

EXPECTING TO BE EXPECTING?

By Martha Funnell, MS, RN, CDE

For most women, the idea of starting a family is both exciting and scary. It is exciting to think how you can create a new life and perhaps have a dream come true. It can also be a time of worry as you think about how your life will change. Women who have diabetes may also worry about how diabetes can affect their pregnancy and their future child.

The good news is that more and more women with both type 1 and type 2 diabetes are having safe pregnancies and healthy babies than ever before. As you might expect, it takes more planning and more work, but the results are worth it.

PRE-PREGNANCY

First, visit with your health care provider before you get pregnant. During this visit, you and your provider will talk about your general health, diabetes treatment and current blood glucose levels. You may have your eyes and kidneys checked for signs of damage. If you take insulin, the dose and types of insulin you take may be changed. If you take diabetes pills, you may need to switch the types you take or start insulin during your pregnancy. Think of this as the time to get your body

ready to nurture a new life in the best possible way.

It is best to keep your A1C level close to normal before you try to get pregnant. Because a baby's organs are formed very early during pregnancy, birth defects can occur if blood glucose levels are too high. If you get and keep your blood glucose levels in your target range, it will give your baby a good start. The other thing that you can do before you become pregnant is to take folic acid. This can help prevent birth defects. Your health care provider can offer advice about how much to take and when to start. This is also a good time to change health habits that you have been putting off. Do you want to eat better foods, move more, become more active or stop smoking? Now is a great time to start. When you struggle to stick with your plan, picture yourself holding your new baby. What could be more motivating than that?

PREGNANCY

The goal for diabetes care during pregnancy is to keep your blood glucose as close to normal as possible. As your need for insulin rises, your medicines will likely change. If you did not take insulin before pregnancy,

you may need it until you deliver. If you were taking insulin, the types and doses may change. To keep your blood glucose in this very tight range, you will also need to watch your control more closely, pay close attention to your food, activity and stress levels, and see your health care team often.

You and your baby will be watched very carefully during your entire pregnancy. Although having these tests may be scary, it is the best way to be sure that you and your baby are both doing well.

DELIVERY

Women with diabetes can have normal births, although your chances of having induced labor or a Caesarean section are increased. Women with diabetes are more likely to have a large baby if their blood glucose levels are high near the end of pregnancy. During the birth of your baby, your progress will be watched very closely to be sure that all is well. After the baby is born, he or she will be

checked often. The baby's blood glucose level will be checked for a low blood glucose level, which is not the same as diabetes. Low blood glucose can occur because the baby has been making extra insulin to be sure that his or her blood glucose stays in the normal range. Once the baby is born, it may take a day or two to adjust.

Finally, your baby is here and you are ready to go home. There is no question that you will work harder than other women during your pregnancy, but there is also no question that a new life is well worth all of your efforts.

