Diabetes and Pregnancy
The best for you and your baby

Whether you have had diabetes for many years or whether it started with your pregnancy, it is hard work to take care of diabetes while you are pregnant. This booklet will help you manage your diabetes in the best way for your and your baby’s health.

Contents
What Type of Diabetes Do You Have? ........................................ 2
Nutrition During Pregnancy When You Have Diabetes............ 3
Hypoglycemia (Low Blood Sugar)......................................... 5
Blood Glucose Monitoring.................................................... 8
Facts About Oral Diabetes Medicines............................... 9
Facts About Insulin............................................................... 10
Sick-day Guidelines ............................................................. 12
Glucagon Use for Patients on Insulin................................. 13

Directions for Glucagon Use ........................................... 14 and 15
Diabetes and Your Delivery Options ................................. 16
Breastfeeding and Diabetes............................................. 18
Staff and Phone Numbers............................................... 20
What type of diabetes do you have?

The most common kinds of diabetes are:

• Type 1 Diabetes
• Type 2 Diabetes
• Gestational Diabetes

**Type 1 Diabetes**

• Used to be called Juvenile Onset Diabetes Mellitus or Insulin Dependent Diabetes Mellitus (IDDM).
• Usually occurs before the age of 30.
• No insulin is made by the pancreas.
• Found in 5 to 10% of people with diabetes.

**Type 2 Diabetes**

• Used to be called Adult Onset Diabetes Mellitus or Non-Insulin Dependent Diabetes (NIDDM).
• Can occur throughout life, beginning in adolescence.
• Some insulin is still made by the pancreas.
• Person is often overweight.
• Person often has other members in her family with diabetes.
• Found in 80 to 90% of people with diabetes.

**Gestational Diabetes**

• Is found for the first time during pregnancy.
• It may go away after the baby is born.
• The person is at risk to develop Type 2 Diabetes later in life, especially if overweight.
• All women who have gestational diabetes must be screened for diabetes 6 weeks after their baby is born. Talk to your obstetric (OB) provider to schedule this test.
Nutrition During Pregnancy When You Have Diabetes

If you have diabetes during pregnancy, food choices are even more important for the health of both you and your baby. Early in pregnancy (around 9 to 11 weeks), your insulin needs will decrease. You will tend to have more morning sickness and may eat less. Later in pregnancy, the hormones produced by your body will increase your insulin needs.

Talk with your health care provider to review your medicine needs, and ask your dietitian to help you plan meals to keep your blood sugars at the best level for you and your baby. A dietitian familiar with diabetes in pregnancy will help you to maintain safe blood sugar levels and to eat the right foods to nourish your growing baby.

**Carbohydrates**

Of all foods, those high in carbohydrates have the greatest effect on your blood sugar, mainly in the morning when pregnancy hormones have their greatest effect. Limit your carbohydrates at breakfast, and stay away from certain foods that tend to make your blood sugars higher.

Foods high in carbohydrates include:

- Fruits, fruit juices
- Honey, sugar, sweets
- Bread
- Pancakes, waffles
- Cereal (hot or cold)
- Potatoes and other starchy vegetables
- Pasta
- Rice and other grains
- Milk, cream, yogurt
- Hot chocolate, Ovaltine
- Soda pop
- Alcohol

**Helpful Tips**

Here are more tips to help keep your blood sugar stable:

- Eat 3 smaller meals and 3 snacks each day. Eat at the same times each day and eat the same amounts of carbohydrates at meals and snacks.

- At breakfast:
  - Limit carbohydrates to 30 grams (2 servings). Any carbohydrates you eat should be whole grains such as brown rice, whole grain breads, and whole grain cereals such as whole oats.
  - Avoid refined cereals, potatoes, fruits, and juices – save the fruit for later in the day, in small portions.
  - Limit milk to 4 ounces per meal, or avoid at breakfast.

