



Pre-existing Diabetes (Types 1 & 2) in Pregnancy



Ideally, the best approach to pregnancy in women with pre-existing diabetes is to visit their GP or obstetrician prior to pregnancy. It is important to optimise the sugar levels so that the risk of harm to the baby and mother is minimised.

Women with diabetes are at a higher risk of:

- Miscarriage
- Developing high blood pressure
- Experiencing a premature birth
- Fetus developing a birth defect
- Baby suffering jaundice
- Baby weighing too much or too little
- Baby having low blood sugar levels after birth

To avoid these possible complications a multidisciplinary approach is required. An obstetrician experienced in high risk pregnancy is essential to monitor the progress throughout pregnancy and ensure the safe delivery of the baby. They will also orchestrate all the other healthcare professionals that are required throughout the journey. These include a diabetic educator, dietician, physiotherapist and endocrinologist.

Pregnancy

Once pregnant, ensure you present early to your obstetrician so that blood tests and scans can be ordered.

Medications for pre-existing diabetes

Certain oral medications for control of type 2 diabetes are contraindicated in pregnancy. It may be necessary to change to oral metformin or even insulin injections. Injectable insulin for type 1 and type 2 diabetics is safe in pregnancy.

Always check with your specialist before changing any medication to ensure it does not impact on you or the fetus.

What you can do:

- Start folic acid, 0.5mg daily, 3 months before pregnancy
- See your GP or obstetrician early
- Monitor your blood sugar levels closely
- Maintain a healthy weight
- Avoid alcohol, smoking and illicit drugs

Carefully plan the birth with your obstetrician. There is a higher risk of Caesarean delivery. Baby will be monitored after birth and may need to spend some time in the special care nursery. You will be encouraged to breastfeed your baby.