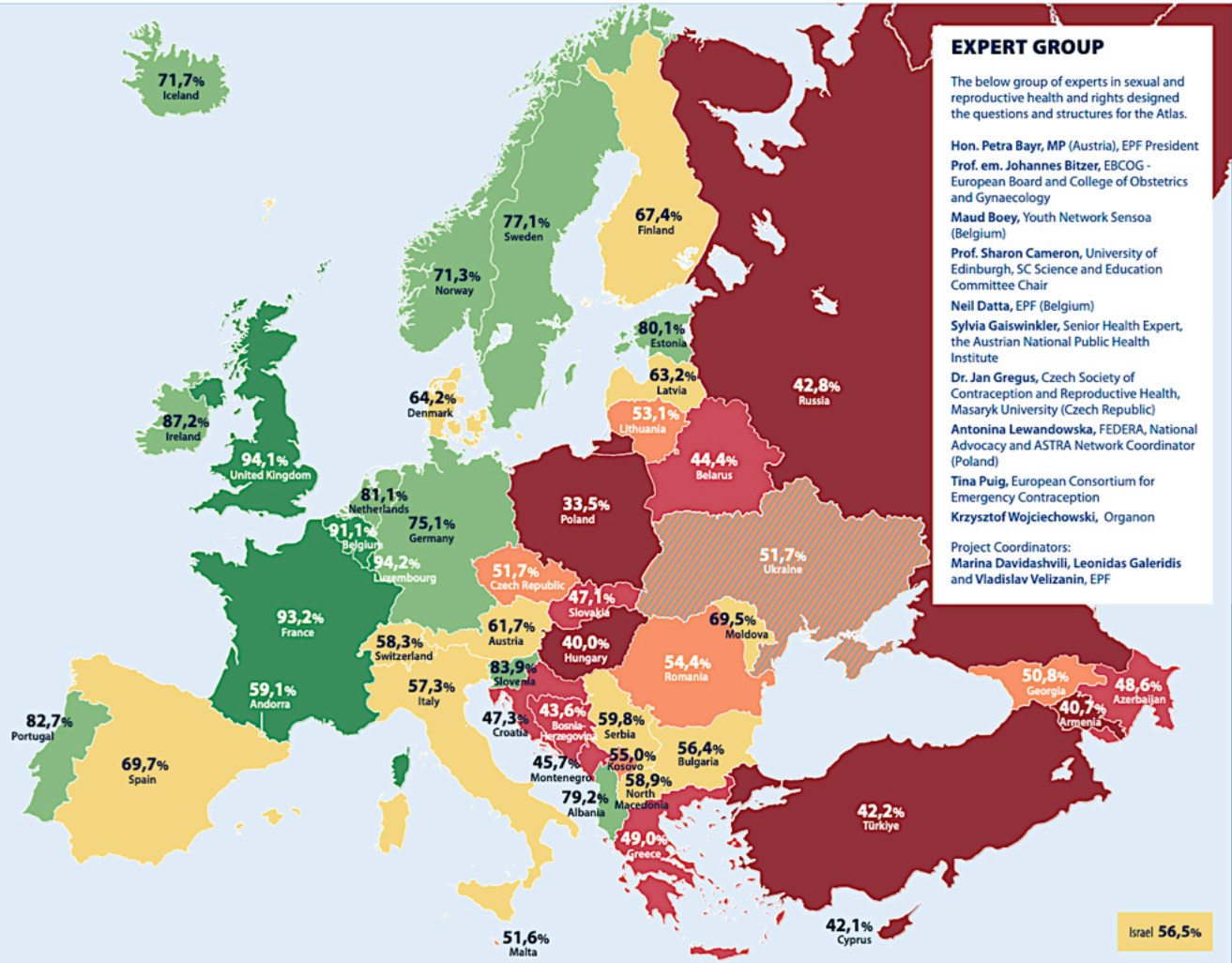
2024

For more information, please visit **https://www.srhrpolicyhub.org/** or contact **secretariat@epfweb.org**

