

Module IV-3

Pregnancy in pre-existing diabetes

Overview

Women with pre-existing diabetes can have successful pregnancies. However, very intensive management before conception and throughout the pregnancy is essential. An interdisciplinary approach that includes an obstetrician and the diabetes team is ideal. Where possible, the baby should be born in a facility that offers specialized neonatal care.

Goal

To provide the participant with an understanding of the special needs of women with diabetes who are pregnant

Objectives

After completing this module the participant will be able to:

- Discuss the importance of pre-conception counselling in terms of the physical and emotional stress of a high risk pregnancy, financial issues, impact on family life
- Discuss the need to advise on pre-pregnancy planning, including contraception, and the importance of achieving blood glucose targets before pregnancy
- Discuss the effects of diabetes on pregnancy, the effects of pregnancy on blood glucose control, and diabetes-related complications
- Discuss the need for women to undergo a complication assessment, revise hypoglycaemia, glucagon and sick day management before conception
- Provide education about the risks of hypoglycaemia and strategies to cope with morning sickness in early pregnancy
- Describe the team approach to management including the educator, dietitian, endocrinologist, obstetrician and ophthalmologist, and a renal physician in some cases
- Recognize that nutrition plays a role in the management of blood glucose as well as nourishment for mother and child; and recognize the need for altered dietary requirements (refer to **Module III-5, Nutrition therapy**)
- Discuss the need for regular complication assessment at the beginning of the pregnancy and each trimester

- Describe the need to change to insulin before pregnancy if type 2 diabetes is treated with oral blood glucose-lowering agents
- Discuss the need to cease ACE inhibition treatment before pregnancy, and the need to change to other antihypertensive agent(s)
- Discuss the need for frequent contact with the diabetes healthcare team and the need to increase insulin dosages as pregnancy progresses
- Describe the reason for planning delivery and encouraging delivery in a major hospital with good neonatal care
- Outline the importance of postpartum restabilization, the dramatic drop in insulin requirement and greater insulin sensitivity after birth
- Recognize the need to provide education to women with regard to increased nutritional needs when breastfeeding, and the increased risk of hypoglycaemia (refer to **Module III-5, Nutrition therapy**)

Teaching strategy

Problem-solving through a case study. Involve a woman with diabetes who has had a successful pregnancy

Suggested time

2 hours

Who should teach this module

Educator and/or endocrinologist, obstetrician with expertise

Evaluation of learning

Multiple-choice questionnaire

Present a case history that illustrates a problem and discusses possible alternatives to solve this from the therapeutic and psychosocial points of view

References

American Diabetes Association. *Medical management of diabetes complicated by pregnancy* 3rd edition. ADA. Alexandria, 2000.

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