

Diabetes in Pregnancy

Diabetes is a condition in which the body does not make insulin or is unable to properly use the insulin it makes. Insulin is a hormone necessary to convert sugars into energy in the body. Pregnant women may have Type I or Type II Diabetes before they become pregnant, or may develop diabetes during pregnancy (gestational diabetes). Gestational diabetes, unlike Type I or Type II, usually does not have any symptoms.

If you have diabetes or are diagnosed with gestational diabetes it is very important for you to keep your blood sugar within normal range in order to prevent serious complications for both you and your baby.

To ensure the best outcome for you and your baby if you have Type I or Type II diabetes tell your healthcare provider (family physician, nurse practitioner or obstetrician) that you want to become pregnant soon.

- Get your blood sugars under very good control 3 months before pregnancy.
- Take 0.4 mg (400 mcg) of folic acid every day or a prenatal vitamin every day. These can be found over-the-counter at most drugstores.
- Get an eye exam to be sure diabetes has not affected your eyes.
- Your healthcare provider may also run tests for kidney function and tests on your heart.

During pregnancy, if you have any of the following risk factors you will be tested for gestational diabetes as early as the first prenatal visit. If testing is negative on the first visit, or you have any symptoms of diabetes, you will be retested between 24 and 28 weeks.

Risk factors for diabetes that warrant testing at the first prenatal visit are:

- Older than 25 years of age
- Overweight
- Previously given birth to a baby weighing more than 9 pounds
- Have had a miscarriage or given birth to an infant with an unexplained birth defect
- Have a history of abnormal glucose tolerance, or have had "sugar" in your urine
- Have a mother, father, brother, sister, or grandparent with diabetes
- The following ethnic groups: Hispanic American, African American, Native American, are from Asia, one of the Pacific Islands, or Australia (indigenous, or Aboriginal Australian)

If you have any type of diabetes you will be seen often in your prenatal clinic. If your health care provider requests the assistance of experts at UAMS in managing your pregnancy, some clinic visits can be done in your hometown by telemedicine. A telemedicine visit allows you to see and talk to the UAMS physicians about your pregnancy in front of a special television-like device located somewhere close to your hometown.

You will be instructed to check your blood sugar with a home glucose monitor, usually 4-5 times every day and keep a log of all readings. You will bring your logs to each prenatal visit and may be asked to fax or e-mail the logs to UAMS if involved in your care. By doing this the healthcare team can help you keep your blood sugar under better control by altering your diet, medications taken by mouth, or your insulin injections. You will be counseled on a proper diabetes diet, individualized for you, by a dietitian, nurse, or physician.

Depending upon the severity of your diabetes, as well as whether you have any other medical conditions or complications, other tests may be performed at different times during your pregnancy to check on your health or the health of your baby.



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