Ke ords: ntegrate[illegible] are pathway; nterventi n [illegible]level pment; lygeni [illegible]is r[illegible]er; re-pregnan y are; An malies

In rod ction

e numb er fla[illegible]ies with kin[illegible] a pair fp lygeni [illegible]is r[illegible]er (T2D[illegible]) ri[illegible] ealth rganizati nb e me pregnant is in reasing an[illegible] within the king[illegible] m they urrently a unt f r ver 1/2 pregnan ies in la[illegible]ies with pre-existing p lygeni [illegible]is r[illegible]er. is pr p rti n an still rise b e ause the age f nset f r T2D[illegible] [illegible]e reases in la[illegible]ies regnan ies in la[illegible]ies with p lygeni [illegible]is r[illegible]er are relate[illegible] t ass iate [illegible]egree a umulate[illegible] risk f a[illegible]verse maternal, verte b rate an[illegible] hil[illegible] ut mes the [illegible]anger f mis arriage an[illegible] verte b rate [illegible]eath is 4-5 timesb igger in la[illegible]ies with T2D[illegible] mpare[illegible] t th se while n t p lygeni [illegible]is r[illegible]er furth er risks in lu[illegible]e: inb rm ab n rmalities; an[illegible] hil[illegible] a[illegible]missi ns t infant me[illegible]i al ar[illegible] several f the pr esses that [illegible]rive these a[illegible]verse risks ur within the trimester fgestati n,b ef re a girl presents t prenatal servi es. eref re, itis vital t minimise these p tential hazar[illegible]sb ef re n epti n with effe tive pre-pregnan y are.

re-pregnan y are (C) measures f r la[illegible]ies with T2D[illegible] in lu[illegible]e: re[illegible]u ing weight; rising gly aemi ntr l; a[illegible]ling high-[illegible] se f li a ri[illegible]; an[illegible] st pping pr b ab ly agent. ese measures will nsi[illegible]erab ly s ale b a k the [illegible]anger f a[illegible]verse ut mes. wever, the b ulk f la[illegible]ies with T2D[illegible] presently [illegible] nit re eive C, an[illegible] gift t servi es alrea[illegible]y pregnant, usually late within the trimester r within the trimester, with preventab le risk fa t rs f r a[illegible]verse ut mes. en e, in reasing the uptake f C in la[illegible]ies with T2D[illegible]. ese fa t rs area unit evi[illegible]ent at the in[illegible]ivi[illegible]ual, (w mens un[illegible]erstan[illegible]ing f physi l gi al state risks) health are pr vi[illegible]er (a la k f awareness f the ne essity f r generative are) an[illegible] system (a la k f visb ility f la[illegible]ies f generative age) levels. revi us interventi n stu[illegible]ies aime[illegible] t war[illegible] up C in la[illegible]ies with p lygeni [illegible]isease have teste[illegible] variety f vari us meth [illegible]s, in lu[illegible]ing: e[illegible]u ati n f r attenti n pr fessi nals; patient registries; ele tr ni pr mpts n me[illegible]i al re r[illegible]s; an[illegible] mass-me[illegible]ia pr m ti n. hereas these stu[illegible]ies sh we[illegible] s me impr vement in C am ng la[illegible]ies with s rt ne p lygeni [illegible]isease (T1D[illegible]), the impa t n la[illegible]ies with T2D[illegible]

are pr fessi nals); psy h l gi al feature parti ipati n (nstru ting a p sitive narrative f r physi l gi al state an s rt a pair f iab etes); lle tive a ti n (in reasing the visb ly f the generative wants f girls, esegregati n health are systems an utilising a jun t te hn l gies); an reflexive wat hing (using multi-m al appr a hes t supp rt systemise are [7-9].

As m st C servi es area unit situate in spe ialist p lygeni isease entres wherever la ies with T1D area unit manage b y health pr fessi nals nite ati ns agen y area unit terrb ly resp nsive t the ne essity f r C theyre a l t f pr b b ly t a ess this are, mpare t la ies with T2D nite ati ns agen y area unit manage in me i al ai . Generative are isnt a r utine mp nent