

What are the possible risks for my baby?

- Your baby may be born preterm (early). Babies born preterm have a higher risk of complications and may need to stay in the hospital longer.
- Your baby may be bigger than average. This could make your delivery harder.
- Your baby may have:
 - Trouble breathing because their lungs are not fully developed
 - Jaundice (yellowing of the skin and whites of the eyes)
 - Low blood glucose after birth, which may need treatment
- Your baby is at a higher risk of birth defects (like spine, bone, or heart problems). You can lower this risk by managing your glucose levels before getting pregnant and in the early weeks of your pregnancy.

If you have any questions, please contact your primary health care provider or local diabetes center.
www.nshealth.ca/diabetes-locations

What are the possible risks for me?

- You may develop hypoglycemia (low blood glucose), hyperglycemia (high blood glucose), or high blood pressure.
- Diabetes complications (like eye, kidney, nerve, and heart problems) may get worse.
- There is a higher chance of having your baby by caesarean section (C-section), instead of by a vaginal birth.

What can I expect during my pregnancy?

- You will have more checkups and ultrasounds than someone who does not have diabetes. This is to make sure you are doing well and the baby is growing as expected.
- Your diabetes health care team may plan for a slightly earlier delivery date.
- Due to the higher risks of your pregnancy, you will need the help of a diabetes team. A midwife or a doula may offer supportive care.

Can I breast/chestfeed my baby?

Yes. It may take longer to start making milk and you may make less milk.

- After 37 weeks of pregnancy, you may be encouraged to hand express colostrum (the milk that your body makes during your pregnancy and for the first few days after your baby's birth). This may help if it takes longer for you to start making milk.
- Ask a member of your diabetes team about breast/chestfeeding supports, or for more information.

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The Diabetes Care Program of
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The information in this pamphlet is to be updated every 3 years or as needed.

The information in this pamphlet is for informational and educational purposes only. The information is not intended to be and does not constitute health care or medical advice. If you have any questions, please ask your health care provider.

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**I have diabetes
and I can have a
healthy baby!**

**Pregnancy Information
for Individuals with
Type 1 or Type 2 Diabetes**

I have diabetes. Can I have a healthy baby?

Yes. If you manage your glucose (blood sugar) levels before getting pregnant, this will help you have a healthy pregnancy and baby.

What if I am already pregnant?

You can still prevent many problems linked to diabetes by managing your glucose levels. **Talk to your diabetes health care team as soon as possible.**

How can I keep myself and my baby healthy during pregnancy?

- **Before you get pregnant, talk with your diabetes health care team.** They will review your diabetes care plan, help to get you ready for pregnancy and arrange for specialist visits, if needed. Better blood glucose levels before getting pregnant can lower your risk of problems during pregnancy.
- Try to get your blood glucose levels as close to a healthy target in the 2 to 3 months before you get pregnant. Your health care team will help you reach these targets.

Who is on my health care team?

- **You.** You are the most important person.
- Primary health care provider (a family doctor or a nurse practitioner)
- Obstetrician (a doctor that specializes in pregnancy and delivery)
- Diabetes specialist
- Diabetes nurse
- Dietitian with diabetes and pregnancy experience
- Other team members (like a physiotherapist, social worker, obstetrical nurse, etc.), as needed
- Your partner or support person

What are healthy blood glucose targets when planning pregnancy?

- A1C Level:** 7% or less (6.5% or lower is best), if this can be done safely
- Glucose levels before meals:** Less than 5.3 mmol/L
- Glucose levels 1 hour after meals:** Less than 7.8 mmol/L
- Glucose levels 2 hours after meals:** Less than 6.7 mmol/L

These targets can be hard to reach. Your health care team will help you.

How should I get ready for my pregnancy?

- Manage your glucose levels. Get as close to the targets as possible.
- Avoid having frequent or severe (that you need help to treat) hypoglycemia (low blood glucose).
- Check your glucose levels regularly before and after meals.
- You may need to change your diabetes medication:
 - If you use insulin, keep taking it. You may need more, or you may need to use it at different times to reach your targets.
 - If you take another diabetes medication, your primary health care provider will check to see if it is safe during pregnancy. They may change your medication to insulin or metformin.
- If you are taking medication(s) for high blood pressure or high cholesterol, tell your primary health care provider. Not all medications are safe during pregnancy.
- If you have not had an eye exam in the past year where eye drops are used, see your eye doctor.
- Keep your vaccines up to date.
- Be active. Walk and exercise as you are able. This may help lower glucose levels after meals.
- Follow your meal plan and eat a variety of healthy foods. Talk with your dietitian.
- Take a prenatal vitamin with 1 mg of folic acid every day. Start this 3 months before you stop using birth control. This will help to lower the risks for your baby.
- Try to reach a healthy weight before you get pregnant.
- Take steps to manage your stress.
- Avoid smoking, vaping, alcohol, cannabis, and other non-prescription drugs.
- It may help to talk to other people with diabetes who have been pregnant. Your diabetes team can arrange this for you.

What if I do not want to have a baby right now?

- Use an effective method of birth control until you are ready.
- Talk to your primary health care provider about the method that is right for you.