Diabetes and pregnancy

You can have a healthy pregnancy with Type 1 diabetes, but managing your diabetes might be harder.

It is important to have good blood glucose (sugar) control before and during pregnancy.

It is recommended that you:

- have a HbA1c of below 48mmol/mol before you become pregnant
- maintain a value of 42 to 48mmol/mol when you're pregnant

Constant high blood glucose levels can harm your baby, especially in the first 8 weeks of pregnancy. There's also a risk of having a smaller or larger baby. This can cause complications during labour.

Pre-pregnancy planning

Speak to your diabetes team if you're planning to get pregnant. They can support you to get more stable blood glucose levels to a target HbA1c of 48mmol/mol (6.5%).

You'll need to take a high dose (5mg) of folic acid every day:

- for at least 12 weeks before you get pregnant
- until you're 16 weeks pregnant

This can help you have a healthy pregnancy. You need a higher dose than women who do not have diabetes. You will need to get folic acid on prescription.

Ask your diabetes team for a review of your diabetes and your medicines to check that they are safe in pregnancy.

Download a guide to pregnancy planning and diabetes (PDF, 476KB, 2 pages)

What will happen when you become pregnant

Contact your diabetes team immediately if:

- you find out you're pregnant

You'll need to make an urgent appointment.

Keeping your blood glucose levels stable can be harder in early pregnancy as your hormones change, especially if you have morning sickness. Low blood sugars can happen more easily. It is important to check your blood glucose often. Carry hypo treatment with you in case your blood glucose goes too low.

You'll have extra appointments with your maternity and diabetes teams when you're pregnant. This usually means check-ups every 2 weeks, as well as extra tests and scans.

You can have a normal birth, but it is recommended you have your baby in hospital. You might be advised to have your labour started early (induced).

Risks of diabetes and pregnancy

> This information is for women who were diagnosed with Type 1 or Type 2 diabetes before they got pregnant. It does not cover gestational diabetes.

Most pregnant women with diabetes will go on to have a healthy baby. But there are some possible complications you should be aware of.

Risks to the baby can include:

- having low blood glucose levels, low calcium or jaundice after delivery - this is common
- having a larger baby - which can cause problems during labour
- having a smaller baby than expected who might need care in a neonatal unit
- malformation – incorrect development of the baby (this is rare)
- being stillborn - the baby dies before it is delivered (this is also rare)

Risks to the mother can include:

- more frequent low blood glucose (hypos)
- poor hypo awareness of a low glucose
- high blood glucose levels
- diabetic ketoacidosis
- miscarriage
- needing an early birth
- developing a blood pressure problem
- worsening of existing diabetes kidney or eye problems

Reducing the risks

You can reduce the risks by planning your pregnancy.

It is important to avoid smoking, alcohol and recreational drugs.

Before you start trying for a baby, ask your diabetes care team for advice. You should be referred to a diabetic pre-conception clinic for support.

Make sure your blood glucose levels are well controlled before you become pregnant.

You should be offered a blood test (called an HbA1c test) often. This shows your average blood glucose over the previous weeks.

It's recommended your HbA1c level is less than 48mmol/mol before you get pregnant. If you cannot get your level below this, then try to get it as close as possible. Every improvement reduces the risk of complications for you and your baby.

If your HbA1c is above 86mmol/mol, it is advised not to try for a baby. Your care team will help you to reduce it.

You should continue using contraceptives until your blood glucose is controlled. Your GP or diabetes specialist can tell you how best to do this.

If you have Type 1 diabetes, you should be given testing strips and a monitor to test your blood ketone levels. This is to check for diabetic ketoacidosis. Use these if your blood glucose levels are high, or if you are vomiting or have diarrhoea.

Get medical attention immediately if:

- your ketone levels are raised

Folic acid

Take a higher dose of 5 milligrams (mg) of folic acid each day for at least 12 weeks before getting pregnant and until you're 16 weeks pregnant.

Your GP or diabetes team will have to prescribe this, as 5mg tablets are not available over the counter.

Taking folic acid helps to reduce the risk of your baby developing birth defects, such as spina bifida.

Folic acid when planning a pregnancy

Your diabetes treatment in pregnancy

Your diabetes team may recommend changing your treatment regime during pregnancy.

If you take tablets to manage your diabetes, you'll normally be advised to:

- stop taking these medicines (except metformin)
- switch to insulin injections

If you already use insulin injections to control your diabetes, you may need to switch to a different type of insulin.

If you use an insulin pump, you can continue to do so during pregnancy.

If you take medicines for high blood pressure or high cholesterol, these may also need to be changed.

It's important that you attend all your appointments. This is so that your diabetes and obstetric teams can monitor your condition and react to any changes that could affect your or your baby's health.

You will need to check your blood glucose levels more often during pregnancy. This is because nausea and vomiting (morning sickness) can affect them. Your diabetes team or midwife can advise you on this.

Managing your blood glucose levels tightly may lead to more episodes of low blood glucose (hypo). The diabetes team will help you and those close to you to recognise hypos and how to manage them. Talk to your GP or diabetes team.

Diabetic eye screening in pregnancy

You will be offered regular diabetic eye screening during your pregnancy. This is to check for signs of diabetic eye disease (diabetic retinopathy).

Checking your eyes during pregnancy is important. The risk of diabetic retinopathy increases in pregnancy.

Diabetic retinopathy can be treated, especially if it is caught early.

If you decide not to have the test, tell the doctor looking after your diabetes care.

More information about diabetic retina screening in pregnancy.

Your pregnancy care

Your diabetes and pregnancy team will include:

- endocrinologists (diabetes doctors)
- obstetricians (pregnancy doctors)
- midwives
- diabetes nurse specialists
- dietitians
- ophthalmologists (eye doctors or specialists)
- other health care professionals

The obstetricians and midwives will have training in diabetes in pregnancy. They will work with you to provide your antenatal (pregnancy) care. They will organise visits and ultrasounds to check on your baby’s development and growth.

Labour and birth

If you have diabetes, it's recommended that you give birth in a hospital with the support of an obstetrician-led maternity team.

Your team may recommend having your labour started early (induced). This is because there may be an increased risk of complications for you or your baby if your pregnancy carries to full term.

Sometimes it is more suitable to have a planned caesarean birth. Options for birth will be based on your individual circumstances.

If your baby is larger or smaller than expected, your doctors will discuss your options for the birth.

Your blood glucose will be measured more often during labour and delivery. You may be given a drip in your arm with insulin and glucose to keep your blood glucose at a normal level. This is important so that your baby's blood glucose is normal after delivery.

After the birth

Feed your baby within 30 minutes or as soon as possible after the birth. This is to help keep your baby's blood glucose at a safe level. Breastfeeding is the best option.

Sometimes you may be given the option of starting to express breast milk from late pregnancy onwards. This is to make sure you have a supply available for your baby when they are born.

Your baby will have a heel prick blood test after they're born. This is to check if their blood glucose level is normal.

If your baby's blood glucose cannot be kept normal or they are having problems feeding, they may need extra care in the neonatal unit.

When your pregnancy is over, you can decrease your insulin to your pre-pregnancy dose. If you were on tablets before you became pregnant, your diabetes team will advise you about this.

When you are leaving the hospital after your delivery, your diabetes team will arrange your follow-up visit.

Body changes after birth and recovery

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