

Chapter 27

Pregnancy and Diabetes



Pregnancy is possible for women with diabetes who do not have severe problems with complications.

WHAT IS IMPORTANT WHEN THINKING ABOUT GETTING PREGNANT?

- Pregnancy should be planned.
- The best blood sugar control possible should be achieved before and during pregnancy. The HbA_{1c} should be below 6.5%.
- The risk of a miscarriage as well as birth defects in the baby are less if blood sugars are normal or near normal when the pregnancy begins.
- Folic acid should be taken for three months before the pregnancy to also help prevent birth defects.

HOW CAN THE BEST BLOOD SUGAR CONTROL BE DONE?

- Intensive insulin therapy is usual during pregnancy. This includes:
 - an insulin pump or frequent insulin shots
 - frequent blood sugar checks (eight to ten a day)
 - paying close attention to nutrition
 - frequent contact with the health care team
- The target values for blood sugars are lower than usual and are given in the table in Chapter 27 of “*Understanding Diabetes*.”
- Clinic visits are also more often: usually every two to four weeks.

WHAT ABOUT COMPLICATIONS AND PREGNANCY?

- Kidney damage is not a problem during pregnancy unless already present before the pregnancy. Medicines used to prevent kidney damage called “ACE-inhibitors” should not be taken during pregnancy. This medicine could cause birth defects in the baby.
- The eyes should be checked more often during pregnancy (at least every three months). If moderate damage is already present, this may get worse during pregnancy.

• Gestational diabetes is diabetes that develops as a result of the stress of the pregnancy. Regular exercise and diet are important.

- After diagnosis, the care is like the care of a person who had diabetes prior to pregnancy.
- Gestational diabetes usually goes away after pregnancy. There is an increased risk of developing type 2 diabetes later in life.