RANKING SCALE

Luxembourg	94,2%
United Kingdom	94,1%
France	93,2%
Belgium	91,1%
Ireland	87,2%
Slovenia	83,9%
Portugal	82,7%
Netherlands	81,1%
Estonia	80,1%
Albania	79,2%
Sweden	77,1%
Germany	75,1%
Iceland	71,7%
Norway	71,3%
Spain	69,7%
Moldova	69,5%
Finland	67,4%
Denmark	64,2%
Latvia	63,2%
Austria	61,7%
Serbia	59,8%
Andorra	59,1%
N Macedonia	58,9%
Switzerland	58,3%
Italy	57,3%
Israel	56,5%
Bulgaria	56,4%
Kosovo	55,0%
Romania	54,4%
Lithuania	53,1%
Czech Republic	51,7%
Ukraine	51,7%
Malta	51,6%
Georgia	50,8%
Greece	49,0%
Azerbaijan	48,6%
Croatia	47,3%
Slovakia	47,1%
Montenegro	45,7%
Belarus	44,4%
Bosnia-Herzegovina	43,6%
Russia	42,8%
Türkiye	42,2%
Cyprus	42,1%
Armenia	40,7%
Hungary	40,0%
Poland	33,5%
	0%

//// Countries that score more than 90 in the **Fragile State Index 2023**.
https://fragilestatesindex.org/wp-content/uploads/2023/06/FSI-2023-Report_final.pdf



EXPERT GROUP

The below group of experts in sexual and reproductive health and rights designed the questions and structures for the Atlas.

Hon. Petra Bayr, MP (Austria), EPF President
Prof. em. Johannes Bitzer, EBCOG - European Board and College of Obstetrics and Gynaecology
Maud Boey, Youth Network Sensoa (Belgium)
Prof. Sharon Cameron, University of Edinburgh, SC Science and Education Committee Chair
Neil Datta, EPF (Belgium)
Sylvia Gaiswinkler, Senior Health Expert, the Austrian National Public Health Institute
Dr. Jan Gregus, Czech Society of Contraception and Reproductive Health, Masaryk University (Czech Republic)
Antonina Lewandowska, FEDERA, National Advocacy and ASTRA Network Coordinator (Poland)
Tina Puig, European Consortium for Emergency Contraception
Krzysztof Wojciechowski, Organon

Project Coordinators:
Marina Davidashvili, Leonidas Galeridis and Vladislav Velizanin, EPF

INTERNATIONAL GUIDELINES

Following are the latest global and regional guidelines and norms in relation to the access to modern contraception:

Nairobi Statement on ICPD25 : Accelerating the Promise (2019)
Source: https://www.nairobisummiticpd.org/content/icpd25-commitments

Parliamentary Assembly of the Council of Europe: Resolution 2331 (2020) Empowering Women: Promoting Access to Contraception in Europe
Source: http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=28675&lang=en

European Parliament Resolution (2021) on the Situation of Sexual and Reproductive Health and Rights in the EU, in the Frame of Women's Health (2020/2215(INI)).
Source: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314_EN.pdf

RECOMMENDATIONS

1. **Coverage of contraceptives** within the national health system, **including LARCs and EC**.
2. **Ensuring accessible counselling** for contraception, **including rural or hard to reach areas**.
3. **Public health institutions must ensure information** on broad range of modern, effective contraception and where to get it.

MAIN FINDINGS

Access to modern, effective and affordable contraception remains a European challenge. Yet there is overall a positive progression across most of Europe. Out of 46 countries analysed:

- 22 countries (46%) **cover contraceptives** in their national health system **and include LARCs**;
- 14 countries (30%) **cover contraceptives** in the national health systems **for young people to 25 years old or older**;
- 44 countries (93%) **cover counselling** within the national health system;
- 10 countries (21%) provide **exceptional governmental websites**;
- 8 countries (17%) provide **EC free of charge or partially covered** over the counter (5) at the pharmacy or public health facilities (3)

Who is behind the Atlas?

This initiative is powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF). We are grateful to the numerous national organisations and country experts who contributed to gathering the data presented in the Atlas. The Atlas was produced in partnership with a group of experts in sexual and reproductive health and rights (see above) who designed the questions and structures. EPF benefitted from the financial support of Organon to undertake original and independent research which is presented in the Atlas. The scope and the content of the Contraception Policy Atlas Europe is the sole responsibility of the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).

CURE PRECONCEZIONALI: COSA NON FUNZIONA?

