Diabetes and Pregnancy: What You Need to Know

Types of Diabetes in Pregnancy

There are three main types of diabetes that can affect pregnancy:

1. **Type 1 diabetes**: An autoimmune condition where the body doesn't produce insulin.

2. **Type 2 diabetes**: A condition where the body becomes resistant to insulin or doesn't produce enough.

3. **Gestational diabetes**: Develops during pregnancy and usually resolves after delivery.

Risks and Complications

Pre-conception

- Difficulty conceiving
- Higher risk of miscarriage
- Increased chance of birth defects

Antenatal (During Pregnancy)

For the mother:

- High blood pressure
- Pre-eclampsia
- Increased risk of infections
- Worsening of existing diabetes complications (eye and kidney problems)

For the baby:

• Large birth weight (macrosomia)

- Increased risk of stillbirth
- Higher chance of congenital abnormalities

Intrapartum (During Labor and Delivery)

For the mother:

- Higher likelihood of induced labour
- Increased risk of caesarean section
- Difficulty with vaginal delivery due to large baby size

For the baby:

- Shoulder dystocia (difficulty delivering the shoulders)
- Birth injuries
- Breathing problems at birth

Postpartum (After Delivery)

For the mother:

- Increased risk of postpartum depression
- Higher chance of developing type 2 diabetes later in life (for those with gestational diabetes)

For the baby:

- Low blood sugar (hypoglycaemia) after birth
- Jaundice
- Increased risk of obesity and type 2 diabetes later in life



Managing Diabetes in Pregnancy

• Plan your pregnancy and consult your healthcare team before conception

• Maintain tight blood sugar control before and during pregnancy

• Attend all prenatal appointments and diabetes check-ups

• Follow a healthy diet and exercise plan as recommended by your healthcare provider

- Monitor blood sugar levels regularly
- Take prescribed medications as directed (insulin or other diabetes medications)
- Be aware of the signs of low and high blood sugar

Important Notes

• Women with pre-existing diabetes should aim for an HbA1c level of 6.5% or lower before conceiving.

• Those with gestational diabetes should be screened for type 2 diabetes 6-12 weeks after delivery and regularly thereafter.

• Breastfeeding is encouraged and may help reduce the risk of type 2 diabetes in both mother and child.

Remember, with proper management and care, most women with diabetes can have healthy pregnancies and babies. Always consult your healthcare team for personalized advice and support throughout your pregnancy journey.

Dr Saibal Ghosh

Obstetrician and Gynaecologist

For more information please visit: www.drsaibalghosh.com

Contact: 02 8104 1010