- Snacks should contain 15 grams of carbohydrates (1 serving) paired with proteins and fats. Protein foods contain only small amounts of carbohydrate. Protein sources include:
  - Eggs
  - Chicken
  - Nuts
  - Cheese
  - Seafood
  - Beans
  - Peanut butter
  - Beef
  - Soy products
- Protein, fat, and fiber help to keep blood sugar under better control.
  - Fats such as olive oil, flax seeds, nuts, avocado, and fish oil (from wild local salmon) are best choices. You may eat seafood 2 times a week, but talk with your dietitian about portion sizes and what types of fish are safe to eat while pregnant and breastfeeding.
  - Raw fruits and vegetables contain natural fiber.

- You may eat about 45 to 60 grams of carbohydrates (3 to 4 servings) (paired with proteins/fats) for lunch and 45 to 60 grams (3 to 4 servings) for dinner.

- Drink at least eight (8-ounce) glasses per day. That’s 64 ounces of water per day. Do not count coffee, tea, or diet drinks in the 8-glass total. Drinking water helps to keep blood sugar lower and is good for you and your baby.

- Read the nutrition labels on foods and drinks. Look at the total carbohydrate grams (note the sugars, but do not count them). Note serving sizes – a package of food may contain more than 1 serving. Your dietitian can help you understand how to read food labels.

Keeping blood sugar levels as normal as possible helps your body function effectively and your baby grow normally. High blood sugar can make your baby grow too much and have problems at birth. Talk with your health care provider to learn more. We are here to help you achieve a safe and healthy pregnancy for you and your baby.

**Sample Meals and Snacks**

Talk with the dietitian about your meal plan needs. Limit salt and caffeine. If you or a family member has a nut or egg allergy, omit these foods.

**Breakfast: 2 servings of carbohydrates (30 grams)**

2 scrambled eggs
2 slices (1 oz. each) whole grain toast with butter or peanut butter (avoid breads with high fructose corn syrup; read food label)
1 cup decaf coffee, non-herbal tea, or water

**Snack: 1 serving of carbohydrates (15 grams)**

1 to 2 oz. cheese (1 oz. of cheese looks like the size of 4 dice)
5 to 7 crackers
Water

**Lunch: 4 servings of carbohydrates (60 grams)**

Sandwich – homemade chicken salad (3 oz. canned chicken) with mayonnaise and pepper, lettuce, tomato, and 2 (1 oz.) slices whole wheat bread
½ piece of fruit (such as ½ apple)
1 cup 2% milk
Water
Snack: 1 serving of carbohydrates (15 grams)
½ piece of fruit or ¾ cup fresh berries
1 to 2 oz. of nuts (about 1 handful)

Dinner: 4 servings of carbohydrates (60 grams)
3 ounces lean meat (7 to 9% fat), grilled or baked (should be the size of the palm of a woman’s hand)
1 cup brown rice
1 cup steamed broccoli (optional: butter)
1 cup 2% milk
Water

Snack: 1 serving of carbohydrates (15 grams)
1 cup plain, lowfat yogurt
½ cup fruit, fresh peaches
Water
Hypoglycemia (Low Blood Sugar)

If your blood sugar is too low, you may feel:
- Drowsy (sleepy)
- Dizzy
- Hungry
- Restless
- Lightheaded
- Confused

You may also have:
- Palpitations (fast or skipped heartbeats)
- Tingling of hands, feet, lips, or tongue
- Headache

What should you do?

If you can, test your blood sugar. **Less than 60 mg/dl is too low.** If you cannot test, but think your blood sugar is low, treat yourself right away with one of the foods listed below.

Treat low blood sugar right away:

- Eat food with fast-acting sugar. Good choices are:
  - 3 glucose tablets or 1 pack glucose gel
  - ½ glass (4 to 6 oz.) apple or orange juice
  - 1 glass (8 oz.) milk
  - 2 tablespoons raisins
  - 4 to 5 pieces candy (Starbursts, Lifesavers)
- After eating one of these foods, wait 10 to 15 minutes. Then test your blood sugar again. If it is still too low (less than 60mg/dl), have another food or drink from the list above.
- After your blood sugar is above 60mg/dl, eat a snack if you do not plan to eat a meal within 30 minutes. For example, eat a half-sandwich or crackers and peanut butter.
If you pass out or cannot eat, someone needs to:

- Inject glucagon (see page 14).
- Measure your blood sugar level, if possible.
- Call 9-1-1 for emergency help.

