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Separating Fact From Fiction About Diabetes and Pregnancy

Rebecca Harrington





SEPARATING
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FICTION
ABOUT
**Diabetes &
Pregnancy**

By Rebecca Harrington, MSLIS, AHIP

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When you have diabetes — either type 1 or type 2 — pregnancy presents unique challenges, on top of the health issues you are already dealing with. Naturally, you are concerned, confused, and even scared about the effect diabetes might have on your health and your baby's health. Getting the right information at the beginning of your pregnancy journey can lead to a whole new adventure — parenthood.

MYTH: I have diabetes, so I won't be able to get pregnant.

Whether you have type 1 or type 2 diabetes, if it is well-controlled you have the same chance as other women to get pregnant. The key is to plan for your pregnancy. Talk to your endocrinologist, diabetes educator, dietitian, and other members of your health care team about how to manage your diabetes with conception in mind. If you are thinking about having a baby, literature strongly suggests that you get your diabetes under as tight of control as possible 3 to 6 months before you start trying to get pregnant.

For couples in which the father-to-be has diabetes, it's also important for him to maintain good blood sugar control

for optimum reproductive health. Any couple, regardless of preexisting conditions, that has been trying to get pregnant for more than a year should consider making an appointment with a reproductive endocrinologist—an infertility specialist.

MYTH: I will not be able to carry a healthy baby to term.

If you have diabetes, you do have an increased risk of problems during your pregnancy. You need to pay special attention to your blood sugar levels, and you should consider seeing a doctor who specializes in treating diabetes or its complications, such as a high-risk obstetrician, a maternal-fetal medicine (MFM) physician, or a perinatologist.

Millions of high-risk pregnancies, such as those in which the woman is older than 35 or carrying multiples, produce healthy babies. Research has shown that when women with diabetes keep blood sugar levels under control before and during pregnancy, the risk of birth defects is about the same as in babies born to women who don't have diabetes.

MYTH: My child will have diabetes.

Children have a 5% to 6% chance of developing diabetes if their father has type 1 diabetes, and a 3% to 4% chance if their mother has type 1 diabetes. It is thought that some of the mother's chromosomal material, or DNA, gets inactivated when passed on to the child, thereby accounting for the difference in a child's risk of developing diabetes. If the mother is over age 25, the risk drops to 1 in 100 — about the same as the average American.

These risks are doubled if the affected parent developed diabetes before age 11. If both parents have type 1 diabetes, the child's risk is 1 in 4 to 10 (10% to 25% risk).

The risk of diabetes in children of a parent with type 2 diabetes is 1 in 7 if the parent was diagnosed before age 50 years and 1 in 13 if the parent was diagnosed after age 50 years. The child's risk may be greater when the parent with type 2 diabetes is the mother. If both parents have type 2 diabetes, the risk to the child is about 1 in 2.

Keep in mind that children develop diabetes even if there is no family history. Research on hereditary factors relating to diabetes continues to evolve as we learn more about the disease. If your child does develop diabetes, it won't change your love for them, or lessen his or her chances of leading a happy, active life.

MYTH: My diabetes has always been well-controlled. I won't need any special treatment during pregnancy.

Regardless of whether you have type 1 or type 2 diabetes, what worked for you before pregnancy to control your blood sugar may not work as well when you are pregnant.

In type 2 diabetes, insulin is the traditional first-choice drug for blood sugar control during pregnancy. The safety and reliability of using pills to control blood sugar during pregnancy has not been well established, and the insulin resistance that occurs during pregnancy often decreases the effectiveness of oral diabetes medication. If you are taking oral medication, your doctor may recommend switching to insulin shots or an insulin pump for better control while you are pregnant.

If you are already taking insulin, you may need to take more the longer you are pregnant. If you have type 1 diabetes, pregnancy will affect your insulin treatment plan.

During the months of pregnancy, your body's need for insulin will go up, especially during the last three months of pregnancy. The need for more insulin is caused by hormones the placenta makes in order to help the baby grow. At the same time, these hormones block the action of the mother's insulin. As a result, your insulin needs will increase.

MYTH: I will have to be on bed rest for my entire pregnancy.

On the contrary, daily physical activity can help you reach your target blood sugar levels. Being physically active can also help you control blood pressure and cholesterol levels, relieve stress, and improve overall well-being.

If you were active before pregnancy, you may be able to continue with your usual physical activity routine during pregnancy. However, your doctor may advise you to avoid activities that increase your risk of falling. If you are already pregnant and haven't been active, start with an activity such as walking or swimming. Most women should try to get 30 minutes or more of physical activity a day, unless otherwise advised by your physician.

MYTH: I will have to have a Cesarean section (C-section).