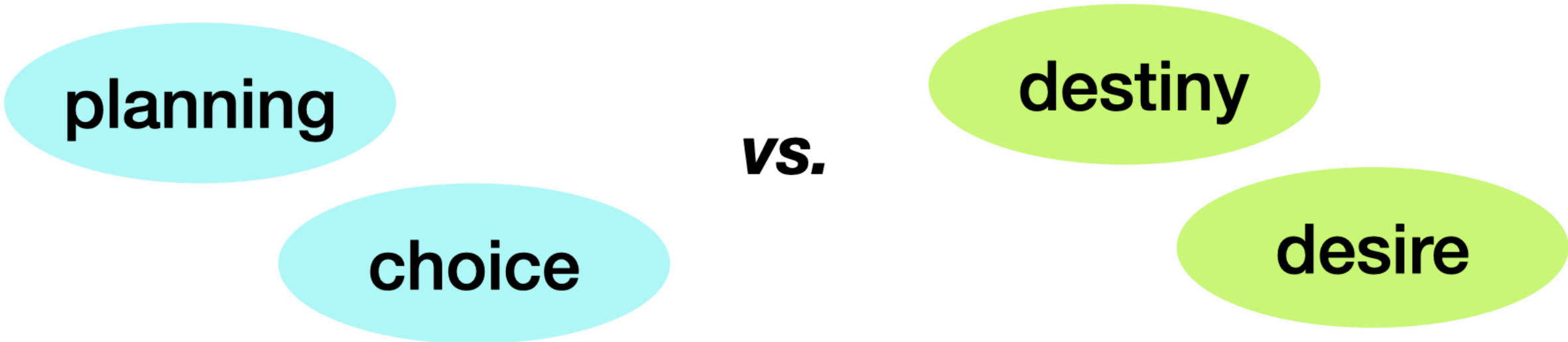
Donne di 18-49 anni, sessualmente attive e feconde - anno 2019

