Preconception advice for women with type 1 and 2 diabetes

Points to consider before or as soon as you learn that you are pregnant.
General advice for women planning pregnancy

**Folic acid tablets:** Doctors recommend that all women planning a pregnancy should take the vitamin folic acid before conception and for the first twelve weeks of pregnancy. Folic acid helps to prevent spinal cord development problems (spina bifida). All women with diabetes are advised to take folic acid at a higher level of 5mg. This dose of folic acid is only available on prescription from your doctor.

**Cut down or cut out alcohol:** Women who are pregnant or trying to conceive should avoid alcohol altogether. Alcohol also affects your blood glucose levels and can increase your risk of a hypo (hypoglycemia).

**Try to stop smoking:** Smoking while pregnant can harm your baby. The effects it has on your baby can last well into their childhood and can be permanent. The NHS provides advice and support: visit [http://smokefree.nhs.uk](http://smokefree.nhs.uk) or call Smokefree on 0800 022 4 332.

**Healthy eating:** Following a healthy eating programme is recommended for all women before and during pregnancy. It can help you to keep your blood glucose well controlled. You may wish to speak to a dietitian regarding healthy eating. This can help you to be a healthy weight for your height. You can be referred to a dietitian by your healthcare professional.

**Exercise:** Keeping active and being involved in regular exercise will help you to have a healthier pregnancy and maintain better blood glucose levels too.
**Diabetes annual checks:** It is important that you have had all your routine diabetes checks, especially if you are planning a pregnancy. If any problems are found you can then be referred to the appropriate specialist teams for advice.

**Have your eyes checked:** This is usually done as part of your annual diabetes review to check for signs of diabetic retinopathy. It is recommended that an eye check is done in the six month period before conception.

Pregnancy can place extra pressure on the small vessels in your eyes so if you have existing retinopathy this should be monitored and treated if necessary.

**Kidney function:** This is also checked as part of your annual diabetes review. Pregnancy can aggravate any underlying problems with kidney function. Your kidney function will be carefully monitored throughout your pregnancy.
Are you taking tablets for type 2 diabetes?
If you are taking tablets for type 2 diabetes you should see your doctor as soon as you know you are pregnant. Some types of tablets for diabetes need to be stopped because they may harm your baby. However, some women continue with metformin during pregnancy and this should be discussed with your diabetes specialist nurse.

Are you taking insulin?
Most insulin is safe to take during pregnancy but some types are not licensed for use in pregnancy; you should contact your doctor or diabetes specialist nurse to discuss if a change is necessary. If you have a pre-conception counselling visit, this will be one of the topics covered.
Hypoglycaemia: Tighter blood glucose control before and during pregnancy means you may be more at risk of having hypos. Avoiding low blood glucose levels by eating regular meals and snacks becomes increasingly important before and during pregnancy.

The majority of hypos can be treated with fast-acting carbohydrates such as a sugary drink or glucose tablets, followed up by some longer-acting carbohydrates such as a cereal bar, bread or your meal if it is due.

In pregnancy hypo warnings can be reduced, increasing the need for regular glucose checks. You should always check your glucose levels before driving. If you have a hypo, the DVLA (Driver and Vehicle Licensing Authority) recommends waiting 45 minutes before driving a car and you must ensure your reading is above 5 mmol/l.

Ketone strips: All patients with type 1 diabetes should have a supply of ketone testing strips. A check for ketones during pregnancy is recommended if the glucose levels increase above 12, or you are feeling unwell. It is important for your health and the health of the baby that any episodes when the ketones become positive are treated quickly. If the urine ketone test is 2+ or higher you will need to be admitted to hospital for treatment.
Once you are pregnant

Contact your community midwife or the diabetes team as soon as you discover you are pregnant. They will arrange for you to have an early antenatal clinic appointment.

If your pregnancy was not planned please follow the advice in this leaflet about folic acid, blood glucose monitoring, hypoglycaemia, medication, alcohol and smoking, as soon as you discover you are pregnant.

Morning sickness: Nausea and sickness in the early part of pregnancy can happen at any time of day and can upset your diabetes. It is important at this time to take extra care with blood glucose monitoring to try and avoid hypos, and to keep in contact with the diabetes specialist nurses.

Appointments and scans: Antenatal clinic visits and ultrasound scans will be arranged frequently throughout your pregnancy. The standard times for ultrasound scans are around six weeks, 12 weeks and 22 weeks, with monthly growth scans from 28 weeks.
**Delivery and after:** During labour and birth the blood glucose levels are controlled with intravenous insulin until you are able to eat and drink normally and get back to your usual insulin. If possible, the baby is fed early to try and avoid him or her experiencing low blood sugar levels.

During your antenatal period, the diabetes specialist nurses will discuss postnatal insulin doses.

**Breastfeeding:** Consider speaking to a midwife who can explain the benefits of breastfeeding for you and your baby. This includes improved blood glucose control and easier weight loss after the birth of your baby.
Contact details and further information

Should you have any questions or concerns about any of the issues raised in this leaflet we will be pleased to help you.

Please telephone the Diabetes Specialist Nurses on 01753 636612 Monday to Friday 9am to 5pm.

If there is nobody available at the time of your call, please leave a message and someone will get back to you as soon as possible: this may be the next working day.

Further information and support may be obtained from:

- Diabetes UK. Visit www.diabetes.org.uk or call 0845 120 2960


www.berkshirehealthcare.nhs.uk

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