Tell family, friends, and co-workers NOT to force food or drink if you are unconscious.

What can cause low blood sugar?

- Too much insulin or changing the time of your insulin.
- Not eating enough food, or skipping or being late with a meal.
- Extra exercise or activity.
- You may have more low blood sugars between 9 and 11 weeks of pregnancy.

It is important to:

- Keep food or juice with you at all times: at work, in your car, when you exercise, etc.
- Wear a Medical Alert bracelet or necklace.
- Eat meals and snacks on time.
- Know how to adjust your insulin or food for unplanned exercise.
- Talk to your nurse or doctor if you are having low blood sugar readings without any symptoms.
- Teach your friends, family, and co-workers about low blood sugars and how they can help.
- Identify someone who will check on you twice a day to make sure you’re feeling OK.

Call your doctor or nurse if:

- You have 3 or 4 low blood sugars in a row.
- You have low blood sugar the same time every day for several days.
- Your low blood sugar is severe (you needed glucagon, 9-1-1 was called, or you were unable to treat it by yourself).

Hypoglycemia at 9 to 11 Weeks of Pregnancy

- Be aware that your insulin needs may temporarily decrease near the end of your first trimester (9 to 11 weeks).
- Notice if you are having more insulin reactions or if you need to eat more to keep your blood sugars up.
You may have more low blood sugars between 9 to 11 weeks of pregnancy. At this time of pregnancy, normal changes in your hormone levels may cause you to need less insulin. This may last for several days or a couple of weeks.

- Treat all insulin reactions right away (see page 5).
- Keep testing your blood sugars carefully.
- Call your doctor or nurse for help in adjusting your insulin dose if you are having more insulin reactions. Your insulin dose may need to be lowered (usually by about 20%).

If not treated, low blood sugar may progress to severe hypoglycemia, which can cause:
- Seizures
- Confusion
- Unconsciousness
- Death

Treat early symptoms right away with some form of carbohydrate such as ½ cup of juice or milk, raisins, soda pop with sugar, candy, or glucose tablets. ALWAYS carry one of these quick forms of sugar with you.

If you have symptoms, check your blood sugar if possible. If you have symptoms and cannot check your blood sugar, just treat the low blood sugar. Treating mild low blood sugar as soon as possible can prevent severe hypoglycemic reactions.

Family, friends, and co-workers must remember that if the patient cannot swallow or you cannot wake the patient up, DO NOT force food or drink by mouth. Use the shot of glucagon.
Blood Glucose Monitoring

Meters for Testing Blood Sugar

We will give you a meter for testing your blood sugar during your pregnancy if you wish. We use the One Touch brand because we have a computer that will print out the test numbers from your One Touch meter when you come into the clinic. This helps us review the results and make needed changes. You may get test strips and control solution at your pharmacy.

Recording Your Blood Sugar Numbers

Be sure to write your insulin amounts and blood sugar numbers on the log sheet we give you in clinic. Writing numbers down on your log sheet will show you how insulin, activity, and different foods affect your blood sugars each day. Use the comment section to write down changes in your food, activity, illness, insulin reactions, unusual stress, or other events that may have affected your blood sugar levels. Bring both your meter and log sheet with you to every visit.

How often do you need to test your blood sugar?

We know it is difficult to test as often as we ask during your pregnancy. However, people who test often have the best blood sugar control. Testing will also help you and your health care team see how to adjust your insulin for different foods, exercise, and changes during your pregnancy.