Nessuno	23%
Coito interrotto	21%
Condom	29%
Contraccettivi orali	19%

https://www.istat.it/storage/rapporti-tematici/sdgs/2022/goal3.pdf

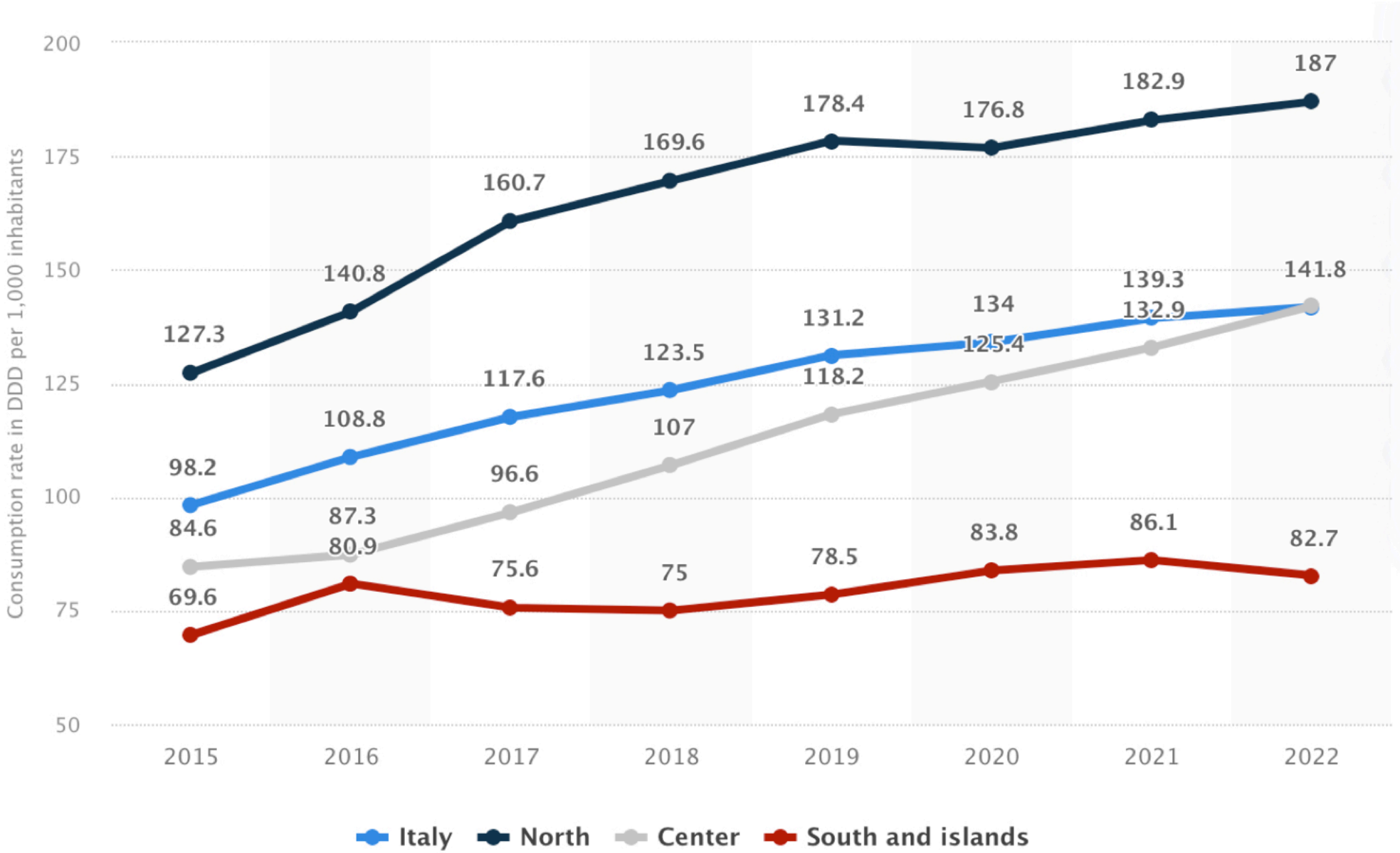
IL PARADOSSO ITALIANO

The drop to one of the lowest fertility rates in the world was accomplished despite the persistent use of "non-technological" methods.



Ribaldo et al. Popul Dev Rev. 2009

Level of consumption of contraceptives in Italy from 2015 to 2022, by geographical area



CONTRACCEZIONE E DIABETE

Women with diabetes have the same contraception options and recommendations as those without diabetes.
The risk of an unplanned pregnancy outweighs the risk of any given contraception option
(ADA 2020)

Condition	CHC	POP	DMPA/NET-EN	IMP	Cu IUD	IUS
History of gestational diabetes	1	1	1	1	1	1
Nonvascular disease						
i. Noninsulin dependent	2	2	2	2	1	2
ii. Insulin dependent	2	2	2	2	1	2
Neuropathy/retinopathy/neuropathy	3/4	2	3	2	1	2
Other vascular disease	3/4	2	3	2	1	2

