



Pre-pregnancy advice for women with type 1 and type 2 diabetes

Information for women, birthing people, and their families

This leaflet will help you if you have type 1 or type 2 diabetes, and are planning to get pregnant.

Planning for pregnancy with diabetes is very important, but it can also be stressful. You need to give yourself enough time to prepare and look after yourself. This can help you on your way to having a healthy pregnancy and a healthy baby.

Your healthcare team will provide you with support and advice on your diabetes. This will help you to reduce your risks before and during pregnancy.

Who might be part of my healthcare team?

Members of the diabetes and pregnancy team who may help you to plan a healthy pregnancy can include:

- your GP or practice nurse
- the diabetes specialist nurse
- a specialist diabetes dietitian
- your diabetes specialist doctor

If you have any questions or concerns, please speak to any member of your team.

Contraception

Speak to your healthcare team before stopping contraception. After speaking with your care team, you may have decided to pause your plans to get pregnant.

If you have diabetes, your care team will give you information about why it is important for you to avoid an unplanned pregnancy. They will talk with you and help you choose the best contraception for you. It is important to use a reliable method of contraception. You should continue with this until you have received comprehensive pre-conceptual care. Pre-conception care involves discussions with your care team about

your individual needs. This conversation happens before you become pregnant. Planning will help to make your pregnancy safe.

What should I do if I am planning to get pregnant with diabetes?

- Talk with a member of your diabetes care team before you start trying for a baby. This will help you plan for a healthy pregnancy and reduce the risks for you and your baby.
- It is important to prepare for pregnancy before you stop using contraception.
- Encourage your partner or a family member to come with you to appointments about preparing for pregnancy.
- Do not stop using contraception and try to become pregnant until you have good blood glucose control.

Why do I need to manage my weight and take folic acid before and during pregnancy?

Your care team will give you advice about your diet, and level of physical activity. This advice will help you to maintain a healthy weight before pregnancy.

It is important to take folic acid while you are trying to get pregnant. Start taking this for 3 months (12 weeks) before you fall pregnant. Continue taking it for the first 12 weeks of your pregnancy.

Taking folic acid reduces the risk of your baby having a neural tube defect. Neural tube defects (NTDs) are severe birth defects of the brain and spine. An example of this would be spina bifida. With spina bifida parts of the baby's spine do not form properly. This can damage the baby's central nervous system. The dose of folic acid for those with diabetes is higher than for those without diabetes. You should take 5mg of folic acid if you have diabetes. You will need a prescription from your care team for this, as you cannot get this dose of folic acid over the counter.

Why is it important for me to monitor my blood glucose before and during pregnancy?

It is important to have good blood glucose control before and during pregnancy. Your care team can help you with this. They will review your blood glucose targets and any treatments you are having.

Good glucose control reduces the chances of:

- you having a miscarriage, or
- your baby not developing properly or being stillborn or dying soon after birth.

It will also lower your baby's risk of:

- having temporary health problems after the birth; and
- being obese and / or having diabetes in later life.

You should usually aim for the following levels:

- between 5 mmol / litre and 7 mmol / litre before breakfast ('fasting' level)

- between 4 mmol / litre and 7 mmol / litre before meals at other times of the day.

Why should I get a HbA1c test before stopping my contraception?

A HbA1c test (<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/hba1c>) is a blood test that measures your average blood glucose level over the past 2 to 3 months. The result is usually given in mmol / mol (it used to be given as a percentage). In people without diabetes, a normal HbA1c is usually below 42 mmol / mol (or 6%).

You should get your HbA1c checked before you stop using contraception. This is because a high HbA1c level can affect how a baby develops. It is safest to keep your HbA1c level below 48mmol / mol (6.5%).

If your HbA1c is higher than 48mmol / mol, taking steps to safely bring it down will help to reduce your risks. It is strongly recommended to avoid pregnancy until your HbA1c is less than 86mmol / mol. This is due to the risks to both you and your baby (see below). Talk to your healthcare team for advice on how to take steps to safely reduce this level.

What are the risks for pregnancy with type 1 or type 2 diabetes?

There are risks in every pregnancy, but if you have type 1 or 2 diabetes the risks are higher for both you and your baby. No one can avoid these risks completely. The risk is higher the longer you have had diabetes. You can make your pregnancy safer if it is carefully planned and managed. The risks include:

- you could have a miscarriage
- your baby may be born with serious health problems
- you may have problems with your eyes and kidneys
- a higher risk of stillbirth with poorly controlled diabetes.

Why do I need to get my eyes and kidneys checked?

Pregnancy can make some diabetes complications worse, such as eye and kidney problems. It is very important to have eye screening and tests for your kidneys before you stop using contraception.

If your diabetes starts to affect your kidneys you will have a protein called albumin in your urine (wee). This is one of the earliest signs that your kidneys may be affected by your diabetes. If you have this you will be at a higher risk of developing:

- high blood pressure in pregnancy; and
- pre-eclampsia.

The early stages of eye disease from diabetes are not always obvious. There are often no symptoms, so it is very important to have regular eye check-ups to detect any changes early on. If caught early it can be treated, so screening is very important.

Your diabetes team can arrange these tests for you, and they will talk to you about the results. In some cases, you may be referred to a specialist team for extra support.

Do I need to change my medication before and during pregnancy?

If you are taking any medicines other than metformin or insulin, you will need to have these reviewed. These could include:

- statins (cholesterol lowering tablets)
- blood pressure pills
- any other diabetes tablets or injectable medications. You may be advised to stop taking them, and / or change to Metformin or Insulin.

Do **not** take any weight loss injections while pregnant with diabetes. For example Ozempic, Weygovy, Mounjaro or Saxenda.

Talk to your healthcare team if you have any concerns or questions about your medication.

I have type 1 diabetes, should I use an insulin pump? Or do I need to change my insulin pump for pregnancy?

There are only two hybrid insulin pumps that are licensed for use in pregnancy, the YpsoPump and Dana. If you have a type 1 diabetes and are planning a pregnancy, please speak to the diabetes team about:

- switching to, or
- starting on a licensed pump.

This will help you to manage your diabetes safely.

When should I stop taking contraception?

If you have diabetes, it is very important to discuss becoming pregnant with your healthcare team before you stop taking contraception. Your team will advise you when it is safe to stop.

Once you find out you are pregnant after planning a pregnancy, it is exciting news. Through your pregnancy you will need extra care, but take time to enjoy this moment.

Further information

- NHS. Diabetes and pregnancy (<https://www.nhs.uk/pregnancy/related-conditions/existing-health-conditions/diabetes/>)
- Diabetes UK (<https://www.diabetes.org.uk/>)
Telephone: 0345 123 2399
- The InDependent Diabetes Trust (IDDT) (<https://www.iddt.org/>)
- National Childbirth Trust (NCT) (<https://www.nct.org.uk/>)

Checklist

Forward planning for pregnancy with type 1 and type 2 diabetes

Before stopping any contraception to start trying for a baby you are advised to:

- Discuss your plan with the care team.
- Start taking 5mg of folic acid. You should start taking these 3 months before stopping contraception.
- Aim to maintain blood sugar levels.
 - Between 5 mmol / litre and 7 mmol / litre before breakfast ('fasting' level).
 - Between 4 mmol / litre and 7 mmol / litre before meals at other times of the day.
- Aim for HbA1c less than 48 mmol / mol.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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