Your doctor or nurse will tell you how often you need to test. It may be as often as 7 or 8 times each day! Once your blood sugar levels are stable, you may be able to test less often.
Facts About Oral Diabetes Medicines

People with diabetes have blood sugar levels that are too high. Pregnant women with Type 2 diabetes or gestational diabetes don’t make quite enough insulin, or their bodies have a hard time using the insulin they do make. Some women have to take insulin shots to keep their blood sugar levels close to normal. Other women can take pills by mouth to lower their blood sugar levels.

The two types of diabetes pills used by our clinic are Glyburide and Metformin.

Glyburide

Glyburide stimulates the pancreas to release more insulin. It is generally taken either once or twice a day about 30 minutes before meals. Your doctor or nurse midwife will tell you how and when to take this medicine. Because it stimulates the body to make more insulin, it is possible to have hypoglycemia (low blood sugar).

It is important to know the symptoms of hypoglycemia. They include feeling dizzy, jittery, shaky, confused, sweaty, weak, cranky, etc. If you have any of these problems, check your blood sugar and treat low blood sugar by drinking 8 ounces of nonfat milk or taking another fast-acting sugar such as apple/fruit juice or some of the other foods/drinks listed on page 5.

Metformin

Metformin is the other medicine we use. It works by helping insulin work better in the body. It can be taken 2 or 3 times a day with meals. Low blood sugar does not usually happen with Metformin (unless you are also taking glyburide or insulin). Your doctor or midwife will generally tell you how often to take this pill and to stop taking this medication 1 to 2 days before you are expected to give birth to your child. It is also important to let your doctor or nurse midwife know right away if you start having flu-like symptoms such as: diarrhea, vomiting, or if you feel really tired (more than usual).

Diabetes pills don’t work for everyone. Some women may use pills for a while during their pregnancy, but later need insulin to control their blood sugar. It is important to take the medicines as instructed by your provider and tell your provider if you are having low blood sugar, vomiting, diarrhea, or any other difficulties with your diabetes.
Facts About Insulin

There are several types of insulin. Each one works on a different time schedule, which is why most people take 2 or more types of insulin.

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Starts Working</th>
<th>Working Hardest</th>
<th>How Long It Lasts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Humalog/Novolog</strong> (Lispro/Aspart)</td>
<td>5 to 15 minutes</td>
<td>1 hour</td>
<td>2 to 4 hours</td>
</tr>
<tr>
<td><strong>Regular (R)</strong></td>
<td>½ to 1 hour</td>
<td>2 to 3 hours</td>
<td>6 to 10 hours</td>
</tr>
<tr>
<td><strong>NPH</strong></td>
<td>2 to 4 hours</td>
<td>4 to 10 hours</td>
<td>10 to 16 hours</td>
</tr>
<tr>
<td><strong>U 500</strong></td>
<td>Ask your provider for information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Glargine (Lantus)</strong>, <strong>Detemir (Levemir)</strong></td>
<td>2 to 4 hours</td>
<td>(Does not apply)</td>
<td>24 hours or more</td>
</tr>
</tbody>
</table>

*When to Inject Insulin*

Inject your insulin at the times told to you by your health care team. If you are taking Regular (R) insulin, wait 30 to 60 minutes after you give your shot to eat. If you are taking Humalog or Novolog insulin, eat *within 5 minutes* of giving your shot.

**DO NOT** go to sleep after taking Regular or Humalog/Novolog insulin without eating first.

*Where to Inject Your Insulin*

Insulin can be given in the stomach, arms, thighs, and the area above your hip bone. Where you give it changes how fast the insulin works. It works fastest when given in the stomach; slowest when given in the thigh. Talk with your health care team about where to give your shot for each time of the day. For example, it is usually best to give your breakfast and dinner shots in the stomach, so the insulin will work quickly before the meal. It may be best to give your bedtime shot in the thigh, so the insulin will work more slowly during the night. Rotate your shots within the same area for each time of day, but not to different areas.

