

Your health care team includes: -

- Diabetes specialist doctor.
- Obstetrician/Maternal fetal medicine specialist (MFM) – this is a doctor who specialises in looking after women during pregnancy, childbirth and after the baby is born.
- Midwife – based in hospital and community setting.
- Diabetes Midwife/Nurse specialist.
- Dietitian

For further information/support groups

Diabetes UK care line 0345 123 2399

Diabetes UK www.diabetes.org.uk

Alcohol Concern 0300 123 1110

Frank About Drugs 0300 123 6600

Family planning association www.fpa.org.uk

NHS Smoking helpline 0300 123 1044

NICE Guidance www.nice.org.uk

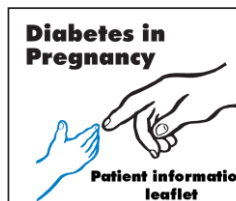
Leaflet updated January 2016. DAPS – Diabetes And Pregnancy Specialists

© Perinatal Institute, 75 Harborne Road, Edgbaston, Birmingham.B15 3BU
notes@perinatal.org.uk 0121 607 0101.

Leaflets can be viewed and printed from www.preg.info

With acknowledgment to Diabetes in Pregnancy Advisory Group

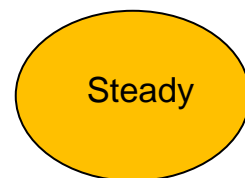
Original leaflet developed June 2012.



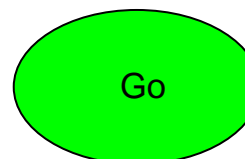
Do you have Diabetes? Things to DO *before* you get pregnant



- **Avoid pregnancy if your HbA1c level is above 86mmol/mol (10%)**
- Use effective contraception
- Start Folic Acid **5mg** daily
- Eat healthily and be an ideal weight for your height
- Have a review of any medication – you may need changes
- Stop smoking, stop drinking alcohol and stop recreational drugs
- Have regular follow up with diabetes team



- Have a review of any medication for diabetes, high blood pressure and/or cholesterol
- Have your eyes and kidneys checked
- Know how to treat a hypo
- Aim for blood glucose levels:- 4.0 – 7.8mmol/L
- Know your HbA1c
- Continue taking Folic Acid **5mgs** daily
- Continue regular follow up with your diabetes team



- HbA1c – Ideally less than 48mmol/mol (6.5%) if safely achievable.
- Stop contraception as advised by your diabetes team
- Continue to check your blood glucose levels
- Continue taking Folic Acid **5mg** daily
- Continue regular follow up with diabetes team

Key facts you need to know

Most women with diabetes have an uncomplicated pregnancy and a healthy baby. However, there is an increased risk of some problems such as miscarriage, malformations of the baby's heart; limbs; spine and other organs, fetal growth problems, stillbirth and early neonatal death in the first few weeks of life.

What can you do?

Therefore, planning your pregnancy before becoming pregnant is very important to reduce these risks.

It is important you get advice and achieve good control of your diabetes **before you stop taking contraception**. Target HbA1c levels is 48mmol/mol or (6.5%) before you get pregnant, or at a level you and your diabetes team agree on together.

You are **strongly** advised **NOT** to get pregnant if your HbA1c level is above 86mmol/mol or (10%).

Take Folic Acid 5mgs daily – (this must be prescribed by a doctor).

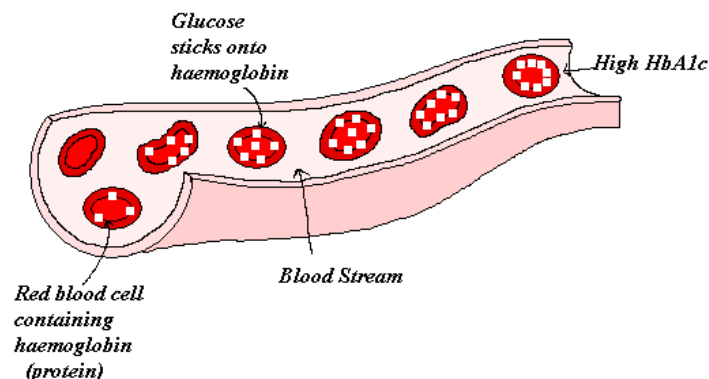
Understand your glucose control

HbA1c is a blood test which gives you a better idea of how your diabetes control has been over the last 3 months.

Home blood glucose monitoring is still important in addition to the HbA1c measurement, since these readings allow you to see how food, exercise and diabetes medication affect your glucose levels on a day to day basis.

What is HbA1c?

Glucose sticks onto haemoglobin (Hb) in the bloodstream. This is a protein in the red blood cell. The amount of the protein to which the glucose is attached is measured.



The table below will help you understand what your results mean.

HbA1C mmol/mol	Diabetes control	Home blood glucose readings
64-75 (>8.0%)	Not ready	10-12mmols
53-63 (7-7.9%)	Steady	4-10mmols
42-52 (6.1-6.9%)	Go	4-7mmols

Lifestyle

Eating a healthy diet before and during pregnancy will help your baby develop and grow, as well as keeping you fit and well.

A dietitian will support you with making dietary and exercise choices that will help you to keep your blood glucose levels within target ranges. They may also give you advice about healthy weight gain, eating a balanced diet, caffeine intake and food safety.

Hypoglycaemia (hypos)

If your blood glucose level drops below 4.0mmol/L you may begin to feel unwell. You may have symptoms such as sweating, shaking or poor concentration; this is called a "hypo". Always carry your blood glucose meter with you, so that if you develop any symptoms of a hypo, you can test and record your blood glucose level. You should always carry something to treat a hypo, such as an energy drink, glucose tablets or glucose gel. After treating your hypo with fast acting glucose, you should eat a carbohydrate snack such as a sandwich, toast or a biscuit.

Sick day rules

During illness, never stop taking your insulin. Your body is likely to become more insulin resistant during illness, so monitor your blood glucose and ketones closely – every 2 hours as you may need more insulin (this refers predominantly to Type 1 Diabetes). If you are unable to eat solids, replace with liquid foods such as soup, milk or fruit yoghurt. Drink sugar free fluids at least 100mls every hour. If you are not eating, use quick acting insulin to correct high blood glucose readings. Acting quickly when you are unwell will help prevent a build-up of ketones. Symptoms of ketoacidosis or DKA are: breathlessness, passing urine more often, feeling weak, sickness, vomiting and abdominal pain. Ask your health care team for further information.

Already pregnant?

If you think you could be pregnant already, contact your diabetes team and your midwife/GP **urgently**.

This is to make sure that you are seen as soon as possible in the diabetes/antenatal clinic.