

# Pregnancy and Diabetes

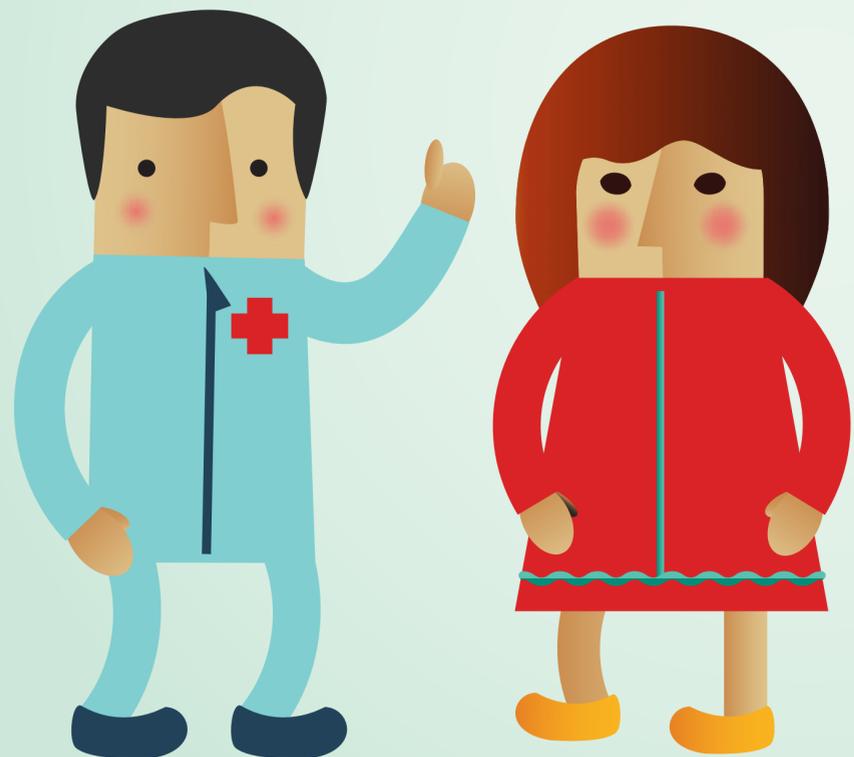
*Why controlling your diabetes is  
important for you and your baby*



**Essential advice for people with diabetes from Roche Diabetes Care**

## Why is it important to plan a pregnancy?

Being pregnant and having diabetes have an impact on your health and that of your baby. However, controlling your diabetes before and during pregnancy can improve your chances of a safe and successful outcome for both you and your baby.



If you have diabetes, pregnancy should only be undertaken after a proper consultation with your doctor. Your diabetes care team is there to give you all the support you need! So plan your pregnancy and get your team involved **AS SOON AS POSSIBLE!**

## What you need to know



Development of a baby's organs occurs during the first three months of pregnancy. Having high blood glucose levels during the first trimester, when the baby's organs are forming, increases the risk of birth defects and miscarriage.

In addition, high blood glucose levels are dangerous for the mother's health and may lead to a difficult delivery.



Good diabetes control before and during pregnancy increases the likelihood of having a normal birth, a healthy baby and a good pregnancy experience.

# Steps for a safe pregnancy



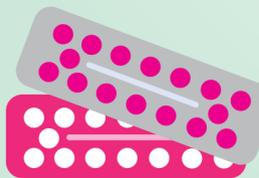
Plan the pregnancy and contact your doctor for advice.



Aim to achieve optimal glycemic control at least 3-6 months before pregnancy. Below are the recommended blood glucose targets:

Fasting (before a meal)	< 95 mg/dL (5.3 mmol/L)
One-hour postprandial (after a meal)	< 140 mg/dL (7.8 mmol/L)
Two-hour postprandial (after a meal)	< 120 mg/dL (6.7 mmol/L)

Source: American Diabetes Association Guidelines for the Management of Diabetes in Pregnancy.



Use effective and reliable contraception until blood glucose is normal.



Inform your doctor about your current medication. You may need to take oral medication or injectable insulin to lower your blood sugar.



Stop smoking, if you smoke.



Folic acid and other vitamins and minerals may be recommended before and during pregnancy to decrease the risk of neonatal defects.



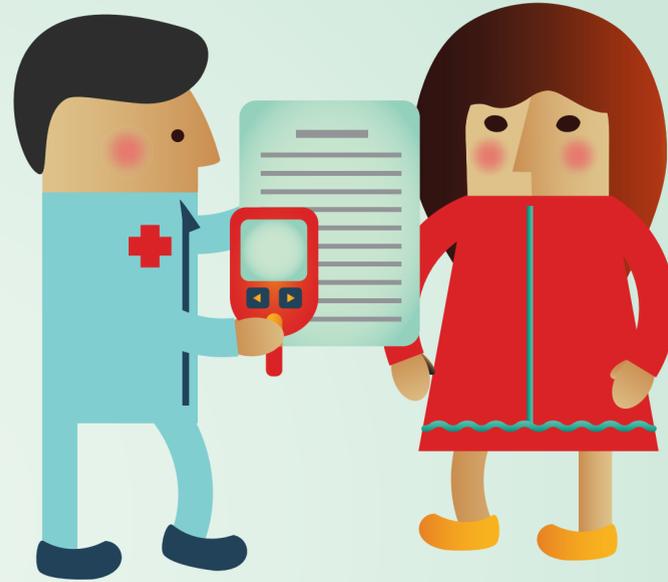
If you have any diabetes complications, such as eye or kidney disease, make sure to check them before getting pregnant.

