Managing Diabetes During Pregnancy

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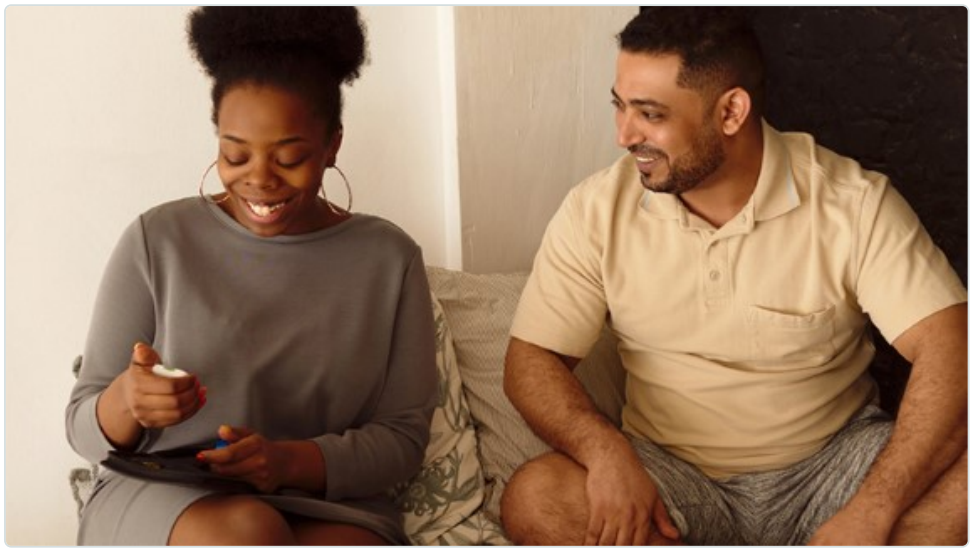

If you get pregnant and have diabetes, you can still have a healthy pregnancy and baby with careful management and oversight from your doctors.

IN THIS ARTICLE

There's lots of good news for pregnant women with type 2 diabetes, a condition in which the body doesn't respond as it should to insulin.

In fact, with the right medical help and diligent self-care, you have about the same excellent chances of having a successful pregnancy and a healthy baby as any other expectant mom.

The key to managing type 2 diabetes during pregnancy? Achieving normal blood glucose (sugar) levels six months before conception and maintaining those levels throughout the nine months following it.

So if your diabetes has been under control, it's more important than ever to continue your routine now that there are two of you on board. Here's what to think about if you're heading into

pregnancy with type 2 diabetes.

How does diabetes during pregnancy affect babies?

If you have type 2 diabetes, you have higher levels of glucose circulating in your blood, and health issues can arise if your blood sugar levels aren't well monitored and managed.

That's because extra sugar can be transferred to baby while you're expecting — and a fetus that's served too much glucose reacts by producing an increased supply of insulin (which can result in a too-large baby and other complications).

Finding your pregnancy and diabetes care team

Be prepared: You'll have a lot more prenatal visits than other expectant moms and will probably be given more doctors' orders to follow (all for a good cause).

So it's a good idea to get your medical team in place as soon as you think you might want to get pregnant. The OB/GYN or midwife who supervises your pregnancy should have plenty of experience caring for diabetic moms-to-be, and he or she should work together with the doctor who has been in charge

of your diabetes.

The following people can help you to manage your condition and stay healthy (though you may not need or choose to see all of these practitioners):

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- **An endocrinologist.** You may already see this doctor, who specializes in treating people with diabetes (or may be working with an internal medicine doctor). If you're not, ask your primary care doctor if you should consider finding one who can help you monitor your blood glucose levels throughout pregnancy.
- **A high-risk OB/GYN.** If you have type 2 (or type 1) diabetes, try to find an OB/GYN who specializes in treating women with diabetes; he or she can discuss your risk factors and the ways to avoid complications.

- **A nutritionist.** You'll want an attainable diet geared to your personal requirements; a nutritionist (along with the rest of your team) can help you come up with the right meal plan. Ideally, you'll start your diet pre-pregnancy — and you'll want to follow up after conception to make adjustments. If you don't already work with a nutritionist, ask your doctor for a recommendation or find a professional through the Academy of Nutrition and Dietetics.
- **A certified diabetes educator (CDE).** A CDE is a health professional who has expertise in prediabetes, diabetes prevention and management. He or she can offer individualized plans to help you better understand and manage the condition; visit the National Certification Board for Diabetes Educators to find a CDE near you.
- **A specialist pediatrician or neonatologist.** It's not a bad idea in your second trimester to start looking for a children's doctor who specializes in treating the children of women with diabetes.

Controlling diabetes during pregnancy

One of the best ways to have a healthy

pregnancy is to get your body in the best possible shape for making a baby before — and after — conceiving.

That means doing the following:

1. Fine-tuning your diet during pregnancy

Diabetic pregnant moms can expect to follow a meal plan similar to the typical pregnancy diet, which includes a balanced mix of complex carbohydrates and protein, is low in cholesterol and fat, and contains few sugary sweets.