Most women with diabetes have the option of delivering vaginally. Waiting for labor to start on its own is reasonable if blood sugar levels are well-controlled and the mother and baby are doing well.

Your doctor may recommend that you schedule the date of your delivery (either an induction of labor or Cesarean delivery) if there are risk factors such as increasing blood sugar levels, worsening retinopathy (eye disease), high blood pressure or preeclampsia, or if the baby is smaller or larger than normal.

If the baby appears to be very large, a Cesarean delivery may be recommended to avoid possible trauma from shoulder dystocia (when the baby's shoulder gets stuck behind the mother's pelvic bone). The American College of Obstetricians and Gynecologists (ACOG) currently suggests that a woman and her physician consider a planned Cesarean delivery if the baby's estimated weight (by ultrasound measurement) is greater than 9 lbs, 14 oz.

MYTH: I won't be able to breastfeed my baby.

It's recommended that women with diabetes, whether type 1 or type 2, breastfeed their babies. Breast milk is the best food for your baby during the first year of life. Most medications used to treat diabetes can be safely used during breastfeeding. However, make sure your doctor knows you plan to breastfeed.

You may need less insulin than usual for a few days after giving birth, and breastfeeding can lower the amount even further. When women breastfeed, sugar is diverted for the process of milk production. In women with type 1 diabetes who are breastfeeding, their insulin-dose requirement can be 10-25% lower than prior to pregnancy, leading to difficulties maintaining blood sugar levels. To avoid hypoglycemia (low blood sugar), keep a snack or juice within reach while breastfeeding.

CONCLUSION

Until childbirth, diabetes has had your full attention, requiring monitoring and management every few hours. With your baby's arrival, your focus shifts to caring for your new bundle of joy, whose schedule is as equally demanding and erratic. By sticking to the strict habits that will help you keep your blood glucose levels on target during pregnancy, you can continue to stay healthy for your child. Diabetes teaches patience, persistence and perseverance – skills that will serve you well in your new role as parent.

REFERENCES

1. Barss V, Repke J. Patient information: care during pregnancy for women with type 1 or 2 diabetes mellitus (beyond the basics) [Internet]. UpToDate: 2015 [cited 2015 Nov 1]. Available from: <http://www.uptodate.com/contents/care-during-pregnancy-for-women-with-type-1-or-2-diabetes-mellitus-beyond-the-basics>.
2. Centers for Disease Control and Prevention. Road to health resource guide. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008. Available from: <http://www.cdc.gov/diabetes/ndep/pdfs/6-road-to-health-toolkit-resources-guide.pdf>.

3. Genetics & diabetes: What's your risk? [Internet]. Joslin Diabetes Center: 2015 [cited 2015 Nov 1]. Available from: http://www.joslin.org/info/genetics_and_diabetes.html.
4. Genetics of diabetes [Internet]. American Diabetes Association: 2013 [cited 2015 Nov 1]. Available from: <http://www.diabetes.org/diabetes-basics/genetics-of-diabetes.html>.
5. Preexisting diabetes [Internet]. March of Dimes: 2015 [cited 2015 Nov 1]. Available from: <http://www.marchofdimes.org/complications/preexisting-diabetes.aspx>.
6. Pregnancy toolkit [Internet]. JDRF: 2012 [cited 2015 Nov 1]. Available from: http://jdrf.org/wp-content/uploads/2013/02/Outreach_pregnancy_12-14-12.pdf.
7. Pregnancy for women with diabetes [Internet]. American Diabetes Association: 2013 [cited 2015 Nov 1]. Available from: <http://www.diabetes.org/living-with-diabetes/complications/pregnancy>.
8. Prenatal care [Internet]. American Diabetes Association: 2014 [cited 2015 Nov 13]. Available from: <http://www.diabetes.org/living-with-diabetes/complications/pregnancy/prenatal-care.html>.
9. Ringholm L, Mathiesen ER, Kelstrup L, Damm P. Managing type 1 diabetes mellitus in pregnancy -- from planning to breastfeeding. *Nat Rev Endocrinol.* 2012;8(11):659-67. DOI: <http://dx.doi.org/10.1038/nrendo.2012.154>.
10. Roeder H, Moore T, Ramos G. Insulin pump dosing across gestation in women with well-controlled type 1 diabetes mellitus. *Am J Obstet Gynecol.* 2012;207(4):324.e1-5. DOI: <http://dx.doi.org/10.1016/j.ajog.2012.06.029>.
11. What I need to know about preparing for pregnancy if I have diabetes [Internet]. National Institute of Diabetes and Digestive and Kidney Diseases: 2013 [cited 2015 Nov 1]. Available from: <http://www.niddk.nih.gov/health-information/health-topics/Diabetes/preparing-pregnancy-diabetes/Pages/index.aspx>.

