Diabetes and Planning for Pregnancy

Information for people 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 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 managing 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 increase risk to baby’s development and risk of miscarriage.
- 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
- diabetes dietitian educator
- 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 blood sugars in target 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).

- Glucose monitoring is required during your pregnancy to manage your diabetes 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.

- Talk to your diabetes team about any pills you are taking during your 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.

• Talk to you dietitian to make sure you are getting all the nutrients you need for a healthy pregnancy. Your health care team will monitor your weight. This is done to check if you have different health conditions and to monitor baby’s development.

• 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 target levels. So, you may need to start on insulin. Insulin is not harmful and has been used by many people 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 target 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.