A diet geared to your personal requirements should be carefully planned with your physician, a nutritionist and/or a nurse-practitioner with expertise in diabetes.

Here are a few tips for pregnant women with diabetes:

- **Keep a close eye on carbs.** If you are on oral diabetes medications, you may need to pay slightly closer attention to your sugar levels than those who are taking rapid-acting insulin. The extent of your carbohydrate restriction will depend on the way your body reacts to particular foods. Most women with diabetes do best getting their carbohydrates from vegetables, whole grains and legume sources

rather than from fruits. Ask your doctor about the right number of carbs to keep your blood glucose levels in check. It's not always as strict as it used to be for those on fast-acting insulin, which can be adjusted if you go over your limit.

- **Snack smart.** Snacks will also be important (even more important they are for the average mom-to-be), and ideally, they should include a complex carbohydrate (such as whole grain bread) and a protein (like beans, cheese or chicken).
- **Eat frequently.** Skipping meals or snacks can dangerously lower blood sugar, so try to eat on schedule, even if morning sickness or indigestion are putting a damper on your appetite. Eating six mini-meals a day that are regularly spaced, carefully planned and supplemented as needed by healthy snacks is your smartest strategy.

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2. Gaining the right amount of weight

It's best to try to reach your ideal weight before conception. But if you start your pregnancy overweight or obese, it will be extra important to set a weight gain goal with your practitioner and to stick to it (think: slow and steady). Gaining too much weight can put you at risk of

other pregnancy complications, so be sure to keep an eye on the scale.

Your baby's growth will also be monitored using ultrasound. That's because babies of diabetics sometimes grow very large, even if mom's weight is on target.

Heavier babies make delivery more difficult (there's a higher chance of childbirth complications and/or cesarean delivery when baby is very large) and they are also more likely to be overweight as adults and have a higher risk of diabetes, heart disease and other illnesses later in life.

3. Fitting in fitness

A moderate exercise program will give you more energy, help regulate your blood sugar, keep your weight gain on track and get you in good shape for delivery. But it must be planned with your doctors in conjunction with your diet and medication regimen.

If you have no other complications and are physically fit, moderate exercise — brisk walking (but not jogging unless you were a jogger before you got pregnant), swimming and riding a stationary bike — will likely be on the workout menu.

Chances are that only very light exercise

(leisurely walking, for instance) will get the green light if you were out of shape before getting pregnant or if there are any signs of problems with your diabetes, your pregnancy or your baby's growth.

The precautions you take during exercise probably won't differ much from those of any other pregnant woman: Have a snack before your workout, don't exert yourself to the point of exhaustion and never exercise in a very warm environment (80 degrees Fahrenheit or higher).

If you're on insulin, you'll probably be advised to avoid injecting it into the parts of the body you're using in your workout (your legs, for example) and told not to reduce your insulin intake before you exercise.

4. Getting enough rest

Getting enough sleep and rest is important, especially in the third trimester. Avoid overdoing it, and try to take some time off during the middle of the day for putting your feet up or power napping, if possible.

5. Regulating medications

If diet and exercise alone don't control your blood sugar, you'll likely be put on insulin (if you aren't already). If you end

up needing it for the first time during pregnancy, your blood sugar can be stabilized under close medical supervision.

If you were taking oral medication before you conceived, you might be switched to injected insulin or an under-the-skin insulin pump during pregnancy.

Since levels of the pregnancy hormones that work against insulin increase as pregnancy progresses, your dose may have to be adjusted upward periodically.

How much you need may also have to be recalculated as you and your baby gain weight, if you get sick or are under extreme emotional strain, or if you overdo your carbs.

Studies show that some oral medications may be effective alternatives to insulin therapy during pregnancy for some mild cases, but your doctor will prescribe what's best for you and your specific situation.

In addition to being sure your diabetes medicine is on target, you'll need to be extremely careful about any other medications you take. Many over-the-counter drugs can affect your insulin levels — and some medications may not be safe in pregnancy — so don't take

any until you check with both the physician overseeing your diabetes and the one taking care of your pregnancy.

6. Regularly checking your blood sugar levels

You may have to test your blood sugar — with special sensors and pumps, a simple finger-prick method or tracking apps — at least four to 10 times a day, possibly before and after meals, to ensure it's staying within safe levels.

While you should always check with your practitioner to know what your numbers mean for you, here are a few general guidelines:

- **Before a meal** your fasting blood sugar number should be in the 60 to 99mg/dl range.
- **One to two hours after eating** the numbers should be 100 to 129 mg/dl.

You may be told to write down the results along with what you've been eating throughout the day. But continuous glucose monitoring using a device that tracks your blood sugar levels with a tiny sensor placed under the skin of your tummy may help you achieve the best glucose control.

It collects readings automatically every five minutes or so, sends the information to a wireless wearable

monitor or app and sounds an alarm if your sugar drops to a dangerously low level, activating an insulin pump.