# Keep blood sugar in check

Before getting pregnant, your diabetes care team will encourage you to achieve near-normal blood glucose levels.

They will offer you:

- A structured educational program.
- Regular HbA1c tests.
- A meter for self-monitoring of blood glucose levels.
- If you have type 1 diabetes:  
blood ketone meter or urine ketone strips
- You will be advised to check your ketone levels if you have very high blood glucose levels.



## What is your HbA1c?

The HbA1c (or glycated hemoglobin) blood test tells you how your blood glucose levels have been over the past 2 - 3 months.

Due to an increase in red blood cell turnover, HbA1c levels fall during pregnancy. The recommended HbA1c target in pregnancy is  $<6\%$  if this can be achieved without hypoglycemia. HbA1c levels may need to be monitored more frequently than usual (e.g. monthly) during pregnancy.

A reduction in your HbA1c level is likely to reduce risks for you and your baby.



Ask and agree with your doctor the most suitable glycemic targets for you.

## What is gestational diabetes?

**Gestational diabetes** is a temporary condition that can occur during pregnancy and typically develops between the 24th and 28th weeks of pregnancy. Gestational diabetes increases your risk of developing type 2 diabetes later in life.

Untreated or poorly controlled gestational diabetes increases the risk of complications for you and your baby during pregnancy and delivery. Early identification of gestational diabetes increases your chances in having a healthy baby and normal delivery.

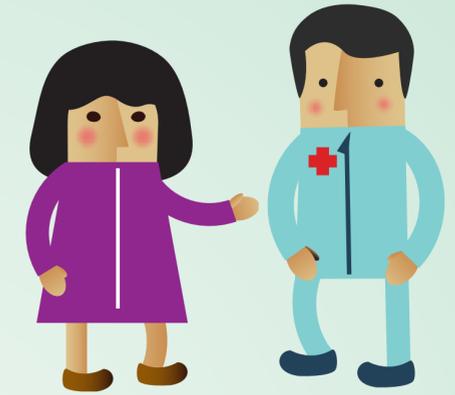
As in women with type 1 and type 2 diabetes the aim is to achieve near-normal blood glucose levels. This can be achieved with a healthy lifestyle and, if necessary, insulin.

Consult with your doctor for a plan that suits you.

## Tips to improve your blood glucose control



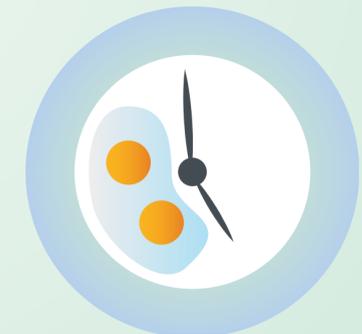
- Only gain the recommended amount of weight and stay active.



- Adjust your treatment with your doctor.



- Insulin may be needed.



- Eat a healthy and balanced diet

## Make healthy choices

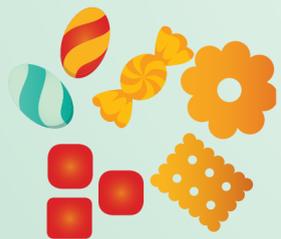
During pregnancy your energy requirements, the way your body processes the food and insulin will change from your pre-pregnancy patterns.



■ **Eat regular balanced meals.**



■ **Eat 3-5 portions of vegetables and 2-4 portions of fruit a day.**



■ **Limit sugary foods and beverages.**



■ **Include wholegrain, high-fibre carbohydrates in your diet.**

## Did you know?



- If you already have diabetes, planning a pregnancy increases the chances of a healthy pregnancy and baby.
- Controlling your glucose levels if you are diagnosed with gestational diabetes decreases the risk of complications that you and your baby may face.
- Contact your diabetes care team, midwife or doctor as soon as you suspect you are pregnant for urgent referral to a specialist diabetes antenatal clinic.



## References:

1. Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes-2020. American Diabetes Association. Diabetes Care. 2020;43(Suppl 1):S183-S192.
2. National Institute of Child Health and Human Development (NICHD). Managing Gestational Diabetes: A Patient's Guide to a Healthy Pregnancy [Internet]. 2004 [cited 2021 Mar 17]. Available from: [https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/managing\\_gestational\\_diabetes.pdf](https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/managing_gestational_diabetes.pdf).
3. U.S. Department of Health and Human Services: National Institutes of Health. Medline Plus. Gestational diabetes diet [Internet]. 2021 Feb 26 [cited 2021 Mar 17]. Available from: <https://medlineplus.gov/ency/article/007430.html>

*For more information please contact your healthcare professional.*

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Roche Diabetes Care Middle East FZCO

PO Box 263990 – Jebel Ali Free Zone

Dubai, United Arab Emirates

[www.rochediabetescareme.com](http://www.rochediabetescareme.com)

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