Diabetes and Planning for Pregnancy

Information for women with diabetes and their families

Read this booklet to learn about:

• planning for pregnancy when you have diabetes
• how your health care team can help
• managing your blood sugar
Why do I need to plan for my pregnancy if I have diabetes?

Getting pregnant and having a healthy baby can be a very exciting time in your life. If you have diabetes, it’s very important to plan ahead so you are as healthy as possible and your pregnancy is safe.

Not controlling your blood sugar levels before and during pregnancy can cause health problems for you and your baby:

- High blood sugars during the first 3 months of your pregnancy can cause your baby to have problems developing and you to miscarry.
- High blood sugars during your pregnancy can cause your baby to grow too large. This can be a health risk for you and your baby.
- The changes that happen in your body during pregnancy can cause any problems you already have because of diabetes to become worse.

Work together with your health care team so you can have the healthiest and safest pregnancy possible.

Talk to them about birth control so you can prevent pregnancy until your blood sugars are controlled.

Who are members of my health care team?

Before getting pregnant, your health care team may include a:

- diabetes nurse educator
- dietitian
- endocrinologist
- obstetrician/gynecologist
- family doctor
- ophthalmologist
- nephrologist
- cardiologist
We may refer you to a team that specializes in diabetes and pregnancy.

How do I prepare for pregnancy?

✓ Tell your health care team you are planning to get pregnant at least 3 months before you start trying.

✓ You need good blood sugar control and should aim for an A1C less than or equal to 7% **before** you get pregnant. Ideally you want an A1C less than or equal to 6.5% when planning pregnancy and less than or equal to 6.1% during pregnancy (if it’s safe).

✓ Consider using glucose monitoring during your pregnancy to improve your glycemic control and protect your baby.

✓ Your doctor will check for any health problems caused by your diabetes and have a specialist manage them.

**Your eyes:** You should see an ophthalmologist before and during pregnancy.

**Your heart:** Your doctor may order tests to check your heart. You may see a cardiologist.

**Your kidneys:** If diabetes has affected your kidneys you need to know if pregnancy could cause further damage. You may see a nephrologist.

✓ If you take pills to control your diabetes, you may need to change to insulin. Most pills are not safe to take during pregnancy.

✓ Certain medications for cholesterol and blood pressure (such as ACE-inhibitors/ARBs, and statins) may not be safe for your baby. Your doctor will talk to you about stopping them. **Do not start any new medications without checking with your doctor.**

✓ To help prevent spine defects in your baby, take 1 milligram of folic acid every day when you are trying to get pregnant, and ideally for at least 3 months before becoming pregnant. Continue taking it until 12 weeks after becoming pregnant. Talk to your dietitian and doctor about taking a multivitamin and mineral supplement.
Don’t smoke or be near second hand smoke before, during and after your pregnancy. Smoking can cause your baby to be premature or have a lower birth weight. The smoke (even the smoke on your clothes) can damage your baby’s lungs after birth.

Reach a healthy weight now. Pregnancy is not the time to lose weight. Talk to your dietitian about a healthy meal plan.

Avoid alcohol and limit caffeine. Replace alcohol and coffee with water and milk before and during your pregnancy.

Exercise regularly before pregnancy.

What do I need to know about managing my blood sugars during pregnancy?

When you are pregnant, your body makes hormones that help keep you pregnant. The levels of hormones go up and down as your pregnancy continues. This change in hormones can decrease your need for insulin during your first 12 weeks of pregnancy and start to increase your need for insulin around week 24.

Talk to your health care team about a plan to have blood sugar levels during your pregnancy that are safe for you and your baby. This plan may include testing your sugars more often, adjusting your medications, following a meal plan, and exercise.

Goals for your blood sugar levels during pregnancy:

<table>
<thead>
<tr>
<th>Time</th>
<th>Blood sugars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting (before eating)</td>
<td>3.8 to 5.2 mmol/L</td>
</tr>
<tr>
<td>1 hour after a meal</td>
<td>less than 7.8 mmol/L</td>
</tr>
<tr>
<td>2 hours after a meal</td>
<td>less than 6.7 mmol/L</td>
</tr>
</tbody>
</table>
What about insulin?
If you are pregnant and not on insulin, your pancreas may not be able to make enough insulin to keep your blood sugars at the right levels. So, you may need to start on insulin. Insulin is not harmful and has been used by many women during their pregnancies.

If you start insulin or are already on insulin, your health care team will often adjust the amount you take to keep your sugars at the right level.

After you have your baby, the hormones in your body go back to the level they were before you were pregnant. Your blood sugars will also come down. Your health care team will review the way your diabetes is managed again after you have your baby.

Who can I talk to if I have any questions?
Please contact a member of your health care team for more information.

Sun Life Financial Banting and Best Diabetes Clinic

Visit www.uhnpatienteducation.ca for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: pfep@uhn.ca

© 2018 University Health Network. All rights reserved.

Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.

Form: D-5227 | Author: Elaine Wylie and Margaret De Melo, UHN SunLife Financial Banting and Best Diabetes Clinic
Reviewed: 09/2018