If you were insulin-dependent before pregnancy, you may be more subject to low blood sugar episodes (hypoglycemia) than when you weren't pregnant, especially in the first trimester — so careful monitoring is a must.

And don't leave home without packing the right snacks. If you notice your numbers are too low or too high, make sure to talk to your doctor.

7. Careful monitoring by your doctor

To make sure all is going well, you'll be watched more carefully during your nine months than other moms-to-be. Translation: You'll need to have checkups and more routine tests.

Along with regular blood screenings, here are some of the exams you can expect:

- **Urine tests.** Since your body may produce ketones — acidic substances that can result when the body breaks down fat, resulting in too-high levels that can be dangerous for baby — during this close regulation of your diabetes, your practitioner may check your urine regularly. Your urine will

also be tested regularly for protein (sometimes over 24 hours) to make sure your kidney function is up to par.

- **Eye exams.** You'll probably have an eye exam within the year to check the condition of your retinas. Retinal problems tend to worsen during pregnancy, but if your diabetes has been under control, your eye health usually returns to its pre-pregnancy status after delivery.
- **Fetal electrocardiogram.** Because there's a slightly higher risk of heart problems in the babies of diabetics, you'll probably get a special ultrasound of the fetal heart at about 22 weeks to make sure everything's going well.
- **Tests of baby's well-being.** The condition of your baby and the placenta will likely be evaluated throughout your third trimester with stress or nonstress tests and biophysical profiles. You'll also have regular ultrasounds to gauge baby's size and ensure that he or she is growing at the right rate (and as you near delivery, that your little bundle isn't getting too big for a vaginal delivery). And you may be asked to count your baby's kicks three times a day after the 28th week to monitor

fetal movements.

Because diabetics are at somewhat higher risk for preeclampsia, your doctor will watch you closely for early signs of that condition, too, such as elevated blood pressure.

Elective early delivery with diabetes during pregnancy

Women who develop gestational diabetes, as well as women with preexisting mild diabetes that is well controlled, can usually carry to their due date safely — though their babies are a bit more likely to be born prematurely.

But when mom's normal blood sugar levels have not been well maintained throughout pregnancy, if the placenta deteriorates early or if other problems develop late in pregnancy, baby may be delivered a week or two before term.

The various tests mentioned above help a physician decide when to induce labor or perform a C-section — late enough so the fetal lungs are sufficiently mature to function outside the womb, but not so late that the baby's safety is compromised.

If your baby is delivered early, don't worry if she's placed in a neonatal intensive care unit (NICU) immediately

after delivery. This is routine procedure for babies born before 37 weeks.

Your baby will be observed for respiratory problems (which are unlikely if the lungs were tested and found to be mature enough for delivery) and for hypoglycemia (which, though more common in babies of women with diabetes, is easily treated). You should be able to get your baby back soon so you can start nursing, if that's your plan.

Feeding and caring for your baby after delivery

If you're planning to breastfeed, baby should nurse as soon as possible after birth, ideally within 30 minutes, and then every two to three hours to prevent hypoglycemia, or low blood sugar.

Be sure to ask the hospital staff not to test your baby's blood glucose levels until just before the second feed (make sure you've discussed that with your practitioner before delivery) so that a diagnosis of hypoglycemia isn't made prematurely.

Check, too, that your baby isn't given formula or glucose water and is brought to you regularly and early for continued feedings.

Complications of diabetes during pregnancy

Since diabetes affects almost every system in the body — brain, heart, skin, nerves, eyes and kidneys — failing to manage your glucose levels could put you at increased risk of a number of complications, from high blood pressure and preeclampsia to vision problems and even heart disease.

Babies of moms with unmanaged type 2 diabetes during pregnancy are also at increased risk of complications. If type 2 diabetes is not controlled properly during the first trimester, excessive sugar can affect the rapidly-developing fetal nervous system and comes with an increased risk of miscarriage.

In the second trimester, high fetal glucose levels can lead to macrosomia, a condition where a baby receives too many nutrients in the womb and is born larger than average.

Uncontrolled high blood sugar during pregnancy has also been linked to a number of other serious complications for babies, including heart problems, cleft palate, kidney and gastrointestinal tract disorders, brain damage, jaundice, hypocalcaemia (low calcium) and polycythemia (increase in red blood cells).

Babies of women with diabetes are also at higher risk for obesity and type 2 diabetes later in life.

While diabetes does put you and your baby at increased risk of complications during pregnancy, these risks are greatly diminished when the diabetes is managed effectively.

By taking control of your condition — closely monitoring your blood sugar, eating healthy, getting regular exercise and gaining the amount of weight that's right for you — you'll make a huge difference in the outcome of your pregnancy and the health of you and your baby, now and for many years to come.

From the What to Expect editorial team and Heidi Murkoff, author of What to Expect When You're Expecting. Health information on this site is based on peer-reviewed medical journals and highly respected health organizations and institutions including ACOG (American College of Obstetricians and Gynecologists), CDC (Centers for Disease Control and Prevention) and AAP (American Academy of Pediatrics), as well as the What to Expect books by Heidi Murkoff.

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