

What if I don't want to have a baby right now?

Talk to your doctor about careful family planning. Use an effective method of birth control until you are ready to plan for a baby.

What if I'm already pregnant?

Many problems associated with diabetes and pregnancy can still be prevented with control of blood glucose levels during your pregnancy. Your health care team will guide you through your pregnancy.

HEALTHY BABY CHECKLIST FOR WOMEN WITH DIABETES:

- Plan for your pregnancy – 50% of all pregnancies are unplanned.
- Discuss **reliable** birth control and preconception planning regularly with your doctor and/or other members of your diabetes health care team.
- Set target values for blood glucose levels with the help of your doctor and/or other members of your health care team before becoming pregnant.
- Have your doctor assess you for diabetes complications.
- Start taking folic acid (1.0 mg) daily in a multivitamin.

Having diabetes means you should seek preconception care.

Work closely with your health care team to achieve a healthy pregnancy and a healthy baby.

If you would like more information on where to go or whom you should see, contact one of the following:

- Your family doctor.
- Your local Diabetes Centre.
- The Diabetes Care Program of Nova Scotia
E-mail: info@dcpsns.nshealth.ca
Website: <http://diabetescare.nshealth.ca>

For more detailed information on diabetes and pregnancy, see the following resource at <http://diabetescare.nshealth.ca>:

Questions and Answers About Diabetes and Pregnancy: Your Guide to Having a Healthy Baby.

Committed to Diabetes Care in Nova Scotia

The Diabetes Care Program of Nova Scotia (DCPNS) was established in 1991. Funded by the Nova Scotia Department of Health and Wellness, our mission is: "Through leadership, to improve the health of Nova Scotians affected by or at risk of developing diabetes mellitus."

This pamphlet was produced by the Diabetes Care Program of Nova Scotia Pregnancy and Diabetes Committee.

Revisions to this edition of the brochure have been made to reflect those outlined in the Canadian Diabetes Association 2013 Clinical Practice Guidelines.

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I HAVE DIABETES AND I CAN HAVE A HEALTHY BABY!

Information for Women with Type 1 or Type 2 Diabetes

Preconception Care and
Healthy Baby Checklist



I have diabetes. Can I have a healthy baby?

YES! Control of your blood glucose levels before becoming pregnant (preconception) can mean a healthy pregnancy and baby.

With more women seeking preconception care, great progress has been made in reducing the number of problems in the pregnancies of women with diabetes.

What should I do to have the safest pregnancy possible for me and my baby?

The first step is to seek care and counselling **BEFORE** you become pregnant.

Why is preconception care necessary?

Simply having diabetes increases your pregnancy risks. The goal of preconception care is to normalize blood glucose levels 2 to 3 months before you become pregnant. Preconception care reduces risks to you and your baby and helps you have the safest pregnancy possible. Your health care team will help you to achieve this goal.

Who makes up my health care team?

Ideally, your diabetes health care team should include:

- ▷ **YOU** of course, the most important member!
- ▷ Your family doctor, obstetrician, and diabetes specialist.
- ▷ A nurse (diabetes educator).
- ▷ A dietitian (diabetes educator).
- ▷ Other specialists (physiotherapist, social worker, obstetrical nurse, etc.), as necessary.

Your local Diabetes Centre and/or family doctor will be able to provide or direct you to the expert help you require.

Why should I have a health care team?

Each member of the health care team will play a special role in guiding you through your pregnancy. They will be able to answer questions you and your family may have.

How should I prepare for pregnancy?

- Control your blood glucose level and watch it closely by checking your blood glucose levels regularly at home. Your medication doses may need to change. Try to keep blood glucose levels as close as possible to those in the chart shown below.
- If you are on insulin, continue to take it as prescribed. If you are on diabetes pills, your doctor may switch you to or add insulin if you are planning a pregnancy.
- If you are taking medications (for high blood pressure or high cholesterol, for example), discuss this with your doctor. Not all medications are safe in pregnancy.
- If you have not had a dilated eye exam (using eye drops) recently, see your ophthalmologist or optometrist.
- Exercise regularly/be active.
- Get adequate rest.
- Follow your meal plan and eat a variety of nutritious foods. Meet with a dietitian to discuss your individual needs.
- Start to take 1.0 mg of folic acid daily in a multivitamin 3 months before you stop using birth control. This will reduce the risk of spinal defects in your baby.
- Try to move closer to or maintain a healthy weight before you get pregnant.
- Take steps to manage stress in your life. Prepare yourself for the demands of the pregnancy. To make sure you have a successful pregnancy, you will require frequent checkups and more tests than women without diabetes.
- Practice the general principles of good health. These include avoiding smoking, alcohol, and unnecessary drugs.
- You may want to talk to other women with diabetes who have been pregnant. Your health care team can arrange this for you.

What are the possible risks for me?

You may be at risk for developing low blood glucose, high blood glucose, and high blood pressure. Diabetes complications such as eye problems, kidney, nerve, and heart disease, may worsen. There is an increased possibility of delivering your baby by cesarean section.

What are the possible risks to my baby?

Your baby may be born early. This may cause temporary trouble with breathing because the lungs are not fully developed yet. Other risks to the baby may include: a large size, which could cause a difficult birth; jaundice; low blood glucose shortly after birth; and an increased risk of birth defects (spinal, bone, and heart).

The likelihood of these birth defects can be reduced or prevented with good control of blood glucose levels before pregnancy and in the early weeks of pregnancy.

IN THE PRECONCEPTION PERIOD, IDEALLY YOU AND YOUR HEALTH CARE TEAM SHOULD AIM FOR:

- A1C level less than 7% (lower if possible).
- Blood glucose levels before meals less than 5.3 mmol/L.
- Blood glucose levels 1 hour after meals less than 7.8 mmol/L.
- Blood glucose levels 2 hours after meals less than 6.7 mmol/L.
- Avoidance of frequent or severe hypoglycemia.

Not all women will be able to achieve these degrees of control.

It is important to aim for the best possible control and to discuss this with your health care team.

