



Diabetes and pregnancy planning

If you have diabetes, and you are thinking about having a baby, then this information is for you. If you have diabetes and do not plan to have a baby just yet, it is still important that you have this information for the future.

Why is pregnancy planning important?

Being in good health before becoming pregnant increases your chances of an uncomplicated pregnancy and reduces your risk factors. This is even more important if you have type 1 or type 2 diabetes. Your diabetes can affect your pregnancy and pregnancy can affect your diabetes. If your diabetes is poorly controlled before you conceive, then your pregnancy and the health of your unborn baby may be at risk. Taking steps to prepare for pregnancy can help reduce these risks therefore increasing the chances of a healthy pregnancy for you and your baby. Being in good health before becoming pregnant increases your chances of an uncomplicated pregnancy and reduces your risk factors.

Where do you begin?

- **Contraception:** Use reliable forms of contraception to avoid an unplanned pregnancy and seek advice from your diabetes team if you are planning a pregnancy. Your GP or practice nurse will be able to give you advice about contraception. They will discuss your general health, including the need to stop smoking, and they will review your medications before you start trying for a baby.
- **Healthy weight:** Is your body mass index (BMI) between 20 and 25? When you decide to have a baby ensuring you are at a healthy weight can make it easier to conceive. Maintaining a healthy weight can also help to stabilise your blood sugars. You may find it helpful to discuss this with your practice nurse or GP. Any reduction towards a healthy BMI reduces the risk of complications in pregnancy, as well as your diabetes.
- **Blood glucose control:** Make sure that you are testing your blood glucose levels regularly before you try to conceive. We aim for very good control before and during pregnancy and would like you to try and achieve levels of 4.0 – 6.0 mmol/l before meals, and less than 7.8 mol/l one hour after eating. More frequent blood glucose testing is necessary during pregnancy, so make sure your meter has been quality controlled, and that you have a good supply of test strips. Get your long-term blood glucose levels checked. Ideally, an HbA1c of 6.5% (48mmol/mol) or lower would be a good starting point for a pregnancy. If your HbA1c is above 10% (86 mmol/mol), then you would be strongly advised to avoid pregnancy, as there is a significant risk to the health and development (congenital malformations) of your unborn baby, including heart defects. Moreover, the possibility of miscarriage or stillbirth is high. Talk to your GP or diabetes team about other medications you are taking. Information about specific medications can be found at <https://www.medicinesinpregnancy.org/>
Please do not stop medications without discussing with a health professional.

You are ready for pregnancy, what next?

It is advisable for anyone planning a pregnancy to take folic acid supplements in order to reduce the risk of neural tube defects (Spinal Bifida). Diabetes or a BMI >30 increases the risk of neural tube defects, so it is recommended (NICE guideline NG3) that you take a higher dose (5mg) of folic acid before you conceive, until 12 weeks of pregnancy. Make an appointment with your GP and discuss your plans. Your GP can prescribe folic acid in the 5mg dose for you. Folic acid you buy at the supermarket or chemist without a prescription is not the correct dose if you have diabetes.

Once you are happy that you have done everything you can to achieve a successful pregnancy, we look forward to hearing from you at the next step.

When you have a positive pregnancy test

Once you have a positive pregnancy test see your GP and ask for an immediate **medication review and referral to the Maternity Diabetes Team**. Please email rbft.diabetes-midwife@nhs.net with your name, telephone number, date of your last period or IVF, contact telephone number and current medications. One of the diabetes midwives will contact you by telephone, take a history, and book you into the next appropriate antenatal clinic. This visit may happen very early in pregnancy, before you have even had a booking appointment with your community midwife, but that does not matter. The most important thing at this stage is to get your blood glucose under control while your baby is developing. Even if you have always had good glycaemic control, you may need a little extra help in pregnancy, so the sooner we start to care for you, the better the outcome can be. All pregnant women with diabetes being looked after at RBH are invited to register with the GDM app on their phone. Medications need to be reviewed by your GP or the diabetes team as soon as you have a positive pregnancy test, ideally within 2 working days. Please do not stop medications without discussing with a health professional. Some drugs that you may take to control your blood glucose, blood pressure, or cholesterol levels may be unsuitable for use in pregnancy and therefore have to be changed if you are trying to or actually are pregnant. Information about medicines can be found at <https://www.medicinesinpregnancy.org/>. Your diabetes team will be able to advise you about other suitable options. Get up to date with all your other checks such as eye and foot checks.

Who looks after you next?

The Maternity Diabetes Team:

The Maternity Diabetes team is made up of diabetes midwives, endocrinologists, (diabetes specialist doctor) and obstetricians (pregnancy and birth specialist doctor) who will oversee your pregnancy care. Some of your care will be in our joint antenatal / diabetes clinics, and some of it will be by email or phone in between appointments. Your insulin may need to be adjusted very frequently and the team are here to help you with that.

You will be given details of your plan of care at the beginning of your pregnancy, and it will include regular scans, referral to the eye department, and regular appointments with the team. At the RBH we use the GDM App to monitor and communicate with you about your diabetes during pregnancy. The Maternity Diabetes Team will explain how to download and use the app along with your monitor. All pregnant women with diabetes being looked after at RBH are invited to register with the GDM app on their phone.

Further information

For more information on diabetes and pregnancy please visit the following websites;

- <https://www.diabetes.org.uk/>
- <https://www.nhs.uk/pregnancy/related-conditions/existing-health-conditions/diabetes/>
- <https://www.medicinesinpregnancy.org/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Diabetes Team (Maternity), August 2012

Reviewed: July 2024

Next review due: July 2026

Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

