



A GUIDE TO

Diabetes and Pregnancy



Planning for Pregnancy with Diabetes

If you have type 1 or type 2 diabetes and are planning to become pregnant, it is important to focus on your diabetes care before you become pregnant. Before you become pregnant, it is important to:

- Complete a medical screening for your eyes and blood pressure.
- Take a prescribed prenatal multi-vitamin that has folic acid in it.
- Meet with a doctor (primary care doctor or ob-gyn) for pre-pregnancy counseling.

Target Blood Sugar and A1C Levels: For Those Who Have Diabetes and Are Planning to Become Pregnant

- Blood Sugar Before Meals:
80 to 130 mg/dL
- Blood Sugar 1 to 2 Hours After Meals:
Lower than 180 mg/dL
- A1C: **Lower than 6.5%**

Caring for Your Diabetes While Pregnant

Having diabetes can add risks to a pregnancy, especially if your blood sugar is often high or uncontrolled before and/or during pregnancy. When you have diabetes and are pregnant, it is important to:

- **Check your blood sugar** - You should check your blood sugar at least 4 to 10 times a day, and review your results with your diabetes health care provider at least once a week.
- **Eat well-balanced meals** - This includes meals with a variety of pregnancy-safe nutritious foods.
- **Stay active** - This includes regular physical activity and exercise. Do at least 30 minutes of pregnancy-safe exercises a day at least 5 times per week. Only do what you can safely handle. Walking is a good option.
- **Take your diabetes medicines as directed** - Your diabetes health care provider will usually need to adjust your medicines during pregnancy.
- **Attend all doctor's visits** - This includes all your routine prenatal/ob-gyn visits, and have all your required testing done.

Managing Your Blood Sugar While Pregnant

Blood sugars change over the course of pregnancy because of hormonal changes. This can make controlling your blood sugar harder.

- **Hypoglycemia - Early on in pregnancy**, you may be at an increased risk for hypoglycemia (low blood sugar).
- **Insulin Resistance - During your 2nd and 3rd trimesters**, insulin resistance may occur. Insulin resistance is when the body cannot use insulin as it should, which could increase your blood sugar and how much medicine you need.

The times you should check your blood sugar change when you are pregnant. Checking your blood sugar at other times of the day, for example at bedtime, may also be helpful. Ask your diabetes health care provider when you should check your blood sugar.

Target Blood Sugar and A1C Levels: For Those Who Have Diabetes and Are Pregnant

- Blood Sugar at Fasting (Waking) and Before Meals: **70 to 95 mg/dL**
- Blood Sugar Before Meals: **70 to 95 mg/dL**
- Blood Sugar After Meals:
 - 1 hour after a meal: **110 to 140 mg/dL**
 - 2 hours after a meal: **100 to 120 mg/dL**
- A1C: **Lower than 6% if possible; below 7% if risk of hypoglycemia (low blood sugar) is high**

Blood Sugar Safety Tips While Pregnant

- It is important to plan for times when your blood sugar unexpectedly goes up or down.
- **You may feel low or high blood sugar levels differently during pregnancy compared to when you were not pregnant.**
- Ask your diabetes health care provider to help you plan for when your blood sugar unexpectedly goes up and down, so you can limit risks and stay safe.
- Checking your blood sugar using a fingerstick is the best way to see if you have high or low blood sugar.

- To avoid blood sugar emergencies, try to keep your blood sugar above 50 and below 250 mg/dL (60 to 180 mg/dL, if possible), and contact your diabetes health care provider for advice. They can adjust your medicines, if needed.

Important

- **High blood sugars and ketosis** (when your body burns fat for energy instead of glucose) can occur sooner in pregnancy if you do not eat for a long time, are sick, and/or are stressed.
- **Mild low blood sugars** (60 to 69 mg/dL) are generally not harmful for you or your baby, but it is important to detect and treat them to help prevent severe low blood sugar.

Healthy Eating Tips for Blood Sugar Management While Pregnant

Usually, pregnant people need:

- **Carbohydrates** - At least 175 grams of total carbohydrates (including 28 grams of fiber) per day.
- **Protein** - At least **71 grams of protein** per day. Eating protein with meals and snacks can also help blood sugar response.
- **Iron - 27 milligrams of iron** per day, which can be found in most prenatal vitamins. It is also good to eat at least 3 cups of vegetables that are high in iron and vitamin C a day. Good sources of iron include:
 - Dark leafy greens
 - Lean meat, seafood, and poultry
 - Iron-fortified cereals and grains
 - White beans, kidney beans, lentils and peas, and nuts

Healthy snacks can help you to control hunger, balance blood sugar levels, and give you the extra energy you need when you are pregnant. Having snacks between meals and/or at bedtime may be recommended up to 2 to 4 times a day, especially during your 2nd and 3rd trimesters.

