

## Diabetes, contraception and pregnancy

### Information Prescription

For women with type 1 diabetes or type 2 diabetes, the best preparation for a healthy, enjoyable pregnancy starts with getting the right information and advice before falling pregnant. Women with diabetes can have a healthy baby, but there are extra risks. With careful planning, and support from a diabetes health care team, women with diabetes will usually have a healthy pregnancy and a healthy baby.

#### What contraception can I use?

In general, women with diabetes can choose from the full range of contraception. If you have diabetes-related complications, such as eye, kidney or nerve damage, your options may be more limited. Discuss with your health care team the best contraception for you. If you are not planning a pregnancy, it is important to use effective contraception.

#### What are the risks of pregnancy and diabetes?



**Risks to you** include high blood pressure and pre-eclampsia, damage to eyes and kidneys as well as having a large baby which can cause a difficult labour and birth.



**Risks to your developing baby** include birth defects and early pregnancy loss (miscarriage). At birth your baby may need admission to a special care unit in hospital.

Planning and preparing for pregnancy, and well-managed diabetes before and during pregnancy reduces the risk of these health problems.

#### Before trying for a baby

At least 3–6 months before trying for a baby, have a general health check and a full diabetes complications screening with your health care team. It's important to have any diabetes-related complications treated and stabilised. Before and during your pregnancy, health care may be shared between local services and a diabetes and pregnancy team in a major hospital. Your plan should include:

- Medication.** Ask your doctor to review your medications, as some routine medications taken by women with diabetes may harm your baby. Discuss nutrient supplements with your doctor or accredited practising dietitian (APD).

- Folic acid supplement.** You need 2.5 mg–5 mg of folic acid every day, ideally three months before becoming pregnant and during the first trimester for the healthy development of your baby.

**Recommended dose is:** \_\_\_\_\_

- Blood glucose.** It is not easy to achieve and maintain target glucose levels, but it reduces the risks to your baby. Speak to your doctor or credentialled diabetes educator (CDE) and agree on a target HbA1c that you feel you can safely achieve with the lowest risk of hypos (low glucose). For most women the recommended target HbA1c is 6.5% (48mmol/mol) or less before pregnancy. Women with type 1 diabetes who are actively planning a pregnancy, are eligible to access continuous or flash glucose monitoring through the NDSS.

- Lifestyle.** Achieving a healthy weight with healthy eating and being active will help you to get pregnant, improve your blood glucose levels and your wellbeing before and during pregnancy.

**Stop smoking** – ask about your local quit smoking service or call the Quitline on **137848**.

**Stop drinking alcohol** – for help giving up ask your doctor, CDE or other health professional. For more information [ndss.com.au/pregnancy](http://ndss.com.au/pregnancy)

#### Unplanned pregnancy

Ask for an urgent referral to your diabetes team. Early contact with your health professionals is vital - they will work with you to achieve the best outcome for you and your baby.

#### My next steps

Discuss with your diabetes health care team two actions you are going to focus on (think about what, where, when and how):

1 \_\_\_\_\_

2 \_\_\_\_\_

Name: \_\_\_\_\_ Health professional: \_\_\_\_\_ Review date: \_\_\_\_\_

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