*Some Common Questions About Insulin*

**How is insulin made?**

Most insulins today are “human” insulin. They are chemically the same as insulin made by the human pancreas. However, they are made in a lab. They are not from the human pancreas. This means there is no risk of catching HIV/AIDS or any other disease from your insulin.
How should I store my insulin?
Keep the bottle(s) of insulin you are using at room temperature. Keep extra bottles in the refrigerator. Do not let insulin get too hot or freeze. Do not leave it on a windowsill or in a hot car. Do not put it in the freezer.

Can an insulin shot in the stomach hurt the baby?
NO. The needle is much too short to reach your baby, even in very thin women and even late in pregnancy.

Should I stop my insulin if I'm sick and can't eat?
NO. You may need more insulin when you are sick. DO NOT skip your insulin unless your doctor tells you to. See Sick-day Guidelines on page 12.

Can I become “addicted” to insulin? If I have to use insulin during my pregnancy, will I always have to use insulin?
Your body will not become “addicted” to insulin. Whether or not you need insulin after pregnancy depends on the type of diabetes you have. If you needed insulin before you became pregnant, you will still need insulin afterward. If you were on diabetes pills before pregnancy and if you had well-controlled blood sugars, you may be able to go back on the pills after pregnancy.

Most women with gestational diabetes will not need insulin after pregnancy. They do, however, have a higher chance of developing Type 2 diabetes sometime in their lives.

Needle Safety and Disposal
Ask your provider or nurse for information about safe needle disposal. “Sharps” containers, which are boxes used to store used needles and syringes safely, can be bought at most local pharmacies. You may also dispose of used syringes at any public health clinic or needle exchange. Call 206-205-7837 or 800-678-1595 for more information.
Sick-day Guidelines

- **DO NOT** skip your dose of insulin.
- Tell your doctor you are sick.
- Test your blood sugar often, at least every 2 to 4 hours.
- Test your urine for ketones.
- Take extra short-acting insulin (Regular/Lispro/Novolog) as directed by your health care provider, for blood sugars over 250 mg/dl.
- Drink plenty of fluids – at least ½ to 1 cup (4 to 8 ounces) each hour.
- Try soft foods from the starch/bread food group, such as dry toast, crackers, or broth, if you cannot follow your regular meal plan. Drink liquids, such as juice, or soda pop with sugar, or eat popsicles with sugar. Take small amounts of food and liquid every hour.
- Tell a friend or family member that you’re sick so they can check on you during your illness.

**Call your doctor or nurse if:**

- You vomit more than once.
- You cannot keep down calorie-containing food or fluids.
- You have moderate or large ketones in your urine.
- Your blood sugar is over 250 for 2 tests in a row.

---

Illness, such as the flu, can make your blood sugars hard to control. It is likely you will need more insulin, even if you are eating less. If you are vomiting or unable to eat, diabetic ketoacidosis (DKA) can occur quickly. It can harm your baby. It is important to follow the sick day guidelines to help prevent DKA.
Glucagon is an emergency medicine used for hypoglycemia (when blood sugar drops too low).

**Glucagon Use for Patients on Insulin**

Glucagon is an emergency medicine to be given to you by members of your household if you become hypoglycemic (blood sugar drops too low) and can’t take sugar by mouth. Glucagon is given by injection (a shot) and, if you are unconscious, it can be given while waiting for medical help. Please make sure that your family, friends, and co-workers know that if you become unconscious, they should call 9-1-1.

Show your family, friends, and co-workers where you keep this kit and how to use it. They need to know how to use it before you need it. They can practice giving a shot by giving you your normal insulin shots. It is very important for them to practice. A person who has never given a shot may not be able to do it in an emergency.

**Important Information for Family Members and Friends**

- Act quickly. The patient should be treated as soon as possible to minimize health risks.
- Turn the patient to her side to prevent her from choking.
- Mix the contents of the syringe with the glucagon to activate it before giving the shot (see directions on pages 14 and 15).
- This is a medical emergency. Call 9-1-1 to activate the emergency medical response team and tell them the patient is diabetic after you give the glucagon shot.
Directions for Glucagon Use

To prepare a glucagon shot:

1. Remove the flip-off seal from the bottle of glucagon as shown.

![Step 1](image1)

2. Swirl the bottle gently until all the glucagon dissolves completely. Glucagon should not be used unless the mixture is clear and looks like water.

