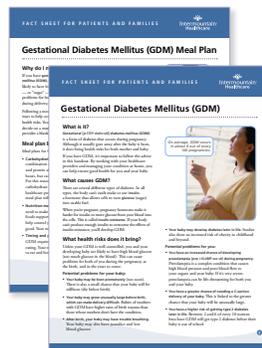


Diabetes: Care before and during pregnancy

With special planning and care, women with diabetes can have healthy pregnancies and healthy babies. If you're a woman with diabetes and you plan to have a child, read this handout to learn how to help protect your health and the health of your baby.

Note that this handout is for women with pre-existing type 1 or type 2 diabetes, not gestational diabetes. If you've been diagnosed with gestational diabetes, ask your doctor or midwife for the Intermountain handouts [Gestational Diabetes Mellitus \(GDM\)](#) and [Gestational Diabetes Mellitus \(GDM\) Meal Plan](#).



A planned pregnancy is safest, especially for women with diabetes. Good planning—and tight control of your diabetes—can lower risks significantly.

What you need to know

As you think about having a baby, keep these facts in mind:

- **Your pregnancy will be considered high risk.** During pregnancy, control of your blood glucose becomes more difficult—and more important. The extra risk of high blood glucose means extra risk for both you and your growing baby.
 - **Pregnant women with diabetes** have a higher-than-normal risk of urinary tract infection, pregnancy-related high blood pressure, and cesarean delivery (C-section). Pregnancy can also speed the development of diabetes complications such as eye and kidney disease.
 - **Babies of women with diabetes** are more likely to have birth defects or to die during pregnancy (miscarriage or stillbirth). Their births tend to be more difficult. For example, these babies may be born too early or be very large and hard to deliver. After delivery, the babies are more likely to have jaundice, low blood glucose, and trouble breathing.

- **Risks to your baby are greatest early in pregnancy.** During the first 7 weeks of pregnancy, a baby forms vital organs, tissue, and bone. If your blood glucose isn't well controlled during these early weeks—or if you're taking a medicine that shouldn't be used during pregnancy—the risk of a problem with your baby's development is especially high. Yet you may not even know you're pregnant during this early, critical time.
- **If you plan your pregnancy, prepare your body, and control your blood glucose, you can lower risks almost to the same level as a woman without diabetes.** Follow the steps described on [page 2](#).

What you need to do

There's a lot you can do to protect your health and the health of your baby. Follow these steps:

- **Talk with your diabetes provider and an obstetric (OB) doctor now, before you become pregnant.** Your care team can:
 - **Explain the possible effects of diabetes on your pregnancy** and provide family planning services.
 - **Help you get control of your blood glucose.** Your healthcare providers will look at all parts of your treatment and recommend any improvements.
 - **Review your medicines.** Some medicines that are commonly used by people with diabetes can cause birth defects. Tell your care team about all the medicines you are on. Include all prescriptions, over-the-counter medicines, supplements, inhalers, liquid medicines, and patches.
 - **Advise you about good prepregnancy care,** such as getting vaccinations, becoming more physically fit, and taking a daily vitamin with at least 400 mcg of folic acid. (Taking this vitamin before and during pregnancy can help prevent some birth defects.)
 - **Evaluate your risk for diabetes complications** and provide treatment if necessary.
- **Prevent pregnancy until your diabetes is well controlled for 3 to 6 months.** Use some form of birth control while you work to achieve and maintain good blood glucose control. A good goal is to **keep your HbA1c at less than 6.9% for at least 3 months (preferably 6 months) before getting pregnant.**
- **When you become pregnant, you and your care team will need to monitor your pregnancy closely.** You may need to test your blood glucose more often or in a different way. Your providers will check you and your baby more often. Your doctor may need to adjust your treatment or make special plans for delivery.
- **Enjoy your pregnancy.** Try not to let the extra planning and checkups worry you. By following the advice here, you're doing great things for yourself and your baby — and helping to ensure a healthy future for both of you.

PLAN for a healthy pregnancy, healthy baby



Before you become pregnant

- Visit your diabetes provider and an OB doctor for prepregnancy planning. Review ALL your medicines together (some medicines can harm a fetus).
- Reach and maintain good control of your diabetes. Try to keep your HbA1c at less than 6.9% for at least 3 months before becoming pregnant. (6 months is best.)
- Take 400 mcg of folic acid every day (may come in a prenatal vitamin).

During your pregnancy

- Visit your doctor as soon as you know you're pregnant. Keep all follow-up prenatal appointments. Provider name, phone:

- Keep taking 400 mcg of folic acid every day.
- Follow your medical team's advice in all areas of your diabetes treatment. Note any changes or special instructions below:
 - Meal plan: _____
 - Exercise: _____
 - Medicine: _____
 - Ketone testing: _____
 - Self-testing of blood glucose (BG):

WHEN to test	TARGET for BG

- Other: _____

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