

8 STEPS for a Healthy Pregnancy with Type 1 Diabetes

1 Preconception care: Blood glucose (BG) management with A1c <7% (ideally less than 6.5%) prior to pregnancy with consistent in-range blood glucose

Managing BG before and during the early weeks of pregnancy significantly reduces the risk of negative outcomes for the baby.

- Baby's organs formed 7 weeks after conception

2 Find a trusted, supportive healthcare team (established ahead of pregnancy, if possible)

Team will develop a plan of care based upon pregnancy goals, encourage adequate support systems, and help recognize stress.

3 Understand use of insulin to carb ratios, sensitivity factors and foods, exercise, stress, and hormones on BG

Knowing how to use insulin to carbohydrate ratios and correction factors allows a woman to adjust the pre-meal dose of insulin to match the grams of carbohydrates a woman plans to eat and can help optimize glycemic control.

Keep most glucose spikes <129 mg/dL after eating to ensure a safe pregnancy; BG level >180 mg/dL for 2+ hours requires urine ketone test (presence of ketones can have harmful effects on the baby).

4 30 minutes of low to moderate physical activity daily (if not contraindicated by a healthcare professional)

Check BG before exercising and adjust insulin or carbohydrates as needed.

5 Be prepared to treat low BGs, especially during the 1st trimester

Hypoglycemia is the most common adverse effect associated with intensive insulin therapy in T1D during pregnancy.

Blood Glucose Level	Action
50-59 mg/dL	Take 15g glucose tablets or other fast-acting sources of glucose
<50 mg/dL	Drink 1 cup of orange juice
After treating low blood glucose	Test blood glucose levels 15 minutes later

6 Eat a balanced/varied diet, take a prenatal vitamin with folic acid, and maintain adequate hydration (consider seeking help from registered dietitian)

In addition to using an individualized meal plan for a woman with diabetes, it may then be prudent to advise her to use her own blood glucose results to determine the effect of various foods on her own blood glucose levels and make modifications in her diet as necessary.

Breastfeeding appears to be a major component in the reduction of risk for the offspring of a woman with type 1 diabetes (seek a lactation consultant).

7 Stay open to alternative therapy if appropriate

Consider an insulin pump before getting pregnant as it has greater flexibility and decreases fluctuations of blood glucose overnight.

A continuous glucose monitor can help identify patterns and increase hypoglycemia/hyperglycemia awareness.

8 Have a labor/delivery plan in place ahead of time that includes:

- When to call OB
- Timing/method of delivery
- Management of pain/complications
- Blood glucose control/insulin during labor
- Follow-up care (scheduled 2-6 weeks postpartum)

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References: 10 Relevant Health Topics for Women Living with Diabetes: Advancing Women's Health through Prevention, Diagnosis, Treatment and Management (2015), a partnership between DiabetesSisters and Society for Women's Health Research