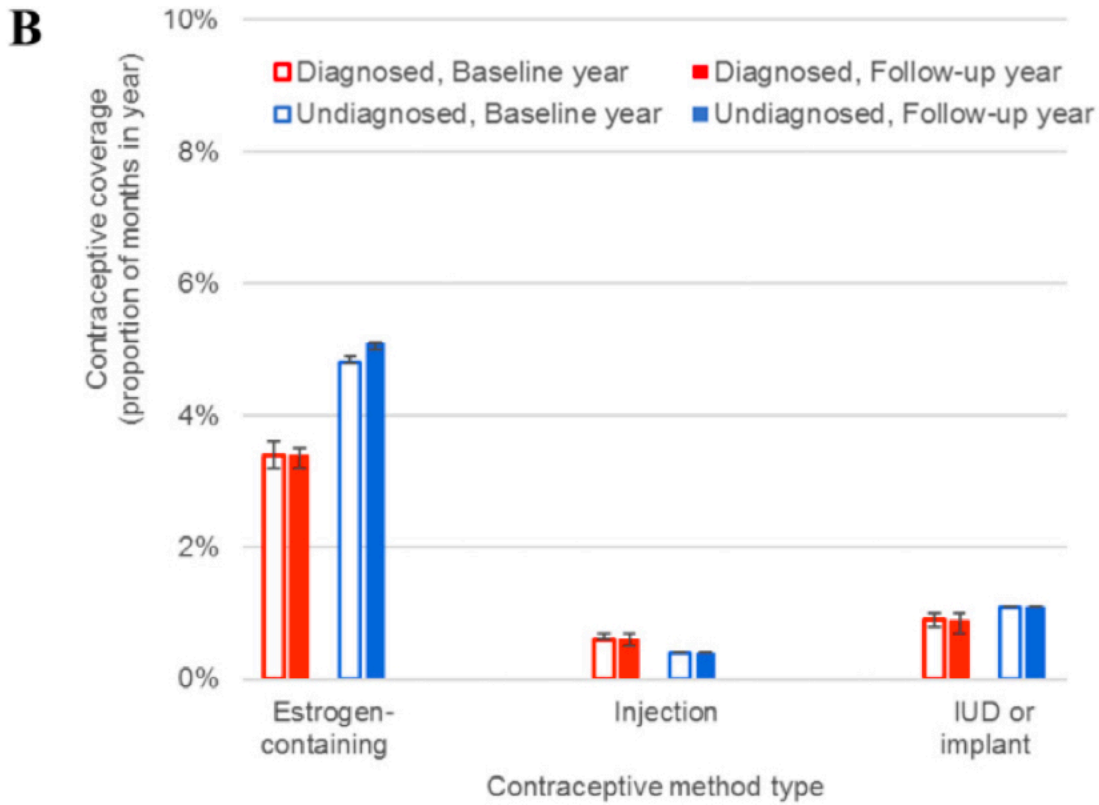
WHO 2015

CONTRACCEZIONE DOPO LA DIAGNOSI DI DIABETE

75,355 eligible women with incident diabetes vs.
7.5 million eligible matched women without diabetes

Significant declines in use of reversible contraception (absolute and relative differences-in-differences: –3.1% [99.9% CI, –5.2% to –1.1%] and –5.3% [99.9% CI, –8.6% to –2.0%]; $p < 0.001$)

No significant change in LARC use or sterilization among women diagnosed with diabetes in the year after diagnosis



Murray Horwitz et al. Primary Care Diabetes 2021

CONTRACCEZIONE "SET and FORGET"

Pearl Index: number of pregnancies in 100 women during 1 year of exposure

Method	Perfect use %	Typical use %	Adherence at 1 year of use %	Typical use in adolescents (%)	Adherence at 1 year of use in adolescents (%)
Male condom	2.0	18	53		
Coitus interruptus	4.0	22	-		
Combined pill	0.1	6-8	68	**5-25**	**33-38**
Progestin-only pill	0.5	3	68		
Combined patch	0.5	9	68		
Vaginal ring	0.5	9	68		
Etonogestrel-releasing ìmplant	0.05	0.05	84		
Levonorgestrel IUD	0.2	0.2	80	**0**	**68**

Salinas et al. Pediatr Diabetes. 2020

IMPIANTI SOTTOCUTANEI e DIABETE

=

BMI
daily insulin dose
HbA1c levels
microvascular complications

↓

albuminuria
serum cholesterol
triglyceride
HDL cholesterol levels

Diab KM, Zaki MM. J Obstet Gynaecol Res. 2000
Vicente et al. Eur J Contracept Reprod Health Care. 2008

LNG-IUD e DIABETE

=

metabolic control
total daily insulin dose
lipid profile
PID (versus ENG implant users from nationwide insurance claims data)

Rogovskaya et al. Obstet Gynecol. 2005
Goldstuck ND, Steyn PS. ISRN Obstet Gynecol. 2013

