



Planning for Pregnancy Living with Diabetes

MAKE AN INFORMED DECISION

If you are living with diabetes, you need special care and advice from your health care provider, obstetrics/gynecologist (OB/GYN), nurse, and the rest of your health care team before you get pregnant. It is recommended that you receive preconception counseling from your OB/GYN prior to becoming pregnant. Include discussions about pregnancy as part of every routine visit once you reach child-bearing age, starting at puberty, before you become sexually active.

Talking about your possible pregnancy will help you:

- Prevent an unplanned pregnancy
- Take care of your diabetes before and during your pregnancy to give you the best chance of having a healthy baby and preventing complications.

Are you concerned that your health care provider will tell you not to get pregnant yet—or at all? Or that your diabetes care and education specialist will tell you that you need to take steps you're not sure you can? Are you thinking about just getting pregnant and hoping for the best?

Don't leave it up to fate. Bring up the topic with your health care team. If you have diabetes, you can have healthy pregnancies and healthy babies, but planning ahead is key. Ask questions and get all the information about your health and what to expect if you get pregnant to help make your best decision.

I WANT TO HAVE A BABY. WHAT TO DO FIRST?

The steps for most women planning a pregnancy are:

- Have a rubella lab test done.
- Start taking multivitamins with folic acid, iron, and calcium.
- Stop smoking, drinking alcohol, and drug use.
- Involve your spouse, partner, or others that will support you in the planning.
- Receive genetic counseling (optional).

When you're thinking about getting pregnant, tell your health care team so they can help you.

Your health care team will give input on your blood glucose targets—adjusting them to the levels of people without diabetes—before you get pregnant. It takes a lot of work, and it may take a while. So, it may sound strange, but if you want to get pregnant, one of the first things you may need to think about is birth control.

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Have your A1C as close to a level people without diabetes have (under 6.5%) before you get pregnant, without you having severe low blood glucose (hypoglycemia). A baby's organs are formed during the first six to eight weeks after conception. If your blood glucose levels are high during this time, it could cause birth defects, such as your baby's organs not growing correctly.

People with diabetes are more likely to have babies born with birth defects. These birth defects can include heart, kidney, and spinal cord problems. If you aren't able to keep your blood glucose in their target range, you are also more likely to have a miscarriage or stillbirth. These risks can be greatly lowered if your blood glucose levels are within your target range from the time you conceive.

Make an appointment with your health care provider to let them know that you want to get pregnant. Start or keep using very effective birth control until you're ready to get pregnant. Even if you have irregular periods, you can still get pregnant. Most birth control methods are safe for people with diabetes. Discuss with your health professionals which one is right for you.

WHO TO HAVE ON MY HEALTH CARE TEAM?

It takes a lot of work to have the best chance of a healthy pregnancy and a healthy baby. You'll want to get a good team together. You may be referred to a special diabetes and pregnancy team for your care.

Include in your healthcare team:

- You, of course. Keep informed. Ask for help when you need it.
- An obstetrician/gynecologist (OB/GYN) who has experience treating diabetes during pregnancy.
- Your health care provider.
- Diabetes care and education specialists.
- An eye doctor (optometrist or ophthalmologist).
- Other specialists, as needed.

More handouts about this and other topics can be found at professional.diabetes.org/PatientEd

Part of the Women's Health Initiative from the American Diabetes Association®.