

FACT SHEET:

Pregnancy and diabetes

For women with type 1 diabetes or type 2 diabetes, the best preparation for a healthy pregnancy starts with getting the right information and advice before you become pregnant.

Women with diabetes can have a healthy baby, but there are extra risks during pregnancy. These risks can be reduced with careful planning and support from a team of health professionals.

Why plan?

Having type 1 diabetes or type 2 diabetes during pregnancy can increase the risk of birth defects and miscarriage. The risk is higher when blood glucose levels before and during early pregnancy have not been within the target range. There is also an increased risk of other complications during pregnancy, such as developing high blood pressure and pre-eclampsia, and having a large baby or needing to deliver early.

Babies born to women with diabetes can also be at risk of developing hypoglycaemia (low blood glucose levels) at birth.

Planning for a healthy pregnancy

Planning for pregnancy and well-managed diabetes before and during pregnancy, can reduce the risk of health problems for you and your baby.

When planning for pregnancy, talk to your health professionals about the following:

Contraception

It is possible to become pregnant as soon as you stop using contraception. So, it is important to continue using contraception until you and your diabetes health professionals agree that you are ready to start trying for a baby.

All contraception methods have benefits and side effects. Some methods are more reliable than others. The most effective are long-acting reversible methods of contraception. This includes contraceptive implants and intrauterine devices.

The oral contraceptive pill (the pill) is another form of contraception often used by women with diabetes. The pill must be taken as prescribed to be reliable. If you have diabetes-related complications, high blood pressure or other risk factors, the pill may not be a suitable option for you.

Talk to your doctor about the most reliable and suitable contraception for you.

Diabetes management

Make an appointment with your diabetes health professionals as soon as you start thinking about having a baby. This includes your doctor, diabetes educator and dietitian, who can review your diabetes management and provide information and advice to help you prepare for pregnancy.

It is recommended that you have a review of your diabetes and general health at least 3-6 months before you start trying for a baby. If you have any other health problems, make sure to discuss these with your health professionals before planning your pregnancy.

Pregnancy planning advice

There are a number of general health checks that all women need when planning to have a baby. Your doctor can advise you about blood tests, vaccinations and the nutrient supplements you need to take before pregnancy.

Diabetes in pregnancy specialists

When planning your pregnancy, you will benefit from the support of a team of diabetes health professionals, including an endocrinologist (diabetes specialist). Services may be available to you through your local diabetes centre or maternity hospital. You could also see a private endocrinologist with expertise in diabetes in pregnancy. Ask your general practitioner (GP) for any referrals you need. If you live in a rural area where services are limited, ask your GP about Telehealth or shared care with a major hospital.

Blood glucose levels

You can reduce the risk of complications for yourself and your baby if your blood glucose levels are well managed before you become pregnant and during pregnancy.

Before trying for a baby, have your average blood glucose levels over the last 10-12 weeks checked with an HbA1c pathology test to make sure your levels are in the recommended range:

- Current guidelines recommend an HbA1c of 6.5% (48 mmol/mol) or less before pregnancy.
- The target recommended to you will depend on the HbA1c you can safely achieve with the lowest risk of hypoglycaemia (also known as hypos or low blood glucose levels).

Discuss your individual blood glucose targets with your diabetes health professionals and how you can stay within those targets.

If you are not already using continuous glucose monitoring (CGM) or flash glucose monitoring (Flash GM), your diabetes in pregnancy team may suggest that you start using this technology. The Australian Government provides access to fully subsidised CGM and Flash GM devices for women with type 1 diabetes who are actively planning pregnancy, pregnant or immediately post-pregnancy through the NDSS CGM Initiative. To be eligible for access, women with type 1 diabetes need to be assessed by an authorised health professional and meet certain criteria. Ask your diabetes in pregnancy team for more information or go to ndss.com.au/cgm.

Medications

Not all medications are safe to use during pregnancy. Ask your doctor to check all the medications you are currently taking to see if they are safe.

Folic acid (folate)

Folic acid can help reduce the risk of certain birth defects. Women with diabetes need to have a higher dose of folic acid than women without diabetes. Start taking high-dose folic acid every day, ideally 3 months before becoming pregnant. Your doctor may suggest you take a 5 mg tablet each day, or just a half (2.5 mg) if you are also taking other pregnancy multivitamins or supplements containing folic acid.

Diabetes-related complications

Diabetes-related complications can worsen during pregnancy and may increase the risk of other health problems. Have a full complications screening (eyes, kidneys and nerves) and your blood pressure checked, before you become pregnant. Make time to have any other health issues treated before pregnancy.

Healthy weight

Being a healthy weight before pregnancy, and gaining the recommended amount of weight during pregnancy, can reduce your risk of health problems. Healthy eating and being physically active can help you manage your weight. A dietitian can help with an eating plan that suits your needs.

Diabetes during pregnancy

There are a number of ways that pregnancy will affect your body and your diabetes, as different hormones take effect and your baby grows. These changes will affect your blood glucose levels and insulin requirements.

Your diabetes health professionals will discuss individual pregnancy blood glucose targets with you. They will encourage you to check your blood glucose levels frequently and work with you to keep them as close to the target range as possible. Insulin requirements change regularly throughout pregnancy. You need to be prepared to adjust your insulin doses on a regular basis. You may also experience more hypos in early pregnancy and your hypo symptoms may change.

You will need to keep in close contact with your diabetes health professionals and have your diabetes management reviewed more often during pregnancy.

When you have diabetes, pregnancy can sometimes be challenging. It is important to seek the support you need from your health professionals, partner, family and friends during this time.

Unplanned pregnancy

If your pregnancy was unplanned or you find you are pregnant sooner than you intended, organise an immediate appointment at your closest maternity hospital or contact your endocrinologist or diabetes educator. It is important at this time to get as much information and support as you can.

Finding out that you are pregnant may come as a shock. There are many emotions you may experience and there is no right or wrong way to feel at this time. If you are worried, confused or uncertain, talk to someone you trust about how you are feeling.

Having diabetes does not mean that you will not have a healthy baby. Early contact with your health professionals is vital - they will work with you to achieve the best outcome for you and your baby. Your health professionals can also refer you to local services for counselling and support at this time.

Pregnancy planning checklist

Start planning and preparing for pregnancy at least 3-6 months before you start trying for a baby. Use this checklist as a guide to discuss with your health care team.

What you need to do **before** you become pregnant:

- Use contraception until you are ready to start trying for a baby. Ask your doctor if this is the most reliable and suitable contraception for you.
- Talk to your doctor for general pregnancy planning advice.
- Make an appointment with health professionals who specialise in pregnancy and diabetes.
- Aim for an HbA1c of 6.5% (48 mmol/mol) or less or as close to this target as possible, depending on your risk of hypos. Discuss individual targets with your health professionals.
- Review your diabetes management with your diabetes health professionals.
- Have all your medications checked to see if they are safe to take during pregnancy.
- Start taking a high-dose (2.5mg–5mg) folic acid supplement each day.
- Have a full diabetes-related complications screening and your blood pressure checked.
- Aim to be a healthy weight before pregnancy.