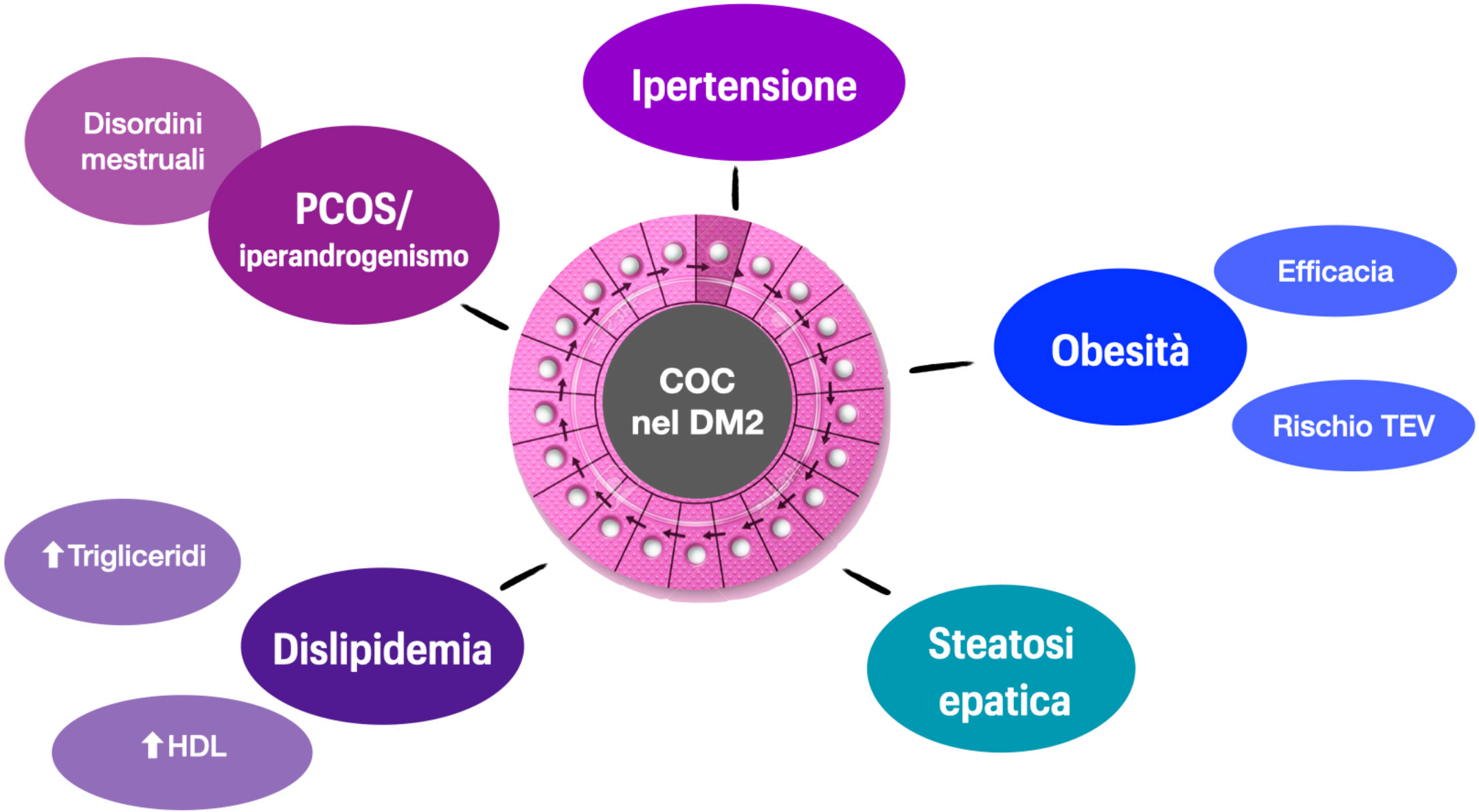
LARC NELLE GIOVANI: MITI E PRECONCETTI

Intrauterine device insertion has not been shown to be more difficult in adolescents compared with older women or in nulliparous patients compared with parous women
In a cohort of 1,177 women aged 13–24 years, ccessful IUD placement was achieved on firs attempt in 96% of patients..

Intrauterine devices Do Not Increase an Adolescent's Risk of Infertility

The risk of **PID** is highest in the first 20 days after IUD insertion (relative risk of 9.7 cases per 1000 woman–years of use) but the overall absolute risk of PID is small at 1.6 cases per 1000 woman–years of use. With long-term use, levonorgestrel IUDs may lower the subsequent risk of PID by thickening cervical mucus and thinning the endometrium

CONTRACCEZIONE NELLE DIABETICHE T2



Merino & Codner. Current Diabetes Reports (2022)

