Pregnancy is possible for women with diabetes who do not have severe problems with complications.

WHAT IS IMPORTANT WHEN THINKING ABOUT GETTING PREGNANT?

- Pregnancy should be planned.
- The best blood sugar control possible should be achieved before and during pregnancy. The HbA₁c should be below 6.5%.
- The risk of a miscarriage as well as birth defects in the baby are less if blood sugars are normal or near normal when the pregnancy begins.
- Folic acid should be taken for three months before the pregnancy to also help prevent birth defects.

HOW CAN THE BEST BLOOD SUGAR CONTROL BE DONE?

- Intensive insulin therapy is usual during pregnancy. This includes:
  - an insulin pump or frequent insulin shots
  - frequent blood sugar checks (eight to ten a day)
  - paying close attention to nutrition
  - frequent contact with the health care team
- The target values for blood sugars are lower than usual and are given in the table in Chapter 27 of “Understanding Diabetes.”
- Clinic visits are also more often: usually every two to four weeks.
WHAT ABOUT COMPLICATIONS AND PREGNANCY?

Kidney damage is not a problem during pregnancy unless already present before the pregnancy. Medicines used to prevent kidney damage called “ACE-inhibitors” should not be taken during pregnancy. This medicine could cause birth defects in the baby.

The eyes should be checked more often during pregnancy (at least every three months). If moderate damage is already present, this may get worse during pregnancy.

Gestational diabetes is diabetes that develops as a result of the stress of the pregnancy. Regular exercise and diet are important.

- After diagnosis, the care is like the care of a person who had diabetes prior to pregnancy.
- Gestational diabetes usually goes away after pregnancy. There is an increased risk of developing type 2 diabetes later in life.