

PLANNING A PREGNANCY

If you are planning to become pregnant, it is important to speak to your diabetes team. Your doctor or diabetes nurse specialist will work closely with you to help you achieve the best possible blood sugar levels before you conceive.

Here are some general guidelines for planning your pregnancy:

-  Aim for blood sugar levels as set out by your diabetes team.
-  Make sure your diabetes medication is suitable to take during pregnancy.
-  Take 5mgs of folic acid daily to help prevent spinal cord problems in the baby (you will need a prescription for this).
-  Eat well and keep active.
-  Avoid alcohol.
-  Stop smoking.
-  Have a full diabetes review including a full eye examination.

For more information on diabetes log on to www.diabetes.ie

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Diabetes

Pregnancy

Contraception



Planning for pregnancy is very important when you have diabetes. By the time most women discover they are pregnant, the baby has been developing for a number of weeks. If your blood sugars are high during this time, there is a risk that your baby might not be developing normally.

To reduce this risk, it's important to plan your pregnancy.

This means you should:

- wait until your diabetes is under control before you become pregnant;
- tell your diabetes team that you intend to try to become pregnant;
- use reliable contraception until it's safe for you to conceive.

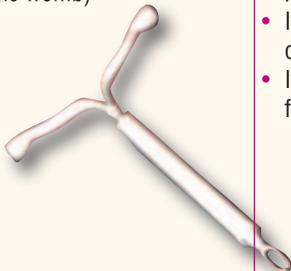
Your diabetes team will work with you to help you achieve good control of your diabetes. They'll let you know when it's safe for you to become pregnant. Be patient – the length of time it takes to control diabetes so that it's safe to become pregnant is different for every woman.

All forms of contraception are suitable for women with diabetes. The risks associated with taking the oral contraceptive pill – sometimes just called 'the pill' – are the same for women with diabetes as for those without diabetes. Some women might experience a temporary increase in their blood sugar levels when they first start taking the pill. This can usually be controlled by making small changes to your diabetes medication.

It is important to talk to your doctor or diabetes nurse specialist about what kind of contraception is suitable for you. **If you have had unprotected sex, it is very important that you get advice from your doctor immediately.**

The main types of contraception are listed below.

TYPE OF CONTRACEPTION	ADVANTAGES	DISADVANTAGES
<p>Oral contraceptive pill (the 'pill')</p> 	<ul style="list-style-type: none"> • The combined pill and the progestogen-only pill (POP, mini-pill) can be used by most women with diabetes. They are over 99% effective if used correctly. The POP may be more suitable for you if you have any complications of diabetes or are older. • You can use the POP when breastfeeding. 	<ul style="list-style-type: none"> • The pill may increase your blood pressure. • You need to take the POP at the same time every day for effective protection. • The pill does not protect against sexually transmitted infections (STIs). • Weight changes, mild headaches and breast tenderness are common when you start taking the pill but should disappear within a few months.

TYPE OF CONTRACEPTION	ADVANTAGES	DISADVANTAGES
<p>Injectable contraception (Depo Provera) and contraceptive implant (Implanon)</p> 	<ul style="list-style-type: none"> • Works for 12 weeks to 3 years depending on which method you choose. • It contains progestogen only so might be suitable for older women or those with diabetes complications. • It is 99% effective. • You don't need to remember to take pills daily. 	<ul style="list-style-type: none"> • It can cause heavier periods and weight gain. • It must be given by a nurse or doctor. • It will not protect against STIs. • Injectable contraception lasts for 12 weeks and cannot be removed from your body (if you get unwanted side effects). • Some medications might make implant contraception less effective.
<p>Intrauterine system (Mirena coil inserted into the womb)</p> 	<ul style="list-style-type: none"> • The Mirena coil does not affect blood sugar levels. • It lasts for 5 years and is over 99% effective. • It is more reliable than female sterilisation. 	<ul style="list-style-type: none"> • It is most suitable for women who have had children or older women who have been advised to stop taking the pill. • It must be inserted and removed by a trained medical professional. • It does not protect against STIs. • There is a low risk of infection of the womb.
<p>Barrier methods (male and female condoms)</p> 	<ul style="list-style-type: none"> • There are few, if any, side effects. • Barrier methods do not affect blood sugar levels. • They are 95 - 98% effective when used correctly. • Condoms are readily available and help prevent STIs. • You only need to use condoms when having sex. • You don't need medical advice before using condoms. 	<ul style="list-style-type: none"> • High failure rate if used incorrectly. • Condoms are expensive. • Putting them on can interrupt sex. • The male condom may fall off or split. • The female condom may be noisy and may slip into the vagina during sex. • They are not suitable for people with latex allergies.