Pregnancy with Diabetes

Planning a pregnancy when you have diabetes
If you have diabetes and are planning a pregnancy it is important that you speak with a member of your specialist diabetes team. It is more difficult to conceive and maintain a pregnancy if your diabetes is not well controlled.

Control of your blood glucose is very important at the time of conception. This will help reduce the risks of diabetes in yourself and your baby.

If your diabetes is treated with insulin you may need to change your insulin dose or even the number of injections you like in order to improve your control.

If you take insulin or Glargine then please discuss with your own the possibility of a change of oral insulin.

If you take tablets to control your diabetes it is advisable that these are replaced with insulin injections before becoming pregnant.

If you are treated on the above you may require insulin at some stage before or during pregnancy.

Pre Pregnancy

- **Blood Glucose Control**
  
  Your blood glucose should be as near normal as possible for 3 months prior to pregnancy. Aim for HbA1c <7.0% before trying.

- **HbA1c**
  
  Your long-term control should ideally be re-tested prior to this.

- **Folic Acid**
  
  To reduce the risk of neural tube defects, folic acid supplements should be taken 3 months before and for the first 3 months of pregnancy. For women with diabetes the recommended dose is 12mg tablets, instead of the usual 0.4mg per day, for at least 2 months before conception. This higher dose is only available on a prescription.
**Smoking**
If you smoke it is advisable to give up now, please ask for details on advice and support for this.

**Alcohol**
It is possible to stop alcohol altogether and certainly minimise intake to only a couple of drinks a week.

**Contraception**
It is worthwhile continuing with a form of contraception until your diabetes is under control and it is safe for you to become pregnant.

**Diabetes Screening**
Ask your team about screening for complications of diabetes, Retinopathy (eyes), Nephropathy (kidneys) & Neuropathy (nerves).

**Medications**
Certain blood pressure medications may need to be changed. If you take cholesterol tablets these may be stopped. Please seek advice before stopping or changing any medications.

**Risks in Pregnancy**
If your diabetes is not properly controlled prior to and during pregnancy there are a number of problems that can occur.

- **Congenital Abnormalities**
  In the first 12 weeks of pregnancy the baby's main organs are developing. Poorly controlled diabetes can cause damage to the developing foetus, such as Spina Bifida, Anencephaly, Congenital Heart Defects.
  The risk can be as high as 30% in poorly controlled diabetes; tight control can reduce these risks to those of women without diabetes.
- **Miscarriage**

  There is a higher risk associated with poor control.

- **Still Birth**

  Poorly controlled diabetes during pregnancy increases the risk of stillbirth.

- **Large Babies (Macrosomia)**

  Uncontrolled diabetes can lead to large or 'big babies', which can cause problems for both mother and baby at delivery. This increases the risk of an episiotomy, or tearing of the perineum, and shoulder dystocia—a difficult delivery of the baby's shoulders.

- **Respiratory Distress**

  Poorly controlled diabetes can cause a reduced production of lung surfactant, a substance needed for the lungs to function properly in newborns. Immaturity of lungs leads to a condition called respiratory distress syndrome, significantly decreasing the likelihood of any survival.

- **What are the risks associated with the child developing diabetes?**

  The overall risk in a child of a mother with Type 1 diabetes is around 2-3%.

  The risk is the child of a father with Type 1 diabetes is slightly higher at around 4-5%.

  In a woman with Type 2 diabetes the risk for the child developing type 2 diabetes rises from about 3% to around 4%.