Appendix A

Contraception Options for Women with Diabetes Mellitus

<table>
<thead>
<tr>
<th>Method</th>
<th>Considerations for women with preexisting diabetes and gestational diabetes mellitus</th>
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</table>
| Barrier Methods - condoms, diaphragm, cervical cap | ❖ Higher failure rates.  
❖ Condoms provide protection against HIV and STD’s.  
Failure rates improve with the addition of spermicides. |
| Hormonal Methods - birth control pills, injections, patches, vaginal rings, and implants | ❖ Prevent ovulation, require monitoring of weight, blood pressure, pre and post glucose, fasting lipids, and vascular screen.  
❖ Not recommended for women who smoke or have micro and/or macrovascular complications.  
❖ Increase the incidence of depression.  
❖ May affect lipids by decreasing HDL and increasing LDL and cholesterol.  
❖ Combination pills not recommended postpartum until breastfeeding is well established at 6 weeks to 3 months. Not shown to affect glucose intolerance.  
❖ Progestin only will increase glucose intolerance for preexisting DM and may require medication adjustment.  
❖ Progestin only for GDM will nearly triple the diabetes diagnosis above women using non-hormonal methods while breastfeeding. It is not recommended. |
| Spermicides                                 | ❖ High failure rates if used alone.  
❖ Due to high failure rate of this method, women should be offered ongoing preconception care. |
| IUD                                         | ❖ Very high effectiveness at preventing pregnancy.  
❖ Those that contain hormones do not have a systemic effect on blood glucose. |
❖ Due to high failure rate of this method, women should be offered ongoing preconception care. |
| Sterilization                               | ❖ Surgical procedure, usually not reversible. |
| Emergency Contraception                      | ❖ Low failure rate and is only method post sexual activity.  
❖ Progestin in these products may temporarily disrupt glucose control. |