

Planning a Pregnancy For Women with Diabetes

Planning to start a family is a big decision. For women with diabetes it is essential to plan for this because diabetes can create risks for both mum and baby. These risks can be reduced by accessing the appropriate healthcare services (Joint Obstetrics and Diabetes Team). You will receive individual advice on how to control your diabetes before, during, and after pregnancy. As a result, many women with diabetes (Type 1, Type 2 or gestational diabetes) have healthy pregnancies and healthy babies. However, it does require a lot of hard work and dedication on your part.

Continuing Contraception

If you have Type 1 or Type 2 Diabetes and are planning to have a baby, you must talk to a specialist Diabetes Team BEFORE you become pregnant. If you are not usually under the care of the hospital you will need to be referred to them by your GP.

The reason for this is highlighted in the section discussing the risks of diabetes and pregnancy. The key message is the importance of keeping your blood glucose as well controlled as possible before you start trying for a baby.

It is recommended that you continue using contraception until you have had this review. You will then be given individual advice about having a baby and reducing the risks associated with diabetes and pregnancy.

What are the Risks of Diabetes and Pregnancy?

Controlling your blood glucose tightly is good for both you and your baby. In **early pregnancy** (before you even know you are pregnant) good control is essential whilst your baby's organs are being formed. This reduces the risk of miscarriage or malformation of your baby. **Later on in the pregnancy** if you are not well controlled your baby is likely to grow larger than normal. This may lead to complications at birth for your baby & make the birth more difficult for you. There is also an increased risk of having excess fluid around your baby, which can lead to premature labour. **After the birth**, if your blood glucose has not been well controlled there may be problems for your baby immediately after delivery, such as:

- needing help to breathe
- having very low blood glucose
- developing jaundice

What are the targets for blood glucose control and blood pressure before conception and throughout pregnancy?

Blood glucose levels should be:

Fasting (when you get up in the morning) and pre-meal: **3.5 - 5.3mmol/L**

1 hour after meals: **less than 7.8 mmol/L**

HbA1c should be **48 mmol/mol or less**

Blood pressure should be **less than 130/80 mmHg**

You will be given advice to help improve your blood glucose control. This may involve a change in your diabetes treatment.

All women with Type 1 diabetes are offered an insulin pump as an optional way to manage this.

There is an increased risk of hypos

By aiming to have tight blood glucose control you will be at increased risk of hypos, and as a result you may also experience reduced hypo awareness.

Here are some tips:

- Make sure you treat hypos promptly and efficiently if your blood glucose goes **below 3.5 mmol/L** even if you do not experience symptoms. Use the recommended 10-20g of quick acting carbohydrate (e.g. a sugary drink) until your blood glucose is above 3.5 mmol/L, and then follow with a complex carbohydrate snack (e.g. a slice of toast)
- Keep monitoring your blood glucose frequently, especially if you start experiencing more hypos.
- Take care when driving (see later section).
- If you have Type 1 Diabetes you should also have a Glucagon Kit for treatment of severe hypos. A family member may need training on how to use this.

Watch out for high blood glucose levels

As you are keeping your blood glucose levels so well controlled it is possible, for women with Type 1 Diabetes, to develop Diabetic Ketoacidosis (DKA) more quickly. This can be very serious and affect both you and your baby. If you are ill, you must check your blood glucose more often. It is essential to act quickly if your readings go up, and monitor for ketones at lower blood glucose levels (10mmol/L). Seek help early from a healthcare professional. Remember, signs of high blood glucose readings include: drinking a lot, frequent trips to the toilet, increased thirst and thrush. If you experience raised blood glucose readings, abdominal pain &/or vomiting, **seek help immediately**.

Coping with morning sickness

If you have morning sickness your blood glucose may drop if you are not eating. It is important to monitor your blood glucose levels regularly, and supplement food with liquid carbohydrate (e.g. sugary drinks). This will help avoid hypos and ketone production, which could lead to DKA (if you have Type 1 Diabetes).

What can I eat?

If you are on multiple injections of insulin, you can be taught how to count your carbohydrates. This will help you to work out how much insulin to take for what you are eating and allow you greater flexibility. If you would like to access this service please ask your GP or Diabetes Team to refer you.