![Step 2](image2)
3. Remove the needle protector from the syringe (shot) and inject the entire contents of the syringe into the bottle of glucagon. Remove the syringe from the bottle.

4. Using the same syringe, hold the bottle upside down. Making sure the needle tip remains in the fluid, gently pull back on the syringe to withdraw all of the fluid from the bottle. If the plastic plunger rod separates from the rubber stopper, however, put the rod back in by turning it clockwise.

5. Insert the needle into the loose tissue of the leg at the site of the shot and inject all of the glucagon fluid. There is no danger of overdose.

6. Turn the patient on her side. When she awakens, she may vomit. Turning her will help prevent choking.

7. **Call 9-1-1 right away.**

8. Feed the patient as soon as she wakes up and is able to swallow. Give her a fast-acting source of sugar (such as apple juice or a soda pop with sugar) and a long-acting source of sugar (such as crackers and cheese or a meat sandwich). If she does not wake up within 15 minutes, give another dose of glucagon.
Diabetes and Your Delivery Options

You and your provider will discuss delivery choices during your pregnancy. Many diabetic women will deliver their baby by Cesarean section for various reasons including large fetus size. Often, you and your provider will schedule your delivery in advance of your due date. Once the delivery date is determined, several things will occur.

Two days to 6 weeks before delivery:

- You will be scheduled to meet with an anesthesiologist to talk about anesthetic options. They will tell you about your choices and what the anesthesiologist prefers.

- Our medical staff will perform a preoperative assessment visit with you at our clinic and notify our labor and delivery department about your obstetric information so the unit will know to expect your arrival.

- You may also have an amniocentesis done a few days before your scheduled delivery date. An amniocentesis is a test the doctor performs by inserting a small needle through the abdomen into the uterus and withdrawing 1 to 2 teaspoons of amniotic fluid (the fluid surrounding the baby). This fluid is tested by our laboratory to make sure that the baby’s lungs can adapt well to life outside the uterus.

The night before your scheduled Cesarean:

- Take your NPH insulin or Glyburide as ordered.

- If you take Glargine, Levemir, or Metformin, ask your doctor for directions about how to take these medicines the last few days before your delivery.

- If your surgery is scheduled first thing in the morning, DO NOT eat or drink anything after midnight.

- Remember to test your blood sugar at 3 a.m. If your blood sugar is low or you are having symptoms of hypoglycemia (shaking, nausea, jitteriness, etc.), take 3 to 4 glucose tablets or 4 ounces of CLEAR juice (apple, cranberry, grape – not orange or grapefruit).

- Test your blood sugar again in about 15 minutes and then as needed to make sure your blood sugar levels return to/stay within normal limits.

Call Labor and Delivery at 206-598-4616 and come in to the hospital as soon as you can if you do have a low blood sugar event. We will want to check you more often and help stabilize your blood sugar!
Arriving at the hospital:

- Plan to arrive at 6-East Labor and Delivery at 7 a.m. on the morning of your scheduled Cesarean. Please call first to confirm your appointment.

  Remember, if you have a low blood sugar event in the middle of the night, we want you to come to the hospital as soon as possible. Do not wait till morning to arrive!

- Bring your glucose meter/test strips, insulin, syringes and supplies with you to the hospital. If you are using an insulin pump, please bring extra infusion sets, batteries, and reservoirs because you will be in the hospital for several days after your baby’s birth. (Some supplies are not available through the hospital pharmacy.)

- Please feel free to ask us any questions or to share any concerns you have about these instructions or other aspects of your care.
Breastfeeding and Diabetes

If you have diabetes, breastfeeding may offer special health benefits for you and your baby. It’s a good idea to talk with your health care provider or lactation consultant (a nurse with special training in helping with breastfeeding) about your choice to breastfeed, before your baby is born, so that they can help you to be successful.

