

Use of Metformin in pregnancy

This leaflet is for pregnant women with diabetes who have been started on Metformin tablets. It explains how the medication works, the side effects of the medication, how to take the medication and how to increase the dose gradually to minimise the side effects. If you have concerns please contact the diabetes specialist midwives on 0118 322 7245.

The National Institute of Health and Care Excellence (NICE) considers that Metformin is safe to use in pregnancy and it is now commonly prescribed as the first choice for pregnant women with diabetes when diet and exercise have not reduced their blood sugar levels adequately. The alternative medication to reduce the blood sugars is insulin injections. Metformin is usually started in the form of a 500mg tablet. Women should continue with diet and exercise as advised.

How does Metformin work?

Metformin works in three ways:

- It reduces the amount of glucose produced by your liver;
- It reduces the amount of glucose absorbed from food through your stomach;
- It makes the insulin that your body produces work better to reduce the amount of glucose already in your blood.

These three effects will reduce the amount of glucose that reaches the baby and is intended to prevent the baby putting on too much weight.

Side effects

In about a third of people Metformin can cause side effects, which include, nausea, abdominal bloating and flatulence or, less commonly, diarrhoea. If you experience extreme fatigue, muscle pain or vomiting you should contact us to discuss these symptoms. Most women tolerate Metformin very well, particularly if the dose is increased gradually.

Reducing side effects

The tablets should be taken in the middle of a meal or straight after a meal. Take each dose with a full glass of water. Side effects usually settle after 1-2 weeks.

Starting Metformin

We will start you with a low dose of Metformin and build it up according to your blood glucose results. This way the side effects are minimised, and we will only give you as much as you need to achieve your blood glucose targets.

Circumstances requiring insulin when the blood sugars are very high or in advanced pregnancy

During your pregnancy if you need steroids to help the baby's breathing after birth or if you get a severe infection in pregnancy this may cause your blood sugar to rise and you may need to take insulin for a short duration in addition to your Metformin. This does not happen very often.

Hypoglycaemia (low blood sugar)

Metformin does not usually cause hypoglycaemia (low blood sugar). Nevertheless, hypoglycaemia may occur, as a result of skipped meals or excessive exercise. Know the signs and symptoms of low blood sugar, which include hunger, headache, drowsiness, weakness, dizziness, a fast heartbeat, sweating, tremor, and nausea. Carry glucose tablets in your handbag to treat any episode of low blood sugar.

Further information

NICE (2015) Clinical guideline No. NG3 Diabetes in Pregnancy National Institute for Clinical Excellence available on <https://www.nice.org.uk/guidance/ng3>

More information is available on the Trust website:

www.royalberkshire.nhs.uk

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

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