Blood glucose levels rise when you eat. To reduce how high they go after you have eaten, it can help to eat low glycaemic index (GI) foods (that release glucose slowly).

A Dietitian forms part of the Joint Obstetrics and Diabetes Team. You will have access to them to help you if you need advice on any of these issues.

Ideal body weight before conception

You should aim to have a Body Mass Index (BMI) of less than 28kg/m². If you are above this then you should try to lose weight before getting pregnant. A high BMI presents an additional risk in pregnancy e.g. high blood pressure, caesarean section, increased fluid around your baby, malformation of your baby.

Seek help from your health care professional before conception to help you lose weight.

During pregnancy it is unwise to try to lose weight and your weight gain should be monitored to make sure you don't put on excessive weight. You may need advice from an appropriate healthcare professional.

Exercise

Doing gentle to moderate exercise is encouraged in pregnancy. For women with Type 2 diabetes, exercise particularly helps you to use your own insulin more effectively. As pregnancy puts extra stress on your heart and lungs, don't start a hard exercise programme during pregnancy - try gentle activities, e.g. walking and swimming. When you exercise you will burn glucose for energy. As you are keeping tight control of your blood glucose you will need to monitor before, during and after exercise. You will need to eat snacks or reduce insulin accordingly to prevent hypoglycaemia,

What if I already have Diabetes Complications?

If you have retinopathy (eye disease) or diabetic nephropathy (kidney disease), the extra physical demands put on your body during pregnancy may cause these to worsen.

You will be offered:

- Eye screening during each trimester of pregnancy, or more often if you have known retinopathy.
- Urine screening for protein at each visit during the pregnancy as well as a lab urine protein test prior to conception, and later in the pregnancy.

There will be closer monitoring of blood tests, blood pressure, and urine protein for those with known kidney disease.

Will the baby get Diabetes?

Your baby will not be born with Diabetes.

1 in 10 people with Type 1 Diabetes will have a close family member who has Type 1 Diabetes. Many more people with Type 2 Diabetes will have relatives with the same condition. However, some of this is because the risk of getting Type 2 Diabetes is greatly increased by unhealthy eating, being overweight and a lack of exercise. These risks can be significantly reduced by eating healthily and taking more exercise.

Should I be taking any Medications?

It is recommended that women with diabetes need to take a higher dose of **5mg folic acid per day**. This can be obtained on prescription. You should take this from 3 months before conception and continue until the end of the 12th week of pregnancy.

Some medicines that you may be taking for other conditions, such as high blood pressure or cholesterol, should not be taken in pregnancy. These will need to be reviewed by your GP or the specialist Diabetes Team, who will decide whether or not you need to change the medication.

Some tablets for Type 2 Diabetes must also be stopped whilst you are pregnant because they may harm your baby (except Metformin). You may want to change your medications before conception. It is not uncommon for women with Type 2 Diabetes to require insulin to control their blood glucose.

Driving

You must inform the DVLA if you are started on insulin whilst you are pregnant.

You must test your blood glucose levels before driving, and retest every 2 hours if driving for long periods. You should not drive unless your blood glucose is **above 5 mmol/L**. If

you experience hypoglycaemia whilst driving, you should treat the hypo and should not continue driving until your blood glucose has been **above 5 mmol/L for at least 45 minutes**. You must ensure that when you continue driving the blood glucose is above 5 mmol/L again.

Alcohol

Drinking too much alcohol can harm your baby. You should drink as little as possible, and ideally stop drinking altogether until after your baby is born.

Smoking

Smoking whilst you are pregnant can harm your baby. The effects of smoking in pregnancy can affect your child for a number of years or even permanently. The potential problems caused by diabetes can make smoking even more unhealthy for you. It is strongly advised that all women planning a pregnancy seek help to stop smoking. Ask your GP or the specialist Diabetes Team for help, or a referral to an antenatal smoking cessation advisor.

Contact details:-

Diabetes Centre
Harrogate District Hospital
Lancaster Park Road
Harrogate
HG2 7SX
www.hdft.nhs.uk

Diabetes Specialist Nurses
Tel: 01423 555345

Antenatal Clinic
Tel: 01423 553010

Dietitian
Tel: 01423 553329

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.