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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Preconception Advice for Women with Type 1 and 2 Diabetes

Women's Health

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

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Preconception advice for women with Type 1 and 2 Diabetes

Things to consider before you become pregnant or as soon as you learn you are pregnant

This leaflet is intended to give you additional information to that received from a healthcare professional.

Planning pregnancy is important for all women especially those with diabetes. This leaflet covers both general and diabetes related information. In addition, you are advised to make an appointment to see the members of the multidisciplinary diabetes team about planning your pregnancy and what to expect once you become pregnant. Members of the diabetes team include your GP, the diabetes consultant, the obstetric/gynaecology consultant, the diabetes nurse, the diabetes midwife, and the dietitian. The contact numbers are at the end of the leaflet.

GENERAL ADVICE FOR WOMEN PLANNING PREGNANCY

- **Folic acid tablets:** Doctors recommend that all women planning a pregnancy should take the vitamin folic acid before conception and for the first twelve weeks of pregnancy. Folic acid helps to prevent spinal cord development problems (spina bifida). All women with diabetes are advised to take 5mg of folic acid which is available on prescription.

- **Cut down or cut out alcohol:** Drinking too much alcohol during pregnancy can harm your baby. 'Less is best' when it comes to alcohol and ideally it would be better to stop drinking alcohol whilst you are trying to get pregnant and whilst you are pregnant. Alcohol also affects your blood glucose levels and can increase your risk of 'hypos'.
- **Try to stop smoking:** Smoking while pregnant can harm your baby. The effects it has on your baby can last well into their childhood and can be permanent. The potential problems caused by diabetes can make smoking more of a health problem for you. Your GP, midwife, nurse or consultant can recommend you to the smoking cessation programme or you can phone direct on 0845 602 3608. The NHS pregnancy smoking helpline can also provide advice and support, their phone number is 0800 169 9169.
- **Healthy Eating:** Following a healthy eating programme is recommended for all women before and during pregnancy. It can help you to keep your blood glucose well controlled. You may wish to speak to a dietitian regarding healthy eating. This can help you to be a healthy weight for your height. General information about food and dietary matters during pregnancy is given in the booklet "Routine Ante-Natal Care", which is given to all pregnant women at their booking appointment.
- **Exercise:** Keeping active and being involved in regular exercise will help you to have a healthier pregnancy and maintain better blood glucose levels too.

If the urine ketone test is 2+ or higher you will need to be admitted to hospital for treatment.

- **Delivery and after:** During labour and birth the blood glucose levels are controlled with intravenous insulin until you are able to eat and drink normally and get back to your usual insulins. If possible the baby is fed early to try and avoid low blood sugar levels in your baby.
- **Breastfeeding:** consider speaking to a midwife who can explain the benefits of breastfeeding feeding for you and your baby. This includes improved blood glucose control and easier weight loss after the birth of your baby.

CONTACT DETAILS AND FURTHER INFORMATION

Should you have any questions or concerns about any of the issues raised in this leaflet we will be pleased to help you. Please telephone the diabetes midwife on 01932 722388 or the diabetes specialist nurses on 01932 723315 Monday to Friday 0900 to 1700 hours. If there is no-one available at the time of your call, please leave a message and someone will get back to you as soon as possible, this may be the next working day.

Further information and support may be obtained from:

Diabetes UK www.diabetes.org.uk

National Institute of Clinical Excellence (NICE) Clinical Guideline 63:

Diabetes in Pregnancy: Issued March 2008 (reissued July 2008)
www.nice.org.uk

ONCE YOU ARE PREGNANT

As soon as you discover you are pregnant you can make contact with one of the health care professionals who will arrange for you to have an ultrasound scan from as early as 7 weeks pregnant and an early antenatal clinic appointment.

If your pregnancy was not planned please follow the advice about folic acid, blood glucose monitoring, hypoglycaemia, medication, alcohol and smoking as soon as you discover you are pregnant.

