Questions and answers

What does pre-pregnancy planning involve?

When planning for your pregnancy you should spend time to get extra support from people like:

- your diabetes doctor
- your GP (family doctor)
- practice nurse (nurse who works in the GP practice you attend)
- hospital or community diabetes nurse or midwife
- a dietitian.

Attend a special pregnancy planning service if available.

What are the benefits of doing pre-pregnancy planning?

It helps reduce risks to you and your baby.

How long do I have to plan for?

Your diabetes team will let you know when it is safe to start trying for a baby. This is different for each woman. It is a good idea to give yourself enough time to plan your pregnancy, for example, one year in advance.

I have found out I am pregnant, what should I do?

Contact your GP, diabetes service and the maternity hospital straight away. Expect to see them very quickly. Find out about your local maternity hospital diabetes service when you are planning your pregnancy.

My local pre-pregnancy planning service

My local maternity hospital

Further information

Diabetes Ireland: www.diabetes.ie

Diabetes and pregnancy, HSE www.hse.ie

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The National Maternity Hospital

Pregnancy Planning and Diabetes



Where to **START**

Solution tay on contraception ake time to manage your diabetes before becoming pregnant Ask for reviews of your diabetes and your HbA1c Remember risks of becoming pregnant when you have diabetes take a high-dose folic acid supplement



Plan your pregnancy to keep you and your baby healthy

Most women with diabetes have a normal pregnancy and a healthy baby. However, diabetes puts you and your baby at extra risk. This is greater if blood glucose levels are high around the time you become pregnant. The good news is that you can reduce these risks by planning your pregnancy.

Get your HbA1c under control before pregnancy

Stay on contraception (birth control) until your **HbA1c is below 48mmol/I**. The HbA1c test calculates your average blood glucose levels for the past twothree months. However, remember, if your blood glucose levels are on the low side you are at a higher risk of hypos (low blood glucose).There is a wide choice of contraception available. Talk to your GP or diabetes doctor about the best choice for you.

Take time to manage your diabetes. Good diabetes management gives you the best start to a pregnancy. Your diabetes team can help you:

- set blood glucose and testing targets
- change diabetes medication or insulin
- discuss hypo prevention and treatment



It is a great idea to do a structured education programme before becoming pregnant. Courses for Type 2 diabetes include X-PERT, CODE and DESMOND. Courses for Type 1 diabetes are DAFNE and the Accuchek (BERGER) course. Ask your diabetes team about getting a place.

Ask for a review of your diabetes

Ask for a review with a diabetes nurse, midwife, practice nurse or doctor to check and manage any diabetes problems. This could include:

- eyes
- kidneys
- blood pressure

They should also do extra blood tests like kidney and thyroid function.

Check which medications are safe

Your prescribed and over-the-counter medications will need to be checked as some are not safe during pregnancy.

Review your diet

Ask for a dietitian review to talk about:

- food choices
- activity
- a healthy weight for pregnancy

You can reduce the risks by planning your pregnancy

Risks to the baby can include:

- malformation (something being wrong with the baby at birth)
- being stillborn (baby dies before it is delivered)
- the baby having low blood glucose levels after delivery

Risks to you can include:

- hypos
- poor hypo awareness (you don't realise when blood glucose is low)
- miscarriage
- having a larger baby, which can cause problems during labour

Pregnancy can worsen current diabetes eye and kidney problems. Talk to your diabetes team about these risks. It is important to avoid smoking and alcohol.

Folic acid is important

Take a high dose folic acid supplement (5mg) each day to help prevent neural tube defects. Take this for at least three months before you stop contraception and for the first 12 weeks of pregnancy. You will need a prescription for this dose.

2