

The importance of pre-pregnancy care

Maintaining good diabetes management before pregnancy can have a big impact. Vicky Doyle talks to **Deborah Condon** about her overall pregnancy experience

Becoming pregnant can be an exciting and sometimes nerve-wracking experience, but for women with diabetes, this can be a particularly challenging time as they try to navigate a complex chronic condition through a period of unprecedented bodily changes.

For women with Type 1 diabetes who may be considering becoming pregnant, one of the most important things they can do is attend a pre-conception diabetes clinic to ensure that their diabetes management is at an optimum level.

Vicky Doyle (33) from Celbridge agrees with this. She was 11 years old when she was diagnosed with Type 1 diabetes. Her symptoms were typical. She had lost a lot of weight quickly – nearly two stone over three months – and was also very thirsty and using the toilet a lot. She then became very tired and “looked grey”, so her mother brought her to a GP.

After her urine was tested, she was sent straight to Tallaght Hospital where the diagnosis was confirmed.

Vicky says that she experienced a bit of diabetes burnout in her teens, but overall, she has always worked hard to maintain good diabetes management.

She previously worked in Diabetes Ireland as a health promotion officer. This job included organising conferences, some of which were about pregnancy, so this made her very aware of issues around diabetes and pregnancy. As a result, after she got married, she attended a pre-pregnancy diabetes clinic in hospital and made sure to take folic acid. Her HbA1c was already meeting the



Vicky Doyle with husband Alan and their daughter Chloe

recommended values in terms of getting pregnant, at 45mmol/mol (6.3%).

She subsequently became pregnant and says it went “really well”.

Anti-sickness tablets

“The hardest part was at the start when I felt really sick. I went to an appointment at about six or seven weeks. I told them I was getting sick after everything I ate and my blood glucose levels were low all the time. I thought this was just normal for pregnancy, but they said I needed to go on a tablet. When I was put on anti-sickness tablets, I felt much better,” she recalls.

Vicky was initially seen in hospital every four or five weeks, although she had phone calls every week and also had to send in her blood glucose levels weekly.

Her baby daughter was born in June 2021. Despite wanting an elective

caesarean section due to “pure fear” around the idea of giving birth, staff encouraged her to “wait and see”.

“I was fearful of handing control of my diabetes over during labour, but the consultant reassured me he had done this many times. Chloe was born at 38 weeks. I was induced and had her naturally. My blood glucose level was 5.2 throughout.

Vicky believes that her smooth pregnancy experience was thanks to her effective diabetes self-management at the pre-pregnancy stage.

“The consultant told me that the reason it had all gone so smoothly is because my diabetes was so well managed beforehand. He said that the diabetes team will do what they can to help you manage glucose levels, but if these are not well managed when you get pregnant, you are always chasing your tail,” she explains.

However, Vicky notes that while her pregnancy and birth had run smoothly, she found the aftermath much more difficult.

“Everyone talks about how difficult diabetes can be during pregnancy, but nobody told me how hard it would be after. Your hormones and blood glucose levels can be all over the place and your priorities have changed – you are not looking after yourself as much because your baby is the number one priority,” she points out.

She encourages women to keep in contact with their maternity team in the six weeks after giving birth and to try and get an appointment with their regular diabetes clinic as soon as possible.