

MEDICATIONS

Some medicines used to treat high blood pressure, cholesterol and diabetes cannot be taken during pregnancy. It is very important that you check with your GP before trying for a baby as your treatment may need to be changed and you may need time to adjust. Women with type 2 diabetes controlled on tablets may need to switch to insulin before pregnancy. If you control your diabetes with diet and exercise this may not be enough now that you want to have a baby and you may need to start taking metformin or insulin.

ALCOHOL

It is best avoiding alcohol for 3 months prior to conception as drinking too much alcohol during pregnancy can harm your baby. It also affects your blood glucose and can increase your risk of hypos.

STAY ALERT TO AN INCREASED RISK OF HYPOS

Women with diabetes attempting to achieve good control can be at increased risk of developing severe and frequent hypoglycaemia. Some studies show that your warning signs for hypos may decrease during pregnancy.

DIETARY ADVICE

It is recommended that all women eat a healthy balanced diet and are encouraged to eat the following each day:

- A varied diet with all meals and snacks based on starchy foods
- At least 5 portions of fruit and vegetables
- 2-3 portions of protein foods
- 3 portions of dairy foods
- Lots of fluid – 6-8 glasses of water

It is important to maintain a healthy weight. If you are overweight it is advised to lose weight before pregnancy to increase your chances of becoming pregnant and having a healthy pregnancy.

If you are overweight, there are increased risks of complications during pregnancy and childbirth to yourself (such as pre-eclampsia, thrombosis, caesarean section, wound infection and anaesthetic complications) and to your unborn baby (miscarriage, stillbirth, neonatal death, congenital malformations, big baby, birth trauma due to baby's size). If your BMI is 30 or over, you are advised to lose weight before conception to minimise risks of complications, especially as the risks of complications will be increased anyhow because you have diabetes. Women with a healthy weight usually have a BMI less than 25.

IF YOU HAVE A POSITIVE PREGNANCY TEST YOU NEED AN APPOINTMENT AT THE NEXT TUESDAY COMBINED ANTENATAL / DIABETES CLINIC.

You can get an appointment by contacting the diabetes specialist midwife, nurse or your GP.

CONTACT US

Contact our Hospital Switchboard on:

0161 483 1010

And ask for any of the following:

Diabetes Specialist Midwife

Diabetes Specialist Nurse

Antenatal Clinic

Stop Smoking Midwife

www.diabetes.org.uk

www.stockportdiabetes.co.uk

www.womenwithdiabetes.net

If you require the leaflet in large print, another language, an audio tape or braille, Please contact:

Patient and Customer Services

Tel: 0161 419 5678 Email: PCS@stockport.nhs.uk

PIL No	MAT10411	Pub Date	Jan 2025	Rev Date	Jan 2027
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DIABETES AND STARTING A FAMILY

MATERNITY

Patient Information Leaflet

Giving birth to a child can be a fulfilling experience but planning ahead for pregnancy is vital if you have diabetes.

WHAT SHOULD I DO FIRST?

Once you have decided to plan a pregnancy you can discuss this with the diabetes specialist midwife by using the contact details below. An appointment will be made for you to see her at the hospital at the pre-pregnancy counselling clinic. At this appointment there will be time to discuss how you can prepare for pregnancy as well as finding out about the extra care you will receive after conception. You will be offered some blood tests for screening and asked to produce a urine sample.

Further appointments with the diabetes specialist midwife, nurse, dietician, obstetrician or physician will be arranged as necessary.

Contact our Hospital Switchboard on:

0161 483 1010

And ask for:

The Diabetes Specialist Midwife

GOOD BLOOD GLUCOSE CONTROL

It is important to keep your blood glucose levels under good control for at least 3 months before conception. Ensure you have a device that is reliable. Keep a record of your blood glucose results so you can see if your treatment needs adjusting. You will need to monitor your blood glucose frequently (at least 4 – 6 times a day and can be up to 10 times a day) and adjust your insulin accordingly. If you need advice the contact telephone numbers are at the back of this booklet.

Ask your practice nurse to do a blood test for HbA1c every month to check your control. Reducing the HbA1c value has been found to reduce risk. An HbA1C of less than 48mmol/mol (6.5%) is recommended for pregnancy, provided you are not troubled by 'hypos'. You will need to discuss with your diabetes team whether this target will be safe for you. If your HbA1c is above 86mmol/mol (10%) you are advised to avoid pregnancy.

Planning pregnancy it is recommended that fasting blood glucose levels are between 5-7 mmol/L on waking and 4-7 mmol/L before meals at other times of the day and that after meals they are less than 7.8 mmol/L. These levels may need to be individualised to avoid the risk of hypoglycaemia. Monitor your blood glucose levels more frequently and use the results to improve your control and achieve your targets. It is easier to see patterns if you record results in a diary. You may need to adjust your insulin to keep your blood glucose levels steady.

During the first 8 weeks of pregnancy the baby's major organs develop and the risk of congenital malformations is higher in babies of women who have diabetes. However the risk of malformation, miscarriage, and stillbirth can be considerably reduced by achieving good blood glucose control before and in the first few weeks of pregnancy.

With increased care during pregnancy we want your baby to grow at a normal rate to reduce the risk of induction of labour or caesarean section. You will have regular blood tests to check your HbA1c and kidney function.

During labour and birth having optimal blood glucose control and early feeding of the baby reduces the risk of neonatal hypoglycaemia. Breastfeeding your baby can reduce the risk of developing diabetes or obesity in later life.

HAVE YOUR EYES CHECKED

Pregnancy can place extra pressure on the small vessels in your eyes, so if you have retinopathy that has not been treated, make sure it's treated before you become pregnant. Your eyes will be checked three times during the pregnancy.

CONTRACEPTION

Keep using effective contraception until your blood glucose levels are well controlled and your HbA1c is at recommended levels. Contraception can make the difference between a healthy or unhealthy start to a pregnancy. Although there are no contraception methods that are contraindicated in women with diabetes, you may want to discuss your options with your GP / practice nurse or at the Contraception and Sexual Health Clinic to choose an effective method that suits you.

FOLIC ACID

It is now recommended that all women take the vitamin folic acid every day for 3 months before conception and for the first 12 weeks of pregnancy. This helps prevent neural tube defects such as spina bifida from developing in your baby.

Women with type 1 or type 2 diabetes are at increased risk of having babies with these problems and are advised to take the higher dose of 5mg folic acid each day. This dose is only available on prescription from your doctor.

Women who are overweight are at increased risk of vitamin D deficiency compared to women with a healthy weight (BMI<25). It is recommended that women with a booking BMI≥30 take 10 micrograms vitamin D daily during pregnancy and while breastfeeding.

Reference: CMACE/RCOG Joint Guideline. Management of Women with Obesity in Pregnancy, March 2010.

SMOKING

Most women know that smoking during pregnancy can harm the baby. There is a 'Stop Smoking' midwife based at Stepping Hill who can help you, or speak to your own midwife, GP or practice nurse. All these health professionals can recommend ways to stop and provide support and help quitting. If you do smoke, now is a great time to stop.

More Information Overleaf...