

on blood glucose control for pregnancy and so may have reduced their risk of adverse pregnancy outcome as has been found in other studies.⁴ However, the adverse effect of the counselling on the women's psychological wellbeing has not previously been documented.

Strengths and limitations of the study

This exploratory interview study is relatively small and limited to women with diabetes who were currently pregnant with a normal ultrasound scan. The sample included women with previous adverse pregnancy outcome. The sample did not include women of diverse ethnicity. The interviews sought the women's accounts of becoming pregnant rather than being pregnant. This required a sensitive approach and persistent probing during the interview as women were much more comfortable talking about their experience of being pregnant. The details given by women about becoming pregnant were often very sketchy. Despite a lack of detail, this data is very valuable as these accounts are so difficult to gather and have not been reported in published literature. The women's accounts of becoming pregnant are likely to be limited by difficulty of recalling details of particular pregnancies and coloured by their subsequent experiences and by social norms. Where the pregnancy outcome was miscarriage, women had particular difficulty recounting their experiences, most stating that they had erased the experience from their memory entirely and one directly requested not to be questioned about that particular pregnancy at all.

Miscarriage can be an extremely distressing experience for women, and one sometimes marked by feelings of guilt, personal failure, as well as loss.¹¹ Indeed, such reactions may have been exacerbated in the presence of a chronic illness which is known to have potential adverse implications for pregnancies. This sample did not include women with type 2 diabetes who may have a very different experience of diabetes from the women in our study.

Implications for clinical practice and future research

This study highlights the importance of health professionals tailoring advice for women living with diabetes to each woman's current situation. It suggests women are likely to benefit from advice and support that builds on their own resources and that the health professionals normally seeing women in relation to their diabetes may be in the best position to offer advice and support both before pregnancy and in early pregnancy. The study also suggests formal pre-conception advice sessions are unlikely to have an impact on most pregnancies for women with diabetes as attendance assumes some prior consideration of becoming pregnant. Although such formal advice sessions may continue to have a role for some women with diabetes and other chronic disease, further research is needed to assess the potential for unintended adverse effects of these sessions on women's psychological wellbeing. Further research is needed to understand the experience of women with type 2 diabetes becoming pregnant.

COMMENTARY

Standing by

In the last 20 years general practice obstetrics has retreated from a position where we were central to pre-pregnancy counselling, diagnosis of pregnancy, antenatal care, and in many cases intrapartum and postpartum management, to being almost completely separated from any woman who contemplates or embarks on pregnancy. This might superficially appear a good thing: midwives are experts in the field of normal pregnancy, with complications better left to specialists who have the means to intervene at hand.

We have to consider whether as family doctors it is a good thing to have distanced ourselves so far from this important family event. The article by Griffiths *et al*¹ suggests that specialist clinics may have done more harm than good by emphasising the abnormal rather than the normal.

Experience tells us that women were happy to have a GP present, offering a feeling of familiarity and confidence at an uncertain time. The derivation of obstetrician comes from the Latin 'to stand by'. Our branch of our profession may have forgotten the importance of simply being there for patients, and seeing pregnancy as not just embarking on a new venture, but within the great continuum of life. The disappearance of maternity care from our duties may not be in the interests of patients who need a personal service at an emotional time. Not to mention the fulfilment of the GP/obstetrician.

Gordon Baird

GP, Sandhead Surgery, Piggery Road, Sandhead, Wigtownshire, DG9 9DP.

REFERENCE

1. Griffiths F, Lowe P, Boardman F. Becoming pregnant: exploring the perspectives of women living with diabetes. *Br J Gen Pract* 2008; **58**: 184–190.
DOI: 10.3399/bjgp08X277348