



**Wolverhampton
Diabetes Care**

Contraception and Planned Pregnancy in Diabetes

What is the best form of contraception?

Most women with diabetes have healthy pregnancies and babies. There are some increased risks to mother and baby but these can be thought about and usually dealt with in advance. We advise that all women with diabetes plan their pregnancies or use effective contraception otherwise.

What is the best form of contraception?

Contraception choice is personal and the best is the one that works for you in your own circumstances. There are several effective forms of contraception including the oral contraceptive pill, the Mirena Coil and Depo-Provera. Most women with diabetes can use any of these according to circumstances and choice. Seek advice from your GP.

Why should I plan my pregnancy?

There are many personal reasons to plan a pregnancy as well as those due to health and diabetes.

Planned pregnancy gives you a chance to sort out general health issues such as you diet, fitness, weight and especially alcohol and smoking.

If diabetes control is poor before or early in the pregnancy, babies are at a greater risk for birth defects and miscarriage. This risk can be reduced by planning and improving diabetes control before you fall pregnant.

For the mother, it's important to know if there are any risks to your health when falling pregnant. Blood pressure, eye and kidney problems can worsen in pregnancy. Although this is not usually a big problem, on occasion it can be. It's best to be pre-prepared and fully advised of the risks.

If you are planning pregnancy then you may be on certain medications that should be adjusted or stopped before you fall pregnant – especially certain blood pressure treatments most especially drugs called ACE inhibitors.

If you have diabetes treated with tablets it may be wise for you to convert to insulin treatment before or as soon after you are pregnant.

What diabetes control should I aim for before becoming pregnant?

Aim to get your blood glucose as good as possible for at least three months before you try to become pregnant. This means a blood sugar of 4-6 mmol/l before meals and an HbA1c (long term test) of 7% or less.

Does good diabetic control matter all through my pregnancy?

Yes! If your blood glucose is too high then your baby's blood glucose will also be too high. Early in your pregnancy this may upset your baby's normal development; later it can affect your baby's growth and may lead to difficulties at and also after birth. This means it is very important to keep your blood glucose well controlled throughout the pregnancy.

How do I keep good diabetes control?

You probably know how to do this but now you will be more motivated to put it into practice. . Good diabetic control is achieved by being careful with your diet, keeping active, watching your weight gain, adjusting your insulin or other diabetes treatment. You will need to be more careful about avoiding hypoglycaemia (low blood sugars). You should do more regular blood testing and record and act on your results.

Seeking advice and what care to expect

Seek advice early from your medical team and involve them in contraception and pregnancy planning.

Women with diabetes planning pregnancy should be under the specialist diabetes team as soon as they know they want to plan a pregnancy or as soon as they know they are pregnant – ask to be referred if you are not. You should have a full preconception check for your blood sugar control and diabetes complications and full advice and support throughout.

During pregnancy you will be in a special antenatal clinic run jointly by the maternity and diabetes services. Here your diabetes blood pressure, eyes and kidneys will be closely reviewed and discussed with you – as well as keeping a good on baby's progress.

You should have a delivery plan made well in advance and you should be confident of how your diabetes will be managed during labour.

You should know how you will be followed up after delivery.

You can ask to see all of the standard care plans that held by the specialist teams that tell you what will happen at various stages of pregnancy.

You should always know what the plan of action is – ask if you don't.