Diabetes Care by Trimester

First Trimester

- **Check your blood sugar** - You should check your blood sugar at least 4 to 10 times a day, and review your results with your diabetes health care provider at least once a week.

- **Body weight** - Your body weight will be checked using body mass index (BMI). BMI is a height-to-weight ratio measurement. This will help to determine how much weight is best for you to gain while you are pregnant.
- **Attend all doctor's visits** - This includes all your routine prenatal/ob-gyn visits, and have required testing and exams done. Testing and exams may include:
 - **A1C check**
 - **Urine and/or blood check** (done to see how well your kidneys are working)
 - **Dilated eye exam** (if you have type 1 diabetes)
 - **Thyroid function test** (if you have type 1 diabetes)
 - **Pregnancy ultrasounds**
- **Maternal Fetal Medicine (MFM)** - Your doctor may give you a referral for a Maternal Fetal Medicine (MFM) consult visit. MFM care team members are specialists that help to monitor your diabetes care including your recent testing and exams.

Second Trimester

- **Check your blood sugar** - You should check your blood sugar at least 4 to 10 times a day, and review your results with your diabetes health care provider at least once a week.
- **Attend all doctor's visits** - This includes all your routine prenatal/ob-gyn visits, and have all required testing and exams done. Testing and exams may include:
 - **A1C check**
 - **An anatomy scan:** This is a routine ultrasound, typically done between weeks 18 to 22 of pregnancy.
 - **A fetal echocardiogram:** This is an ultrasound of your baby's heart, typically done by week 24 of pregnancy.
 - **Genetic testing**
- **Preeclampsia** - At week 12 of pregnancy, start taking low dose aspirin daily to help lower the risk of preeclampsia. Preeclampsia is high blood pressure that occurs during pregnancy and affects the kidneys, liver, brain, and placenta and can be dangerous to you and your baby. Your doctor will tell you what dosage you should take.

Third Trimester

- **Check your blood sugar** - You should check your blood sugar at least 4 to 10 times a day, and review your results with your diabetes health care provider at least once a week.
- **Attend all doctor's visits** - This includes all your routine prenatal/ob-gyn visits, and have all required testing and exams done. Testing and exams may include:
 - **A1C check**
 - **A growth ultrasound:** You will need to get this ultrasound every 4 weeks to check your baby's weight.
 - **Non-stress tests (NSTs):** You will get these tests 2 times a week starting at week 32 of pregnancy to check your baby's heartbeat patterns.
- **Maternal Fetal Medicine (MFM)** - If your doctor refers you to an MFM clinic, the care team members there will help you start planning for your delivery at week 36 to 37 of your pregnancy. MFM care team members will:
 - Talk to you about the best time and way to deliver your baby.
 - Review your tests, your baby's tests, and your baby's size to help determine the best time for delivery.
 - Help you schedule your delivery, if needed, and create your diabetes medicine plan for after delivery. You will need to see your diabetes health care provider within 4 weeks after delivery for further diabetes care.
- **Schedule a visit for after delivery** - Schedule and confirm a date for a postpartum (after delivery) diabetes health care provider visit.

Delivery and Postpartum

- Usually, delivery is planned for around week 39 of pregnancy, although it may happen sooner if there are complications.
- Your care team will monitor your blood sugar while you are in labor.
 - Target blood sugar levels while you are in labor are between 70 to 110 mg/dL.
 - You will receive IV glucose and insulin as needed.
- After delivery, your blood sugar will be closely monitored, especially during the first 48 hours. The amount of insulin you need can quickly decrease after delivery.
- Breastfeeding shortly after delivery provides benefits for both you and your baby.

Target Blood Sugar and A1C Levels: After Delivery

- Blood Sugar at Fasting (Waking): **Less than 130 mg/dL**
 - Blood Sugar Before Meals: **80 to 130 mg/dL**
 - Blood Sugar 2 Hours After Meals: **Less than 180 mg/dL**
 - A1C: **Less than 7% (if you want to get pregnant again, less than 6.5%)**
- Return to non-pregnancy diabetes care with your diabetes health care provider after delivery:
 - Within 1 to 2 weeks if you have type 1 diabetes
 - Within 2 to 4 weeks if you have type 2 diabetes



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