Why should I breastfeed?

Babies who breastfeed for at least 3 months may have a lower risk of Type 1 diabetes, and may be less likely to become obese as adults. Some research has linked early exposure to cow's milk and cow's milk-based formula to Type 1 diabetes. Studies have also shown that women who breastfeed after having gestational diabetes show improved pancreas function, which may reduce their chances of developing diabetes later in life. A history of gestational diabetes is a risk factor for developing Type 2 diabetes.

Some women report better overall health, and less of a need for insulin, during breastfeeding. This could be due to their body's natural adjustment to its changes after the baby is born. In fact, there is a sharp drop in a diabetic's need for insulin within just hours after birth. The stress-busting hormone (oxytocin) that a woman's body releases during breastfeeding can also help a diabetic mother feel better, both physically and emotionally.

What should I do after my baby is born?

- Nurse as soon as possible after your baby is born. If your baby is born early or you can’t nurse right away, pump your breasts to get the milk supply going and to help prevent breast engorgement. When you have diabetes, your milk may take 5 or 6 days (rather than 3 or 4) to come in; until then, your baby will drink colostrum – a rich fluid that is packed with good nutrition – from your breasts.

- Keep your baby “skin-to-skin” with you as much as you can right after birth. Studies show that this kind of “kangaroo care” is associated with better blood sugar levels in the baby.

- Since babies born to diabetic moms may arrive before their due date, breastfeeding gives your baby a head start on a healthy life. It also may help his blood sugar levels adjust. The nurses will monitor him right after birth to make sure this happens safely. Whether you have Type 1 or Type 2 diabetes, little, if any, of the insulin or oral medicines used to control your blood sugar pass through breast milk to your baby.
• Ask the hospital lactation consultant to help you if you have any problems. They are here to answer your questions before and after your baby is born.

**How can I get off to a good start with breastfeeding?**

Here are some tips to help you get started:

• Eat a snack with carbohydrate and protein before and while breastfeeding, especially during the nighttime feeding. Nursing your baby requires a great deal of energy, so add about 200 calories to your pregnancy diet while you nurse, to avoid sudden drops in blood sugar. Bedtime snacks should include 1 to 2 carbohydrate exchanges and 1 to 2 protein servings.

• Test your blood sugar from time to time before and after breastfeeding, to see how your blood sugar responds.

• Aim for blood sugars no higher than 150 to 160mg/dl after meals.

• Drink plenty of fluids (at least 6 to 8 oz.) with each feeding.

• Lose weight slowly. Talk with your dietitian for help with a meal plan.

• Meals and medicine changes may be needed as you make more milk.

• Position your baby carefully to prevent cracked nipples and breast infections that can lead to diabetic ketoacidosis (DKA) if untreated. A lactation consultant can help you with positioning if you need it. Please ask your nurse for our handout, “Position and Latch for Breastfeeding.”

• Our goal is to help make breastfeeding a good experience for both you and your baby.
Questions?

Call 206-598-4616

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help during regular clinic hours.

Maternity and Infant Center:
206-598-4616

__________________

Attending Physicians
Zane Brown.................................206-543-3714
Darcy Carr.................................206-543-3714

Resident Physicians......Call Triage Nurse or Labor and Delivery

Staff and Phone Numbers

Registered Nurse
Becky Harney.................................206-598-8950

Triage Nurse.................................206-598-3129

Maternity and Infant Care Clinic (MICC)
Appointments and scheduling........206-598-4070

Labor and Delivery
After clinic hours and on weekends........206-598-4616

Nurse Practitioner/Diabetes Educator
Emily Holing.................................206-685-1149

Nutritionist
Dani Little.................................206-598-2681

Social Worker
Krista Murtfeldt.............................206-598-6115

© University of Washington Medical Center
07/2003 Rev. 04/2006
Reprints: Health Online