Contraceptive method	OBESITA'		IPERTENSIONE <160/100	DISLIPIDEMIA	CHIRURGIA BARIATRICA MALASSORB	CHIRURGIA BARIATRICA RSTRITTIVA	DIABETE T2 + altri2
	BMI 30–34 kg/m^2	BMI ≥ 35 kg/m^2					
Combined hormonal pills	2	3	3	2	3	1	3/4
Patch/ring	2	3	3	2	1	1	3/4
Progestin-only pills	1	1	1	2	3	1	2
Depot-medroxy-progester-one acetate (DMPA)	1	1	2	2	1	1	3
Progestin-only implant	1	1	1	2	1	1	2
Copper IUD	1	1	1	1	1	1	1
Levonorg-estrel IUD	1	1	1	2	1	1	2

WHO 2015

CONTRACCEZIONE e OBESITA'

- Nelle donne obese che assumono correttamente le pillole, non è stata dimostrata una minore efficacia contraccettiva
- L'unico metodo contraccettivo che ha mostrato una diminuzione dell'efficacia nelle donne obese è il cerotto
- Efficacia dell'ulipristal acetato per contraccezione d'emergenza simile alle donne normopeso
- L'efficacia dell'impianto sottocutaneo con progestinico nelle donne obese non è ridotta (tempo non >3 anni)

CONTRACCEZIONE: LE RISORSE

CASA diCOMUNITÀ

One Key Question® (OKQ)

"Intendi cercare una gravidanza quest'anno?"

Se la risposta è no, alla donna deve essere offerta una consulenza contraccettiva

