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# Information for patients and carers

## Planning your pregnancy when you have diabetes



## Preparing for pregnancy

Having a baby is a big decision for women; however, it is a decision that requires additional careful thought and planning if you have diabetes. Most women with diabetes will give birth to healthy babies. However, having diabetes can increase the risk of serious complications for both mother and baby. These include miscarriage, having a baby with a malformation and stillbirth. To reduce these risks and have a healthy pregnancy and a healthy baby, it is important you have good control of your diabetes before you conceive and throughout your pregnancy.

If you are thinking of trying for a baby within the next 12 months, please talk to your GP, the diabetes team or the midwives at the antenatal clinic at Sharoe Green Unit (**01772 524272**) and they can refer you to the diabetes pre-pregnancy clinic. Attending this clinic may help to reduce your risk of complications in pregnancy.

## Contraception

You should continue with your current contraception until your diabetes control is good and you have had consultations with the diabetes team in the pre-pregnancy clinic. If you are not using any form of contraception you should talk to your GP, practice nurse or local family planning clinic to discuss what is most suitable for you.

## Blood glucose monitoring and HbA1c

It is important that blood sugar (glucose) levels are good both before and during pregnancy for the normal growth and maturity of your baby. The first 8 weeks of your pregnancy are the most crucial for the physical development of your baby.

You should be seen regularly in the diabetes pre-pregnancy clinic to help you to optimise your diabetes control before trying for a baby.



It is advised that you check your blood sugar levels at least 4 times per day, in preparation for pregnancy. The target range for pre-meal sugars is 4.0 - 7.0mmols/L. You may also be asked to do some post-meal tests by the diabetes team.

If you are using Flash Glucose Monitoring (CGM) i.e. freestyle Libre to monitor your blood glucose levels, please ensure you are scanning at least three times a day so there is a full 24 hour glucose profile that will be reviewed in your clinic appointment and appropriate advice given.

Having your HbA1c checked every 1-2 months before pregnancy will show if your control is the best it can be before you start trying for a baby. Ideally this value should be below or close to 6.5% or 48mmol/mol. This may not be achievable in every woman because of hypoglycaemia ("hypos"). Any reduction in HbA1c is still beneficial in reducing risk.

If your HbA1c pre-pregnancy is greater than 10% or 86mmol/mol, you are strongly advised not to become pregnant as the risk of serious complications is much higher.

## **Folic acid**

It is recommended that 5mg of folic acid is taken daily for 2-3 months prior to pregnancy and for the first 3 months of your pregnancy. Folic acid 5mg is higher than the normal dose for pregnancy and is available only on prescription via your GP, the diabetes team or the antenatal clinic. You will be advised by the staff in the diabetes pre-pregnancy clinic as to when you should commence taking folic acid.

## **Medications**

Some medications may need altering or stopping prior to trying for a baby. These may include some of the treatments you take to control your diabetes. Do not make any changes to any of your medications



until you have spoken to your GP, the diabetes team or the obstetric team.

## Eye and kidney tests

Eye screening for diabetic retinopathy (an eye condition that can cause vision loss and blindness in people who have diabetes) and screening the kidneys for diabetic nephropathy (kidney disease) is recommended prior to pregnancy. If advanced retinopathy is found to be present, treatment may be necessary prior to pregnancy. If diabetes-related eye or kidney disease is present pre-pregnancy it can worsen during pregnancy and close monitoring is therefore required.

## Smoking

If you smoke it is recommended that you try to stop. Smoking can seriously affect your baby's health and the effects can last well into their childhood and even be permanent. Smoking is known to have long term implications for you. A referral to smoking cessation can be arranged for you.

Smoking help line: **0800 328 6297** for free advice and support.

## Alcohol

Drinking alcohol in your pregnancy can harm your baby. It also affects your blood glucose levels and can increase your risk of hypos.

## Structured education

If you want to know more about managing your diabetes ask if you can attend a structured education programme for Type 1 or Type 2 diabetes. Sessions for people with Type 2 diabetes are available in English, Gujarati and Urdu.

Please ring the diabetes education team on **01772 777621**.



## Healthy eating

The following points are important to remember:

Ensure you have some starchy food with each meal such as bread, cereal, pasta, rice, chapattis, potatoes and pitta bread. Be aware of your portions. Aim for your starch portion to make up no more than a third of your plate. If you have too much starchy food this can send your blood glucose levels too high as the starch is broken down to glucose.

- Eat regularly; aim to eat breakfast, lunch, tea and supper
- Cut down on sugar
- Eat plenty of vegetables and fruit
- Don't eat too many foods that contain a lot of fat
- Avoid alcohol
- Do not take vitamin A or cod liver oil supplements (or eat liver, as it contains vitamin A) while you are pregnant, because this may increase the risk of miscarriage and the baby's risk of congenital malformations

You can ask to see a dietitian at your pre-pregnancy clinic appointment and receive advice regarding your individual diet.

## Exercise

Exercise is beneficial when planning for pregnancy as it increases your body's sensitivity to insulin which will help your diabetes control.

Stronger muscles and more flexible joints are also helpful during pregnancy.

Remember to monitor your blood sugars carefully during times of exercise to avoid a possible hypo.



## When you become pregnant

As soon as you become pregnant, please complete an online referral, and inform your diabetes team, GP, or antenatal clinic (**01772 524272**). An appointment will be made for you to attend the next joint antenatal clinic with the diabetes team and obstetric team. You will also be offered an early ultrasound scan.

An online referral can be found at

[www.lancsteachinghospitals.nhs.uk/pregnancy-self-referral](http://www.lancsteachinghospitals.nhs.uk/pregnancy-self-referral), you will be asked if you have diabetes on the online form, this ensures your referral goes to the correct team.

## Contact details

Should you require further advice or information please contact:

Antenatal clinic, Sharoe Green Unit on **01772 524272**.

Antenatal Diabetes nurses, Minerva centre on **01772 777621**.

Diabetes Specialist Midwife on **01772 524338**

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.nice.org.uk](http://www.nice.org.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[www.quitsquad.nhs.uk](http://www.quitsquad.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.bda.uk.com/resource/pregnancy-diet](http://www.bda.uk.com/resource/pregnancy-diet)



All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

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**Please ask a member of staff if you would like help in understanding this information.**

**This information can be made available in large print, audio, Braille and in other languages.**

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