

Diabetes and pregnancy planning: steps to success

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?

It is always important to plan a pregnancy and make sure you are in good health before conceiving. When you have diabetes, it is even more important, as your diabetes can affect your pregnancy, and your 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 a few simple steps to prepare for pregnancy can help reduce these risks therefore increasing the chances of a health pregnancy for you and your baby.

Where do you begin?

Contraception

When you have diabetes, it is just as important to plan NOT to get pregnant, as it is to plan to get pregnant. Pregnancy is a big step for every prospective parent, but postponing pregnancy until you are healthy is important.

Talk to your partner, and make a decision to prepare together. Use reliable forms of contraception to avoid an unplanned pregnancy, and seek advice from your diabetes team. 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.

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 want to discuss this with your practice nurse or GP too.

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% (91mmol/mol), then you would be strongly advised to avoid pregnancy, as there is a significant risk to the health and development 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. 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 discontinued if you are trying to get pregnant. 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.

What next?

It is advisable for all women planning a pregnancy to take folic acid supplements in order to avoid neural tube defects (Spinal Bifida). These supplements are available over the counter at pharmacies, but only as a 400mcg dose. Diabetes increases the risk of neural tube defects, so it is recommended that you take a higher dose (5mg) of folic acid before you conceive, until about fourteen weeks of pregnancy. Make an appointment with your GP, and discuss your plans. Your GP can prescribe folic acid for you.

And then...

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

Which is to...?

Go and see your GP as soon as you are pregnant, and ask for an immediate telephone referral to the Maternity Diabetes Team. If you cannot get a GP appointment, ring the diabetes midwives on 0118 322 7245. 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 whilst 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.

Who looks after you next?

The Maternity Diabetes Team

The Maternity Diabetes team is made up of diabetes midwives, endocrinologists, (diabetes specialist doctor) and an obstetrician (pregnancy and birth specialist doctor) who will oversee your care during pregnancy. 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.

And finally

Remember, the decision to plan a baby is one of the most important decisions you will ever make.

We look forward to supporting you on this journey!

Further information

www.nhs.uk/conditions/pregnancy-and-baby/pages/diabetes-pregnant.aspx#close

www.diabetes.org.uk/MyLife-YoungAdults/Relationships/Pregnancy/

This document can be made available in other languages and formats upon request.

Author: Rachel Crowley, Diabetes Midwife, August 2012

Reviewed: September 2014, November 2016, November 2018 (J Eustace)

Approved by Maternity Information Group & Patient Information Manager, January 2019

Review due: January 2021