COUSELLING : I RISCHI OSTETRICI

Standardizzato

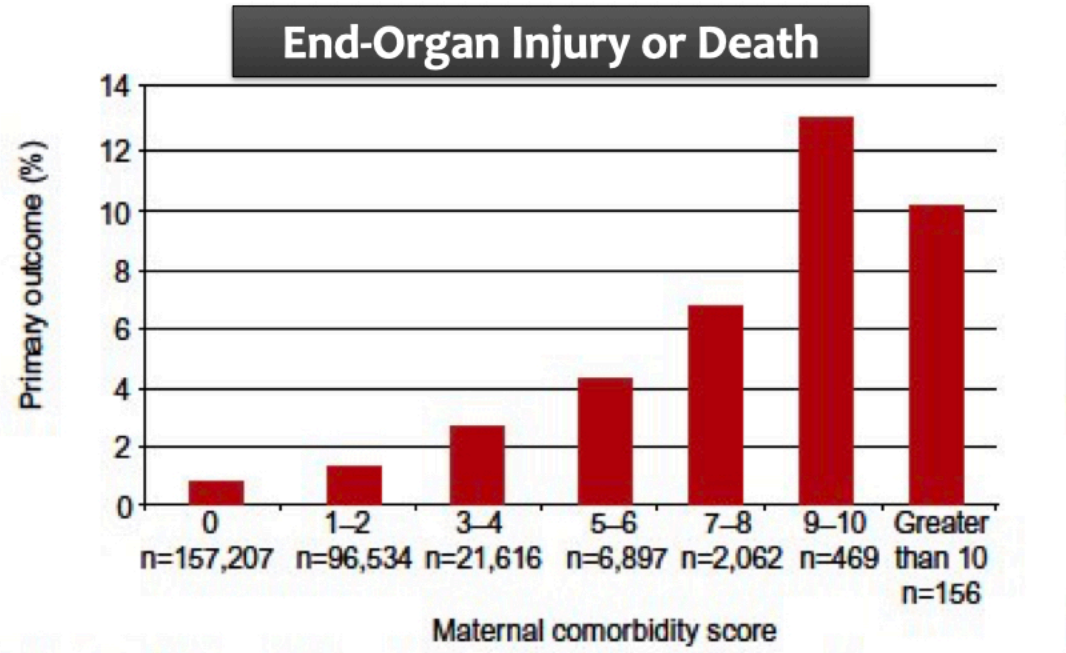
Basato
sul rischio

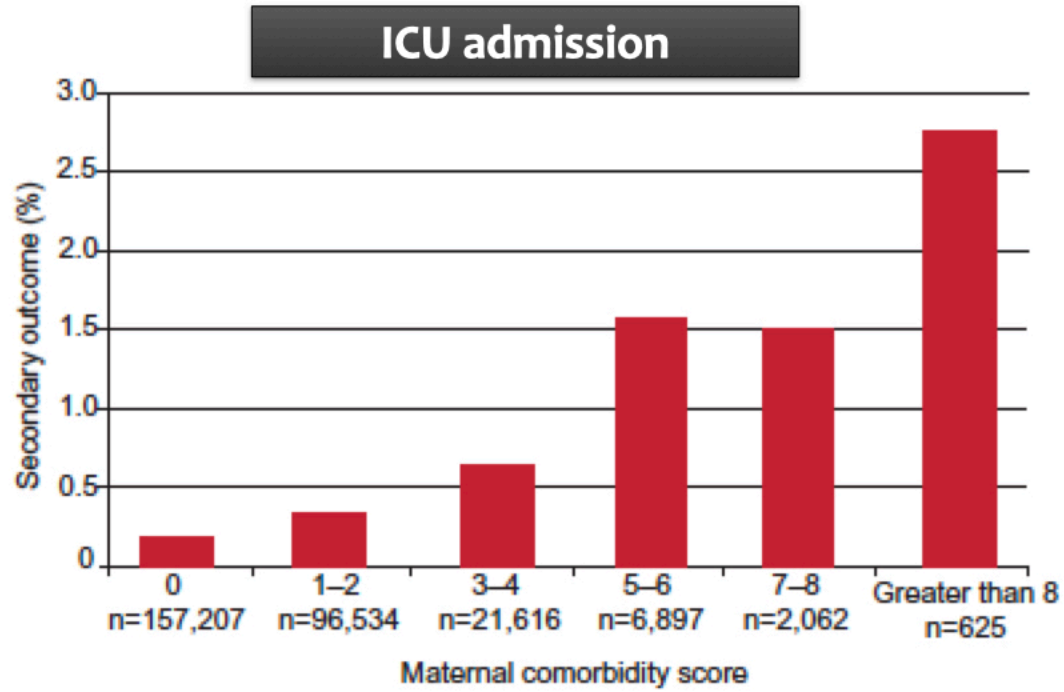
Personalizzato

Basato
sulla fiducia

COMORBIDITY INDEX

Diabete, 40 anni, ipertensione cronica, preeclampsia severa
Score: 1+ 2+2+5 =11





Bateman et al. Obstet Gynecol 2013

Health Belief Model

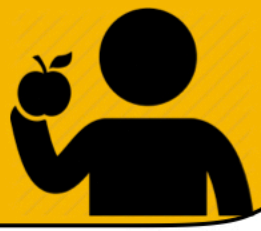
CREDENZE INDIVIDUALI

Percezione di minaccia
Percezione di vulnerabilità
Percezione di gravità

Autoefficacia percepita

Valutazione delle azioni per contrastare la minaccia
Benefici percepiti
Barriere percepite

AZIONE



STIMOLI AD AGIRE

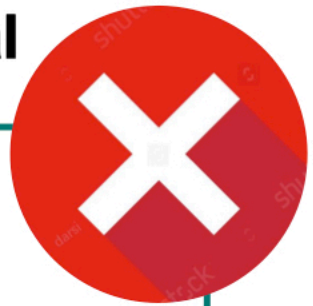
Mass media
Social media
Consigli di altri
Reminders

COUSELLING : I RISCHI OSTETRICI

anonymous online questionnaire, SID members

n=236 diabetes/endocrinology/internal medicine specialists, n =110 fellows, n=24 nutrition area professionals, n= 25 other professional

- Need of pregnancy planning
- Increased risk of macrosomia
- HbA1c levels recommended at conception
- Starting insulin treatment prior to conception in women with T2D



- Excess of congenital malformations
- Risks of a pregnancy associated to maternal over-weight/obesity
- Higher doses of folic acid supplements
- Consider to use hormonal contraceptives only if glucose control is good

Bolla et al. Nutr Metab Cardiovasc Dis. 2020


A TIP FROM A
FORMER
SMOKER
IF YOU SMOKE WITH DIABETES, PLAN FOR AMPUTATION, KIDNEY FAILURE, HEART SURGERY ... OR ALL THREE.
Bill, Age 40
Michigan


A TIP FROM A
FORMER
SMOKER
Some of the reasons to quit smoking are very small.
Amanda, age 30, Wisconsin

Grazie!