- **Morning sickness:** Nausea and sickness in the early part of pregnancy can happen at any time of day and can upset your diabetes. It is important at this time to take extra care with blood glucose monitoring to try and avoid “hypos” and to keep in contact with the diabetes specialist nurses.
- **Appointments and Scans:** Antenatal clinic visits and ultrasound scans will be arranged frequently throughout your pregnancy. The standard times for ultrasound scans are around 6 weeks, 12 weeks, 22 weeks and monthly growth scans from 28 weeks.
- **Ketone Strips:** All patients with type 1 diabetes should have a supply of ketone testing strips. A check for ketones during pregnancy is recommended if the glucose levels increases above 12 or you are feeling unwell. It is important that any episodes when the ketones become positive are treated quickly for your health and the health of the baby.

- **Contraception:** Effective and reliable contraception is important if you want to avoid an unplanned pregnancy, or if you wish not to become pregnant until you have optimal control of your diabetes. This can help you to achieve a good outcome for your pregnancy

DIABETES SPECIFIC ADVICE FOR WOMEN PLANNING PREGNANCY

- **Blood glucose control:** You can increase your chances of having a healthy baby by keeping good blood glucose control before conception and throughout your pregnancy. The first eight weeks are particularly important for the physical development of your baby. Poor control of blood glucose levels during conception and throughout the first eight weeks greatly increases the risk that your baby will develop problems. Ideally your HbA_{1C} should be less than 7% (or lower if possible) as this helps to reduce the risks of miscarriage, congenital defects and still births. Pregnancy planning can help to reduce the chances of these happening. If your HbA_{1C} is above 10% it is recommended that pregnancy is delayed until your diabetes control has improved.

You are advised to monitor your blood glucose level frequently, (at least 4 times a day). National guidelines advise that your home blood glucose test is not higher than 5.9 mmol/l before meals and 7.8 mmol/l 1 hour after meals. These targets and timing of glucose checks can be personalised during pre-conception visits.

- **Hypoglycaemia:** Because of tighter blood glucose control whilst you are planning (and during) your pregnancy you may be more at risk of having “hypos”. There is no evidence that these are harmful to your baby but you may be at risk. Avoiding low sugars by eating regular meals and snacks becomes increasingly important before and during pregnancy. The majority of “hypos” can be treated with fast acting carbohydrates such as a sugary drink or glucose tablets followed up by some longer acting carbohydrates such as a cereal bar, bread or your meal if it is due. In addition GlucoGel™ and glucagon can be prescribed for you with advice on how to administer given to you and your family. In pregnancy “hypo” warnings can be reduced increasing the need for regular glucose checks including before driving. If you have a “hypo” the DVLA (Driver and Vehicle Licensing Authority) recommends waiting 45 minutes before driving a car.

- **Medications**

Are you taking tablets for Type 2 diabetes?

If you are taking tablets for type 2 diabetes you should see your doctor as soon as you know you are pregnant. Some types of tablets for diabetes need to be stopped because they may harm your baby. However, some women continue with metformin during pregnancy and this should be discussed with your diabetes doctor. Most women with Type 2 diabetes will need insulin injections during pregnancy to control their blood glucose levels.

Are you taking insulin?

Most insulins are safe to take during pregnancy but some are not licensed for use in pregnancy, therefore you should contact your doctor or nurse specialist to discuss if a change is necessary.

Are you taking any other medication?

You will need to contact your Doctor to discuss if your other tablets are safe to take during conception and pregnancy. If you have a pre-conception counselling visit this will be one of the topics covered.

- **Diabetes Annual Checks:** It is important that you have had all your routine diabetes checks especially if you are planning a pregnancy. If any problems are found you can then be referred to the appropriate specialist teams for advice.
- **Have your eyes checked.** This is usually done as part of your annual diabetes review to check for signs of diabetic retinopathy. It is recommended that an eye check is done in the six month period before conception. Pregnancy can place extra pressure on the small vessels in your eyes so if you have existing retinopathy this should be monitored and treated if necessary.
- **Kidney function.** This is also checked as part of your annual diabetes review. Pregnancy can aggravate any underlying problems with kidney function. Your kidney function will be carefully monitored throughout your pregnancy.