



# Diabetes and Pregnancy

*What you should know*

**This handout gives general information about diabetes and pregnancy. Your health care team will work with you to help you manage your diabetes during and after your pregnancy.**

## **What is gestational diabetes?**

Gestational diabetes can develop during pregnancy. The hormones from the placenta that help the baby grow can cause insulin resistance in the mother, and this makes it harder for her to use her own insulin. The result is *hyperglycemia*, or high blood glucose. Only certain diabetes medicines can be used to control blood glucose in pregnancy. Also, be sure to check with your doctor before using **any** medicine during pregnancy. Gestational diabetes occurs more frequently among obese women and women with a family history of diabetes, and among African American, Hispanic/Latina, and American Indian and Native Alaska women.

## **How can gestational diabetes affect your baby?**

It is very important to keep your diabetes under good control when you are pregnant. A1Cs around 6% are best for the healthy growth of your baby. Regular physical activity and healthy food choices will help you keep your diabetes controlled.

Poorly controlled gestational diabetes can harm your baby, as high blood glucose levels in your body cross into the placenta. Your baby can gain too much weight during pregnancy and have problems at delivery. These babies are also at higher risk for obesity and type 2 diabetes in childhood and adulthood.

## **What about pregnancy and type 1 diabetes?**

Women who have type 1 diabetes need to make sure their diabetes is in good control before they even get pregnant. Poorly controlled diabetes can lead to birth defects in the first few weeks of pregnancy, when a woman may not know she is pregnant. These birth defects can be life-threatening to the baby.

## Questions?

Call 206-598-4882

Your questions are important. Call your doctor or health care provider if you have questions or concerns. Diabetes Care Center clinic staff are also available to help at any time.

Diabetes Care Center:  
206-598-4882

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If you are planning a pregnancy, make sure your A1C is around 6% for a few months before becoming pregnant. Both you and your baby will be healthier. It is important to use birth control to prevent an unplanned pregnancy if you are sexually active.

### What is my risk for type 2 diabetes if I had gestational diabetes?

After pregnancy, 5% to 10% of women who have had gestational diabetes are found to have type 2 diabetes. Other women who have had gestational diabetes have a 20% to 50% chance of developing diabetes in the 5 to 10 years after pregnancy. Also, the children of women who have had gestational diabetes are at higher risk for obesity and diabetes compared to other children.

If you had gestational diabetes and do not have type 2 diabetes right after your pregnancy, you should:

- Get tested for diabetes 6 to 12 weeks after your baby is born, then every 1 to 2 years.
- Talk with your doctor if you plan to become pregnant again.
- Breastfeed your baby. It may lower your child's risk for obesity and diabetes.
- Reach your pre-pregnancy weight 6 to 12 months after your baby is born. Then, if you are still overweight, aim to lose at least 5% to 7% of your body weight (10 to 14 pounds for a person who weighs 200 pounds). Weight loss should be slow and steady, and you should try to keep the weight off.
- Eat foods low in fat and calories and do 30 minutes of physical activity 5 days a week.
- Help your children lower their risk for type 2 diabetes by helping them learn to:
  - Make healthy food choices.
  - Be physically active 60 minutes a day.
  - Keep their weight in a normal range.
- Encourage your whole family to follow a healthy lifestyle that includes eating small portions of healthy foods and being more active.

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