

# Diabetic and planning a pregnancy?

## Advice for a health pregnancy

- Planning a pregnancy reduces risks and improves outcomes
- Diabetics have a higher risk of miscarriage, malformations, stillbirth and neonatal death in the early weeks of life.
- Achieving a target HbA1c (48mmol/mol) at the outset of conception and maintaining target blood glucose (4.0-7.8 mmol/L) are very important to avoid complications and ensure best outcomes for you and your baby.

**HbA1c:** This is your average blood glucose (sugar) over the last 2 to 3 months. A high HbA1c means you have too much sugar in your blood.

**Hypoglycaemia:** This is low blood glucose (below 4mmol/L). Recognising and managing hypoglycaemia is very important in pregnancy. Always keep your blood glucose monitoring equipment to hand, and rapid acting glucose to treat the hypoglycaemia, such as orange juice or jelly babies. Remember to follow this with a carbohydrate snack to keep your blood glucose stable.



### Unsafe

- Avoid pregnancy if HbA1c is above 86mmol/mol (10%)
- Use effective contraception
- Start high dose folic acid (5mg) daily, on prescription only
- Aim for a healthy weight, stop smoking & reduce alcohol intake
- Arrange a medication review
- Contact the diabetes team, the general practitioner or the pre-conception clinic

### Nearly There

- HbA1c improving
- Continue high dose folic acid (5mg) daily, on prescription only
- Aim for blood glucose 4.0-7.8mmol/L
- Know how to treat hypoglycaemia
- Eye, blood pressure & kidney check
- Diabetes team review
- Ensure any medication changes have taken place

### Ready!

- HbA1c ideally less than 48mmol/mol (6.5%), and avoiding severe hypoglycaemia
- Stop contraception
- Maintain stable blood glucose
- Continue high dose folic acid (5mg) daily, on prescription only
- Regular diabetic review

## Once your pregnancy is confirmed...

Contact your Community Midwife (based at your GP health care centre) and your Diabetes team. For further advice, contact your local antenatal clinic.

Your joint antenatal care will be co-ordinated throughout your pregnancy and will consist of regular contact with the following healthcare professionals: Diabetes Consultant, Obstetric Consultant (Pregnancy Specialist), Diabetes Nurse Specialist/Diabetes Midwife Specialist, Community Midwife, Dietitian

Your care will include:

- More appointments such as regular scans from 28 weeks of pregnancy
- Folic Acid 5mgs daily throughout pregnancy
- Advice on taking low dose Aspirin 75mgs daily from 12 weeks of pregnancy to avoid complications such as high blood pressure which is a risk for women with pre-existing diabetes

## Useful Further Information

- Diabetes UK: [www.diabetes.org.uk](http://www.diabetes.org.uk)
- Family Planning association: [www.fpa.org.uk](http://www.fpa.org.uk)
- National Institute of Clinical Excellence NICE (2015). Diabetes in pregnancy: management from Preconception to the postnatal period. [www.nice.org.uk](http://www.nice.org.uk).