

Planning to start a family?

Women living with diabetes can have a safe and healthy pregnancy. But you will need to plan ahead. Read below for some key information you will need to know before and during your pregnancy.

Before conceiving:

- High blood sugars during pregnancy can cause harm to both mom and baby. Strive to achieve good blood sugar control **before** conceiving (A1C <7.0%, if possible <6.5%).
- Some diabetes medications are not safe to take during pregnancy. Speak to your doctor to see if there are any medications you will need to stop taking.
- Talk to your doctor about starting a folic acid supplement at least 3 months before you get pregnant.
- You may be at higher risk for eye and kidney related problems during pregnancy. Talk to your doctor about getting your eyes and kidneys checked before conceiving.
- Continue to use a reliable method of birth control until you and your doctor decide you are ready.



Potential complications of high blood sugars during pregnancy:

Short Term	
For baby	For mom
<p>Miscarriage, birth defects and still birth: High blood sugars are associated with damage to the placenta, which makes it hard for the baby to get enough oxygen.</p> <p>Preterm (early) birth: Babies born too early can experience breathing and other problems.</p> <p>Low blood sugars: The baby's body makes extra insulin when mom's blood sugar is high, which can cause low blood sugars soon after birth.</p>	<p>High blood pressure: High blood sugars are associated with high blood pressure in mom, which can lead to delivery complications.</p> <p>Excessive birth weight: Mom's blood sugars are used by the baby for energy. If sugars are too high, the baby might grow too big, which can cause problems during delivery including injury, and increases the risk of needing a C-section.</p>
Long Term	
<p>Obesity & diabetes later in life: Babies that are born more than 8.8lbs (4 kg) are at higher risk of developing obesity and type 2 diabetes later in life.</p>	<p>It is important to keep the blood sugar in target to prevent diabetes complications and to have safe future pregnancies.</p>

During your pregnancy:

1| Stay in touch with your Diabetes Education Team

- You will need to keep in closer contact with your Diabetes Education team during your pregnancy (often on a weekly basis).

2| Check your blood sugars often

- During pregnancy, you will need to check your blood sugars at least 4-7 times a day.
- (removed – If you take insulin,) Check your blood sugars before and 1 or 2 hours after meals.
- You may consider using a continuous glucose monitor (CGM) to help with frequent checking. Talk to your Diabetes Educator for more information.
- Keep in mind your body may react differently to low blood sugars during pregnancy, putting you at higher risk of very low blood sugars (especially in the 1st trimester).

Blood sugar and A1C targets during pregnancy:

A1C	Fasting Blood Sugar	Blood Sugar 1 hour after eating	Blood Sugar 2 hours after eating
Less than 6.5% (1 st and 2 nd trimester)	less than 5.3 mmol/L	less than 7.8 mmol/L	less than 6.7 mmol/L
Less than 6.1% (3 rd trimester)			

***Hypoglycemia (low blood sugar)** – is usually a blood sugar of less than 4mmol/L. In pregnancy, blood sugars are lower in general, and a blood sugar of down to 3.7 mmol/L is considered normal.

3| Adjust your insulin doses as needed

- Your insulin needs are likely to change several times during your pregnancy.
- You may need to adjust your insulin doses as often as every week.
- Don't worry - your Diabetes Educator will be in close touch to help you make the right dose adjustments.

What can I expect?

	Insulin needs:
Weeks 1-8	Tend to increase and be unstable
Weeks 8-12	Tend to decrease (this may happen suddenly)
Weeks 18-36	Tend to increase (by as much as 2-3x)
Weeks 36+	Tend to stay steady, or decrease slightly

4| Maintain a healthy lifestyle

How much should I eat?

- Many pregnant women think they should be eating for two, but this is a myth.
- You generally need 350-450 additional calories by the second and third trimesters.
- Preventing too much weight gain during pregnancy is key to preventing GDM complications.

Extra Calories Required by Trimester	
Second Trimester (weeks 13-26)	Third Trimester (weeks 27+)
350 calories (2 snacks)	450 calories (3 snacks)
1 medium apple + 1 tbsp natural peanut butter ½ cup plain greek yogurt + 1 cup blueberries	1 medium pear + 12 almonds ¾ cup edamame (boiled) 2 Ryvita crackers + 1 tbsp peanut butter

What should I eat?

- Aim for 3 meals and 2-3 snacks per day.
- A balanced meal should include ½ vegetables, ¼ carbohydrates/starches, and ¼ lean protein.
- Choose high fibre carbohydrates and starches.
- Choose water to quench your thirst. Avoid sugary beverages like juice, chocolate milk, and soda.
- If you are using an artificial sweetener, talk to your Diabetes Educator to find out which brands are approved for pregnancy.



What nutrients may I need more of during pregnancy?

- | | |
|---------------------------|---------------------------------------------------------------|
| ✓ Folic acid (1.0 mg/day) | Continue to take a daily multivitamin with 1 mg of folic acid |
| ✓ Calcium (1000 mg/day) | and 16-20 mg of iron. |
| ✓ Vitamin D (1000 IU/day) | *Do not take prenatal vitamins within 2 hrs of taking a |
| ✓ Iron (27 mg/day)* | thyroid medication |

What about physical activity?

- Staying active during pregnancy has many benefits, including supporting appropriate weight gain, improving blood sugar control and decreasing back pain.
- Even light activity, like walking for 10 minutes after each meal, can improve blood sugars.
- Speak to your doctor before starting any activity, especially if you were not active before pregnancy.
- Be sure to check your blood sugar more often when doing any kind of activity, especially if you are taking insulin. Insulin doses may need to be reduced in order to prevent low blood sugars.