Background: Unintended pregnancy in women with diabetes is associated with high public cost, delay in initiating prenatal care, and maternal and fetal complications. One third of the women with diabetes in our underserved prenatal clinic present with an HbA1C >7.5%. Due to limited data regarding preconception counseling for women with diabetes, we developed PREPP'D, a quality improvement initiative and educational program aiming to improve women’s and providers’ knowledge of diabetes and pregnancy, increase awareness of contraception options, and implement standard protocols in our diabetes clinic for underserved populations. Design: A questionnaire was developed to measure the rate of contraception use and assess women’s knowledge regarding pregnancy planning. The questionnaire has two sections: general questions about the woman’s reproductive health, contraception use, and current pregnancy plan and specific questions about the woman’s current knowledge about pregnancy and diabetes including glycemic targets and glucose monitoring and medication safety during pregnancy. The latter part of the questionnaire was scored with 6 points indicating all questions answered correctly. Women aged 18-50 with pre-gestational diabetes were identified and given an English or Spanish questionnaire prior to seeing the provider. The providers were given a prewritten SmartPhrase to guide counseling and explaining the importance of pre-pregnancy planning, glucose targets during pregnancy, and medication optimization. After the visit, women were given an educational flyer. Results: Thirty-six women aged 21-49 years with type 1 (n=16), type 2 (n=19), or steroid-induced (n=1) diabetes are included in this analysis. Women were from various backgrounds: Black/African American (n=4), non-Hispanic White (n=11), Hispanic (n=18), and other (n=3). Average diabetes duration was 10.2 (range 1-32) years. Mean HbA1C was 8.7% (range 5.3-14.7%). Only seven women met the HbA1C target goal for pregnancy (<6.5%). Complications of diabetes were reported in 23%, and one woman reported prior fetal cardiac anomalies. Of the three women planning pregnancies within the next year, only one had an HbA1c <6.5%. The mean questionnaire score was 1.6/6 points (±1.3, range 0-5) with nine women scoring 0 points. Documentation of pregnancy discussion was noted in 83% of records (compared to 38% prior to intervention). Conclusions: Knowledge of pregnancy is limited for many women with diabetes. PREPP'D is a novel approach to standardize preconception counseling in the diabetes clinic. It also provides an opportunity to raise women’s and providers’ awareness about diabetes and pregnancy. The next step of this project is to conduct follow-up surveys for both women and providers 3 to 6 months post initial survey to assess impact and improve future interventions including expansion to adolescents.