

- Check your blood glucose is above 4mmol after 15 minutes and then eat a longer acting carbohydrate – fruit, a biscuit or your next meal if it is due

Always be aware of your blood glucose levels before driving. Make sure the DVLA are aware you are taking insulin if you have recently been transferred from oral therapies.

If you are having regular hypos please contact your Diabetes Team for advice

PRECONCEPTION CARE

It is important to plan ahead for pregnancy if you have Type 1 or Type 2 diabetes. You will need to take the increased dose of folic acid (5mg) which can be prescribed by your GP. Good blood glucose control before and throughout pregnancy reduces the chance of problems for both you and your baby. We recommend that you discuss any plans to become pregnant again with your Diabetes Care Team at the earliest opportunity. You can self-refer to our Diabetes Pre- Pregnancy Clinic by ringing the Diabetes Specialist Midwife using the contact details at the end of this leaflet.

CONTRACEPTION

Keep using effective contraception until you are considering another pregnancy and your blood glucose levels are well controlled. 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 it with your GP or nurse enabling you to choose an effective method that suits you.

If you have any diabetes complications (eyes, kidneys, nerve damage) or problems with your heart, your options may be fewer and you should discuss with your GP.

FOLLOW UP

- You will be seen on the postnatal ward by the Diabetes Specialist Midwife if available
- The Diabetes Specialist Midwife will phone you each week to offer support until the baby is one month old
- Referral to the Community Diabetes Nurses can be arranged if required
- An appointment will be arranged in the Antenatal Clinic for 3 months after delivery

CONTACT US

Contact our Hospital Switchboard on:

0161 483 1010

And ask for one of the following:

Diabetes Specialist Midwife

Diabetes Consultants

Diabetes Nurses

WEBSITES

Diabetes UK
www.diabetes.org.uk

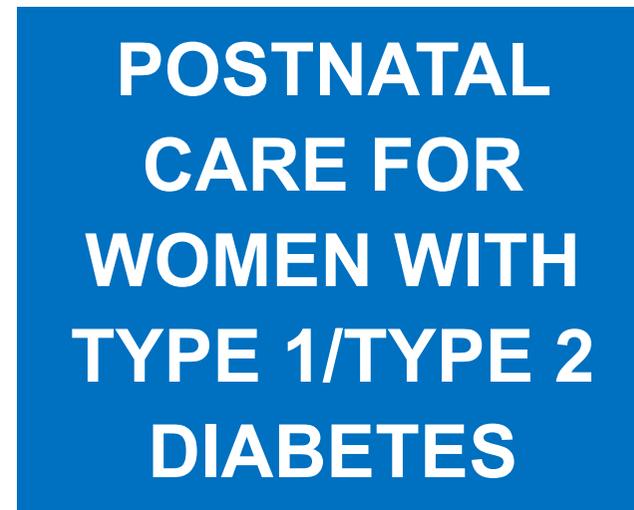
NHS
www.nhs.uk

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

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ANTENATAL CLINIC

Patient Information Leaflet

Congratulations on the birth of your baby.

GENERAL ADVICE

Now you have had your baby your insulin requirements will be dropping which is why your medication will have been reduced or stopped. Now you are a mum and caring for your new-born baby:

- Your blood glucose testing will be important to keep you safe from hypos
- Your control should be more relaxed (5-7mmols pre meals)
- You will be given support to help adjust your insulin doses which may be unstable for the first week or so
- Remember to get your prescriptions organised as you will be busy with your baby

Can I Breastfeed?

Yes. Having diabetes should not stop you from breastfeeding your baby.

- If you have Type 2 diabetes, normally controlled without insulin, breastfeeding will be the same as for women without diabetes
- If you normally need insulin to control your diabetes, you will need to be aware of a few extra points of information

Will my Breast-milk be the same as milk from a woman without diabetes?

If your diabetes is well controlled, your milk will have the same composition. Insulin does not pass into the breast-milk.

I normally have insulin for my diabetes. What extra care do I need to take if I am breastfeeding?

- Your insulin dose will be reduced immediately after the birth, and you need to monitor your blood glucose levels regularly (4-6 times/day) to ensure the correct insulin dose

- Check your blood glucose prior to breastfeeding to avoid hypos
- Hypos will be more likely to occur and you could need up to 40-50g extra carbohydrate daily
- Eat regular meals containing carbohydrate (starch)
- Always have some food nearby to eat before or during feeds
- Always take a carbohydrate snack with you when you are out with your baby
- You may need a supper snack to cover your baby's night-time feed
- Continue to monitor your blood glucose levels regularly and seek advice from your Diabetes Team regarding insulin doses
- Aim for blood glucose's slightly higher than pregnancy to reduce risk of hypoglycaemia (5-7mmol pre-meals)

Can I breastfeed if I am taking tablets for Type 2 diabetes?

You can take metformin if you are breastfeeding but other diabetes tablets should be avoided. Discuss this, and any other tablets you are asked to take, with your Diabetes Team or your GP.

Tips for getting breastfeeding established

- Make sure your baby has skin-to-skin contact with you or your partner as soon as possible after the birth.
- Whilst you are enjoying this skin-to-skin contact, start breastfeeding. Your colostrum (early milk) is the best food for your baby and will help your baby's blood glucose to stay at a safe level. Ask the midwife to help you to get your baby latched on correctly.
- Continue to breastfeed **frequently**
- It will take around 3 days for your milk to come in. In the meantime your baby is getting the vital colostrum which will maintain his / her blood glucose levels

What tests will my baby have?

- Your baby will have a heel prick to check its blood glucose 3-4 hours after it is born
- The test will be repeated before every feed
- Once the baby is feeding well and has had normal readings on two occasions he / she will be observed for 24 hours by midwives on the postnatal ward
- Babies who have lower than normal readings will be seen by a Paediatrician
- Occasionally babies have to be transferred to NNU for specialist care

What if my baby needs to go to the Neonatal Unit?

You will be encouraged to visit your baby as often as you wish. At first you will be helped to hand express breast milk so that the vital drops of colostrum can be fed to your baby. If you are expressing larger amounts of milk, you will be shown how to use a breast pump.

HYPOGLYCAEMIA

After delivery some women are at risk of hypos which is why we ask you to regularly check your blood glucose and ensure you always treat the hypo effectively. The hypo may take a little time to stabilise but will be corrected by treating it effectively (see below).

A "hypo" is when your blood glucose falls **below 4mmols, with or without symptoms**.

Early signs include hunger, trembling, sweating, rapid pulse and palpitations, pale skin, tingling lips, blurred vision, anxiety, irritability and loss of concentration.

- Should you experience any of the above symptoms or your blood glucose is under 4mmols take fast-acting carbohydrate, e.g. 4 – 5 glucose tablets

More Information Overleaf...