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 to 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 take to improve your control.

If you take Insulin Glargine then please discuss with your team the possibility of a change of basal insulin.

If your diabetes is tablet treated, in most cases it is advisable that these are replaced with insulin injections before becoming pregnant.

If you are treated on diet alone 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 levels 4–7mmol/l before meals.

- **HbA1c**
  
  Your long-term control should ideally be no higher than 7%.

- **Folic Acid**
  
  To reduce the risks of spina bifida folic acid supplements should be taken 3 months before and for the first 3 months of pregnancy. For mothers with diabetes the recommended dose is 5mg tablets, instead of the usual 0.4mg tablets for individuals without diabetes. 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**
  If possible 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 still birth.

• **Large Babies (Macrosomia)**
  Poorly controlled diabetes can lead to large for date babies; this can cause problems for both mother and baby at delivery, increased risk of assisted delivery or caesarean section and shoulder dystocia (trauma during delivery of the baby’s shoulders).

• **Respiratory Distress**
  Poorly controlled diabetes can cause a reduced production of lung surfactant, a protein needed for the lungs to function properly in the newborn. Immaturity of lungs leads to a condition called respiratory distress syndrome (breathing difficulties in the newborn).

• **What are the risks associated with the child developing diabetes?**
  The overall risk to a child of a mother with Type 1 diabetes is around 2–3%.
  
The risk to the child of a father with Type 1 diabetes is slightly higher around 4–5%.
  
For women with Type 2 diabetes the risk for the child developing type 2 is 40% over their lifetime, onset is not until adulthood.