

Pregnancy and Type 1 or Type 2 Diabetes

If you have diabetes and are of childbearing age talk to your diabetes healthcare team and your family doctor about family planning. Having your diabetes well controlled before and during your pregnancy can help prevent problems for both you and your baby. Your healthcare team is there to help you have the safest pregnancy possible.

What are the risks with diabetes and pregnancy?

While there is a small chance of problems (complications) to both mom and baby, good blood sugar control increases your chance of having a healthy baby. For this reason, you'll be asked to see your diabetes team more often.

Risks for baby	Risks for mother
<ul style="list-style-type: none"> • Birth defects in the spine, heart, or bones if blood sugars are not well controlled before becoming pregnant • Early birth • Jaundice • Low blood sugar at delivery • Larger than average size (could make a vaginal delivery harder) • Miscarriage or stillbirth 	<ul style="list-style-type: none"> • Unstable blood sugar levels • May not “feel” as you usually do when your blood sugar is low • High blood pressure • Any complications you have with your eyes or kidneys may get worse • Early delivery and/or C-section (Caesarean section)

You can greatly lower these risks by having good blood sugar control before and during your pregnancy.

Pregnancy and Medicine

Not all medicine is safe to take when you're pregnant. Your doctor will talk with you about any medicine or herbal supplements you may be taking.

- **Diabetes pills** – Since we don't yet know if all diabetes pills are safe to take when you are pregnant, you'll need to stop most of the diabetes pills and use insulin to control your blood sugar levels.
- **Insulin** – If you are already on insulin, you may need some changes to your routine, especially as the pregnancy progresses. In general, larger insulin doses are needed later in pregnancy.
- **Insulin pump** – If you are already using an insulin pump, you can keep using your pump during your pregnancy. If you are not using an insulin pump and are interested in using one, please speak to your diabetes team. Switching to an insulin pump takes a lot of work, so it is best to do this before you are pregnant.

- **Other prescription medicine** – If you take medicine for cholesterol, blood pressure, or other medical conditions, talk to your doctor about whether they are safe to take while you are pregnant.

What should I expect before I am pregnant?

You will be asked to:

- start seeing the Diabetes in Pregnancy Clinic at least 6 to 12 months before becoming pregnant (your family doctor or diabetes educator will refer you to the clinic)
- keep using birth control until your A₁C is less than 7% and your diabetes doctor says it's okay for you to try getting pregnant
- start taking 1 mg (1000 mcg) of folic acid each day for 3 months before becoming pregnant (folic acid helps prevent spinal defects in the developing baby)
- learn ways to handle stress (talk to your healthcare team if you are feeling stressed)
- stop smoking, do not drink alcohol, and do not use street drugs
- work with your dietitian to reach or stay at a healthy body weight

What should I expect once I'm pregnant?

You'll be asked to:

- monitor your blood sugar at least 4 times a day
- Keep a detailed log book of:
 - blood sugar tests and insulin doses
 - your physical activity
 - your diet
 - anything you know affecting your blood sugar
- be in contact with the Diabetes in Pregnancy Clinic often, either by phone or in person
- go to your appointments with your obstetrician
- stop smoking, do not drink alcohol, and do not use street drugs
- continue taking folic acid as advised by your healthcare team
- exercise regularly and be active (speak to your family doctor or obstetrician if you have any questions about activity while you are pregnant)
- work with your dietitian to eat a healthy diet
- always check your blood sugar before you drive. You may not notice if you have a low blood sugar.

What tests will I need?

There are regular tests all pregnant women have. Your doctor may also order these tests below.

- **Ophthalmology** – Eye tests (exams) are needed. You will need to see your eye doctor at different times. First, before you become pregnant, second, while you are pregnant, and

third after your baby is born.

- **A₁C** – The goal is to have an A₁C level of less than 7%. You may be asked to have your A₁C checked at the lab every 4 weeks while pregnant. It is best to do this before you visit the clinic.
- **Kidney Screening** – This is a urine test to check your kidneys.
- **Thyroid** – If you have thyroid disease, blood tests to check your thyroid levels will be done both before you become pregnant and while you are pregnant. If you already take thyroid medicine, it may need to be adjusted during your pregnancy.
- **Lab/meter comparisons** – A lab/meter comparison will be ordered and repeated as needed to make sure your blood glucose meter is accurate.
- **Ketones** – This is either a blood or urine test for ketones.

Are there extra costs?

Your diabetes costs are likely to go up while you are pregnant. Test strips, lancets, insulin, and pen needle tips or syringes can be \$200 to \$300 or more a month. Insulin pump supplies will cost even more.

If you have insurance, some costs may be covered. If you are having trouble paying for your diabetes supplies, please let your diabetes educator know.

Remember – good blood sugar control is very important before and during pregnancy.

To learn more about diabetes in pregnancy, go to:

- diabetes-pregnancy.ca
- diabetes.ca