Patient Information Service

Women and children’s business unit

Diabetes and pregnancy

Southend University Hospital
NHS Foundation Trust
Planning pregnancy

Most women with diabetes have a successful pregnancy. However there are increased risks of complications. Blood glucose control is important before pregnancy and will help to reduce the risk of health problems for you and your baby.

Recent research has shown that women with Type 1 and Type 2 diabetes have similar risk factors.

Successful pregnancy for women with diabetes involves extra effort and commitment to maintain excellent blood glucose control and frequent visits to the antenatal clinic.

Before your pregnancy

If your blood glucose levels are well controlled and you have no other medical problems then you should have no more difficulty getting pregnant than a non-diabetic woman.

To prepare for a healthy pregnancy you should:

- Monitor your blood glucose levels regularly at least three times daily. Your long term control should be assessed with an HbA1c test aiming for a level below 48mmol/mol before pregnancy
- Aim for as near normal control as possible with your blood glucose levels. Studies show that good control prior to conception and throughout pregnancy reduces the risk of problems for you and your baby
- Ideally you should continue with your usual contraception until your diabetes is well controlled and avoid an unplanned pregnancy
• Your healthcare team should already have advised you about the need for eye screening especially if you already have problems with them (known as diabetic retinopathy)

• People with diabetes are at higher risk of having kidney problems (diabetic nephropathy) so a urine sample should be checked for protein and a blood test taken to check kidney function

• If you are taking any medication for blood pressure or cholesterol control then they may need to be reviewed or changed to an alternative. Statins for high cholesterol are not recommended and should be stopped before and during pregnancy

• Try to maintain your Body Mass Index (BMI) within the normal range of 20 to 25. Obesity complicates both diabetes and pregnancy

• Commence 5mg folic acid, ideally three months before conception to help protect your baby’s development. Your doctor will need to prescribe these as the dose required is higher than doses bought across the counter at pharmacies

• Stop smoking and cut out alcohol as both can potentially harm your baby. Ask for help to achieve this if you need it

• If you have Type 2 diabetes treated with tablets then you are likely to require insulin once you are pregnant. However Metformin tablets can be continued throughout pregnancy. Women with diabetes who are planning to become pregnant should be offered a meter for self blood glucose monitoring prior to pregnancy.
Pregnancy

Once you are pregnant contact the maternity services directly or inform your GP as soon as possible so you can be referred for specialist care at the antenatal clinic.

You will be advised to attend the antenatal clinic frequently for assessment by both the obstetric and diabetes teams. The visits are initially every two weeks but by the end of your pregnancy you will be attending every week.

During pregnancy the diabetes team advises you to aim for blood glucose levels between 4-7.8mmols/L as it is important to keep your blood glucose levels as near normal as possible. It is recommended that you test before breakfast, one hour after each meal and before bed.

Insulin

In the early stages of pregnancy your insulin needs may change. The dose may increase or decrease depending on the degree of pregnancy sickness and your diabetes control before pregnancy.

Hypoglycaemia is more common in the first three months of pregnancy and so insulin requirements may reduce. You should take care to avoid hypos by making sure you eat regularly and monitor your blood glucose levels as you may lose your hypo awareness.

As your baby grows the insulin dose will increase, especially in the last three months. Some women find that they have to double or even treble their insulin dosage by the end of pregnancy.
Adjusting your insulin dose needs to be done carefully so ask your diabetes specialist nurse for advice.

It is important to remember your dose of insulin when you become pregnant because you will revert back to this dose as soon as your baby is born.

Diet

A healthy diet is important to you and your developing baby so a dietician will be asked to discuss healthy eating for pregnancy and diabetes with you. Together you can devise a personalised plan.

Increased risks

For mother:

• Having a miscarriage
• Having a large baby, which increases the likelihood of having your labour induced and/or caesarean section
• Extra fluid around baby
• Pre-eclampsia
• Diabetic complications such as problems with your eyes or kidneys.

For your baby:

• Abnormalities in the baby, especially heart defects and spina bifida
• Baby being unwell at birth because of low blood sugars and/or difficulty with breathing
• Baby being stillborn or dying shortly after birth
• Baby developing obesity and/or diabetes in later life.

Monitoring your baby’s development

Usually you will have a dating scan between seven and nine weeks of your pregnancy and a midwife will discuss screening tests that are available to you. These include the first trimester screening scan and blood test translucency scan at 12 weeks for chromosomal problems such as Down’s syndrome, a specialist scan around the 20th week of pregnancy to check the baby’s heart has developed properly, and a routine anatomy scan.

You will be seen regularly in the antenatal clinic throughout your pregnancy. A multidisciplinary team including a consultant obstetrician, consultant physician, diabetes specialist midwife, diabetes specialist nurse and dietician will provide your care.

The baby’s growth will be monitored with regular ultrasound scans at 28, 32 and 36 weeks of pregnancy.

Delivery

Women with diabetes can have a normal vaginal delivery. However there is an increased risk of induction of labour and/or caesarean section. If there are no antenatal complications then you may be able to go into spontaneous labour. However, your doctors will not want the pregnancy to continue past your due
date and usually suggest induction of labour from 37 to 38+6 weeks of pregnancy. The doctor will discuss when and how to deliver your baby with you when you visit the antenatal clinic.

During your labour it is recommended that you and your baby be continuously monitored. Your blood glucose levels will be tested frequently and you will be given both a glucose and insulin drip once labour is established to help control your blood glucose levels. It is not recommended that you eat or drink.

After the baby is born

The baby's blood glucose will be checked regularly as their levels may drop if they have been subjected to high glucose levels throughout pregnancy. It is expected that the baby will stay with you at all times but some babies do need to be admitted to the neonatal unit.

Breastfeeding is recommended as it will aid your baby's blood glucose control. You should aim to feed baby as soon as possible after birth and then at least every two to three hours to help your baby's blood glucose stay at a safe level. Have snacks available to hand as your blood glucose may drop whilst feeding.

Women who are treated with insulin should reduce the amount taken immediately after birth to pre-pregnancy doses and monitor carefully to establish the appropriate dose. Women with Type 2 diabetes will usually stay on insulin/Metformin as other diabetes medications are not suitable whilst breastfeeding.

Once you have gone home you should go back to your usual appointments for diabetes care providers.
Useful contact numbers

Women’s clinic: 01702 385512
Diabetes specialist nurses: 01702 385072
Diabetes specialist midwife: 01702 435555 ext 8337
Diabetes specialist dietitian: 01702 385331
Antenatal triage: 01702 385301
Hospital switchboard: 01702 435555
Diabetes UK Careline: 0845 1202960
Diabetes UK website: www.diabetes.org.uk
If this leaflet does not answer all of your questions, or if you have any other concerns please contact the diabetes specialist midwife on: 01702 385512.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

Patient Advice & Liaison Service (PALS)

Southend University Hospital NHS Foundation Trust

Prittlewell Chase

Westcliff-on-Sea

Essex, SS0 0RY

Telephone: 01702 385333

Fax: 01702 508530

Email: pals@southend.nhs.uk