YOU AND YOUR BODY

t·r·e·n·d™ DIABETES

PLANNING FOR A BABY WHEN YOU HAVE DIABETES

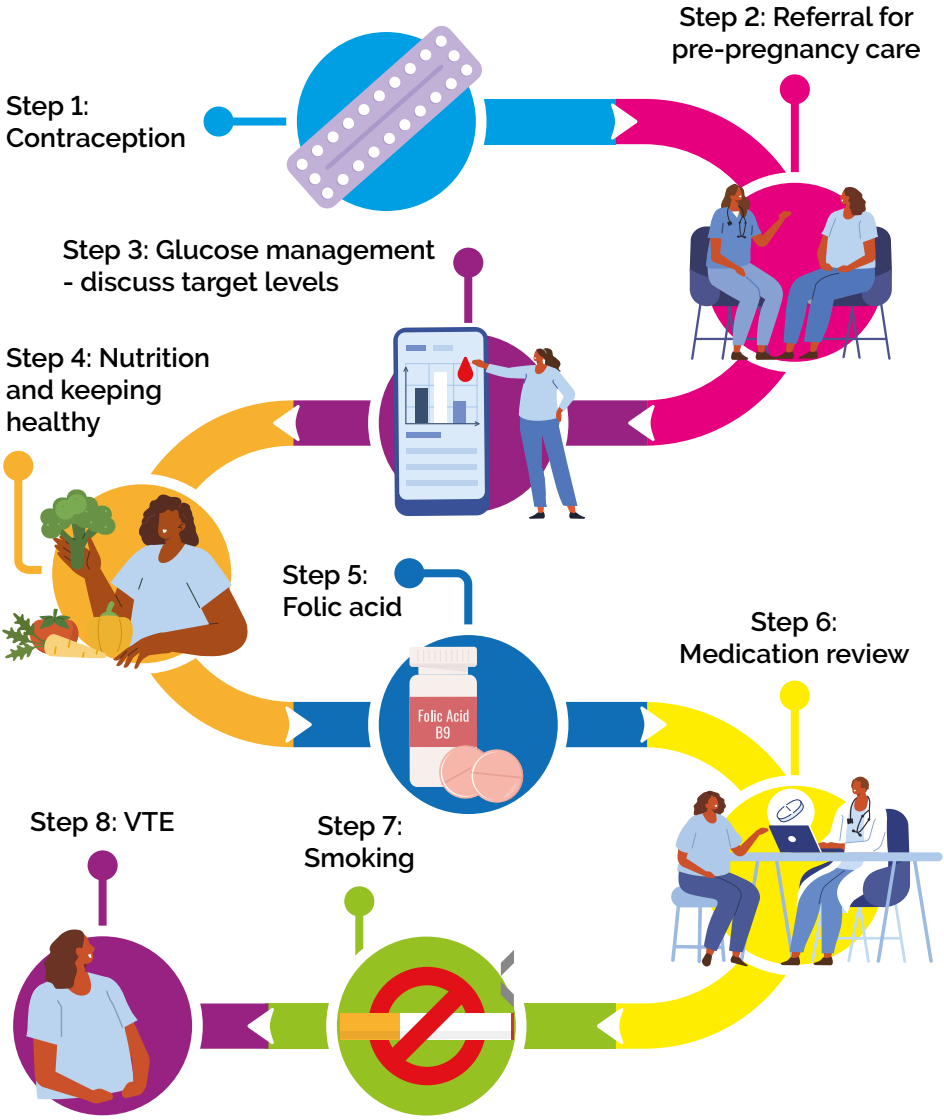
WHY IS THIS LEAFLET FOR YOU?

This leaflet has been designed for all women of childbearing age with diabetes (12-50 years. It aims to help you understand why taking steps to plan for pregnancy is important and why good planning can reduce the risk of complications in babies and their mothers.

- Why it is important to stay on contraception prior to trying for a pregnancy.
- The importance of referral to a healthcare professional before trying for a pregnancy
- Glucose targets to help you achieve a good pregnancy and healthy baby.
- How a healthy diet and exercise are good for you and the baby.
- Why, when and what dose folic acid should be taken.
- The importance of a medication review
- Why stopping smoking will reduce the risk of miscarriage and stillbirth

INTRODUCTION

Taking steps to plan for pregnancy in diabetes is important. Whilst most women with diabetes go on to have healthy babies, good planning before pregnancy can reduce the risk of complications for you and of stillbirth and heart or birth defects in the baby. This leaflet contains eight simple steps to follow to help you understand what you can do to help yourself on your journey before becoming pregnant:



STEP 1: CONTRACEPTION

✔ **Stay on contraception**

The pre-planning phase before pregnancy can take 6-12 months before stopping contraception so an early discussion with your healthcare professional will be very useful

Be aware that if your most recent HbA1c is above 86mmol/mol (10%) it is advisable not to get pregnant until this level reduces

STEP 2: REFERRAL FOR PRE- PREGNANCY CARE

Seek individualised pre- pregnancy advice

- Request an initial appointment with your Practice Nurse or Diabetes Specialist Nurse as they can work with you to be as healthy as you can be
- Ask to be referred to your local pre-pregnancy care clinic
- You may be offered a Retinal Screening appointment to check the status of your eyes before you become pregnant or once you are pregnant

