

Diabetes in Pregnancy

What is diabetes in pregnancy?

Having diabetes means that there is too much sugar (glucose) in your blood. Some women have diabetes before they get pregnant. Others start having it during pregnancy. Diabetes that starts during pregnancy is called gestational diabetes.

If you had diabetes before you became pregnant, it may get harder for you to control your sugar levels during pregnancy. Pregnancy can make both high and low blood sugar levels happen more often. It can make diabetic eye, kidney, heart, blood vessel, and nerve problems worse. You may need to change your insulin dosage. If you were not using insulin before the pregnancy, you may need to use it while you are pregnant.

If you develop diabetes during pregnancy, you may need to start a special diet. You may need to have insulin shots or take a pill to help control your blood sugar.

If diabetes is not treated well before and during pregnancy, and your sugars are poorly controlled, these problems might occur:

- The high sugar levels in your blood might cause the baby to get too big before birth. Very large babies tend to have more problems. Babies who are very large or have other problems may need to be delivered by C section. If delivered vaginally, a big baby is slightly more likely to have an injury at the time of delivery.
- The baby might have birth defects, such as problems with the heart, kidney, spine, or brain. Some of these problems may be life threatening.
- You might have high blood pressure during the pregnancy, which can cause problems for both you and the baby.
- You may develop ketones in your blood and urine when you have very high blood sugar. This can cause a very serious, life-threatening condition called diabetic ketoacidosis.
- You might go into labor early.
- The baby might need to be delivered early.
- After delivery the baby's blood sugar may be too low.
- The baby might have jaundice.
- You might have a miscarriage early in the pregnancy, or the baby might die in the uterus before delivery.

If you do have proper treatment before and during your pregnancy, there is a good chance that you will deliver a healthy baby.

What is the cause?

Diabetes is a problem with the way your body makes or uses insulin. Insulin is made by the pancreas, which is an organ in your upper belly. Your body uses insulin to help move sugar from the blood into the cells. When your body does not

have enough insulin or has trouble using insulin, sugar builds up in your blood and cannot get into your cells.

Pregnancy hormones can change the way insulin works, so during pregnancy the pancreas needs to make more insulin than normal. If the pancreas cannot make enough insulin to control the sugar level, you become diabetic. Gestational diabetes develops in about 7% (1 in 14) of pregnancies.

No one knows why some people develop diabetes and others do not. However, women with the following histories or conditions are at higher risk of having diabetes during pregnancy:

- A family history of diabetes
- Overweight, especially over 200 pounds
- A previous baby that weighed 9 pounds (4000 grams) or more at birth
- A previous stillborn baby
- A previous baby with birth defects
- Multiple previous miscarriages
- Age over 35 years

What are the symptoms?

Symptoms of diabetes in women who are **not** pregnant might include:

- Increased thirst
- Unexpected weight loss
- Eating too much
- Urinating a lot
- Unexplained tiredness

Diabetes can happen during pregnancy without noticeable symptoms. However, urine and blood tests during your pregnancy may show that your blood sugar is high.

How is it diagnosed?

If you have a high risk for diabetes, you will probably have a blood test to screen for diabetes at your first prenatal visit or soon afterwards. If the early test is normal, you will have another blood test later in the pregnancy. If you have a low or average chance of developing gestational diabetes, you should be screened with a blood test after the 24th week of pregnancy and usually by the 28th week.

How is it treated?

If you start having diabetes during pregnancy, you may be able to control your blood sugar level by:

- Checking your blood sugar level at home (your healthcare provider will tell you how often you need to check it)
- Following a special diet

- Getting regular, moderate exercise, as recommended by your healthcare provider

You may also need insulin shots or diabetes medicines taken by mouth to control your sugar level. If you need insulin, make sure you understand as much as possible about your insulin. Know the right amount to use and the correct technique for giving yourself shots. It is also a good idea for another person, such as your partner, to learn how to give you insulin in case of an emergency. Your healthcare provider will tell you how much insulin you need and when you need the shots.

The only way to know if you are taking the right amount of insulin is to watch your blood sugar closely every day. Ask your healthcare provider when you should check your blood sugar. Ask when to call your provider if your blood sugar is not in the range that your provider suggests.

If you are already a diabetic and planning to get pregnant, discuss this with your healthcare provider well before you try to get pregnant. You need to have good control of your blood sugar before you are pregnant. You should also have a thorough medical exam. While you are pregnant you may need extra care such as:

- More frequent checks of your blood sugar at home and by your healthcare provider
- A change in your diet
- Changes in your insulin dosage during your pregnancy if you have type 1 diabetes
- More frequent visits with your obstetric healthcare provider and with your diabetes care provider
- More checks of your heart, eyes, and kidneys

If you have type 2 diabetes and are pregnant or thinking about getting pregnant, be sure to talk with your provider about your treatment choices. You may need changes in your medicine while you are trying to get pregnant and during pregnancy.

When you are in labor, your provider will watch your blood sugar closely and test it often. During labor you may need to have sugar water and insulin given IV (into your veins) to control your blood sugar level.

How long will the effects last?

Most women who develop diabetes during pregnancy stop being diabetic after the baby is born. The body's need for insulin usually decreases after delivery.

However, you have a good chance of becoming diabetic later in your life. To decrease this risk of being diabetic again, you may need to lose more weight after the pregnancy. Also make sure your diet is healthy and that you get enough exercise. Your healthcare provider will test your blood sugar level often.

If you were diabetic before pregnancy, you will probably go back to your previous condition and treatment plan after your baby is born. However, complications of diabetes may get worse during pregnancy. If you did not have good control of your

blood sugar before pregnancy, your baby has a higher risk of birth defects, or the baby might die before delivery. Ask your healthcare provider about these risks.

If you become diabetic in one pregnancy, you are more likely to be diabetic in future pregnancies. You should be tested early for diabetes the next time you are pregnant.

How can I take care of myself?

- Follow the diet, medication, and exercise program recommended by your healthcare provider.
- Keep good control of your blood sugar. You may need to check your blood sugar 1 or more times a day.
- Make sure you and your family members know how to treat low blood sugar. A risk of keeping blood sugar in very good control is that it will sometimes go too low. Low blood sugar reactions can be dangerous for the mother. However, it has not been shown that a mother's low blood sugar hurts her baby.
- Keep all of your appointments with your healthcare provider and diabetes care provider.

How can I help prevent diabetes or complications from diabetes during pregnancy?

Stay at a healthy weight. Starting a pregnancy at a healthy weight puts less strain on your body. This takes long-range planning. "Crash diets" are always unwise, and any weight loss can be dangerous during pregnancy.

If you have diabetes not caused by pregnancy, you need to plan the pregnancy and discuss your health with your healthcare provider at every step along the way. If your diabetes is not under really good control, you should keep yourself from getting pregnant with careful use of a reliable method of birth control. Keep your blood sugar in the normal range for 3 months before you get pregnant and keep good control throughout your pregnancy. Healthcare providers also recommend folic acid every day to reduce the risk of some pregnancy complications, such as certain birth defects. Ask your healthcare provider what dose of folic acid is recommended for you.

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