STEP 3: GLUCOSE MANAGEMENT

The better the glucose levels the more likely you are to have a healthy baby

Aim for an HbA1c below 48mmol/mol (6.5%) without problematic hypoglycaemia

The recommended glucose targets to aim for are:

- 5.3 mmol/L on waking
- 7.8 mmol/L 1 hour after meals
- 6.4 mmol/L 2hrs after a meal

You will need to glucose test at least 4 times a day, on waking, 1 hour after meals and before bed

Ask your Nurse if you can be offered a glucose sensor system as this will avoid using finge prick tests

STEP 4: NUTRITION AND KEEPING HEALTHY

- Regular exercise and a healthy diet is essential when aiming for good glucose management both before and during the pregnancy.
- You may also need to lose weight before becoming pregnant.
- Dietitians can offer expert advice on:
  - The best foods to eat and which to avoid both before and during pregnancy
  - Exercise and dietary requirements for improving glucose control
  - Alcohol intake
  - Weight control

STEP 5: FOLIC ACID

- Every woman planning pregnancy is advised to take folic acid for at least 3 months before conception and until the end of the 12lth week in pregnancy. This can protect the baby from spinal defects
- The dose you will need is 5 mgs. You will need to have this dose prescribed as it cannot be bought "over the counter".

STEP 6: MEDICATION REVIEW

- Whether you have type 1 or type 2 diabetes you will need a medication review; it is important you see your Doctor or Nurse to discuss this as soon as you are thinking about planning for a baby
- In type 1 diabetes your insulin requirements will change as you need to achieve specific glucose targets . In pregnancy your doses will change throughout each part of the pregnancy.
- In type 2 diabetes, some blood pressure, cholesterol and diabetes treatments are not safe to use; your Doctor or Nurse can advise you on alternative and appropriate treatments

STEP 7: SMOKING

- Smoking will increase your risk of miscarriage and stillbirth once you are pregnant
- At your initial visit to your nurse ask about referral to a smoking cessation clinic

STEP 8: VENOUS THROMBOEMBOLISM SCORE (VTE)

Pregnant women with pre-existing diabetes should be prescribed Aspirin 150mg from 12 weeks gestation to support placental function.

The venous thromboembolism score (VTE) should be completed at the antenatal booking appointment with your midwife. If it is >3 low molecular weight heparin should also be prescribed.

This therapy is recommended for those who:

- smoke
- have BMI >30
- have a personal or family history of Deep Vein Thrombosis
- have a history of pre-eclampsia
- are using blood pressure medication
- have a previous history of small for gestational age baby, or baby <10th centile
- have a history of maternal placental problems
- have a history of recurrent miscarriages or IVF, including Ovarian Hyperstimulation Syndrome
- have a history of gastric bypass surgery
- have had 3 or more pregnancies
- is aged 35 or more

VTE is more common in cases of hyperemesis (severe or prolonged vomiting) due to reduced fluid intake and reduced mobility. Therefore, any woman admitted to hospital at any gestation should have appropriate VTE prophylaxis for the remainder of the pregnancy and up to 6 weeks postnatally (Royal College of Obstetricians & Gynaecologists (RCOG), Green-top Guideline No. 37a).

WHAT CARE TO EXPECT WHEN YOU ARE PREGNANT

You will receive extra care when your pregnancy is confirmed. This will include:

- Being seen in a combined diabetes and antenatal clinic
- Extra tests such as ultrasound scan to check you and your babies health. The first scan is usual y at around 7-9 weeks
- Regular contact with your healthcare team to review your glucose levels. This may be as often as every 1 to 2 weeks. The team can also support you with any lifestyle changes needed
- Try not to miss any appointments so the healthcare team can monitor you and your babies progress.
- Every pregnancy is different. You can ask your healthcare team If there is anything about managing your diabetes that you are not sure about.

YOUR HEALTHCARE TEAM.

You be reviewed by specialist depending on services available in your local area. This may include:

- A Specialist Midwife who will provide specialist support while you are pregnant, during and after the birth
- An Endocrinologist or Diabetologist –a doctor who specialises in diabetes
- An Obstetrician – a doctor who specialises in pregnancy and birth
- A Diabetes Nurse Specialist – a nurse specialising in caring for people with diabetes
- A Dietitian – a healthcare professional who can provide advice on your diet
- Kidney or eye specialists (Nephrologist or Ophthalmologist).

These professionals will work alongside the other members of your healthcare team, such as your GP and your Community Midwife.

WHAT TO DO IF YOU ARE ALREADY PREGNANT:

If you are already pregnant ask your Doctor or Nurse for:

- An urgent referral to Maternity services
- A prescription for Folic Acid 5 mgs
- An urgent medication review
- Do regular glucose monitoring

Finally

- Remember this is going to be an exciting time in your life
- The planning for pregnancy may be more concerning for you and hard work; the majority of women who take this care will go on to have healthy babies

USEFUL RESOURCES:

Family Planning Association (contraception): fpa.org.uk
Diabetes UK: diabetes.org.uk/guide-to-diabetes/life-with-diabetes/pregnancy
Pregnant with Diabetes App: Via Google Play store

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