Type 1 diabetes and pregnancy

Ginger Vieira

It wasn’t very long ago when a young girl’s diabetes diagnosis would come with the doctor warning her parents that she would never be able to experience pregnancy and give birth to her own children. In fact, if you have the unfortunate luck of being diagnosed by the wrong medical team, they might still be telling parents and young women that pregnancy with type 1 diabetes (T1D) is out of the question.

Today, it’s very possible for a woman with T1D to pursue a healthy and safe pregnancy. However, women living with T1D need to understand that while this journey doesn’t come without challenges, it’s perfectly natural if the idea of managing diabetes during pregnancy seems daunting. Managing blood glucose with insulin therapy and carbohydrates is complicated on any given day, and it absolutely becomes much more complicated with pregnancy.

With the right support, the correct information and knowledge, a woman with T1D can anticipate how insulin needs and blood glucose will be impacted by the journey of pregnancy. Giving birth is a reasonable pursuit for any woman, and that includes women with T1D.

In 2017, I wrote Pregnancy with Type 1 Diabetes. Simply put, the book was created to provide women with the most important information in order to manage diabetes well during pregnancy. The first half of the book is a detailed, in-depth guide to T1D management prior to pregnancy, and the second half of the book guides the reader through each month of pregnancy, delivery, postpartum and breastfeeding.

Why is pregnancy with type 1 diabetes complicated? The hardest part about managing blood glucose in that much tighter range during pregnancy is that insulin needs will be constantly changing, in part, because of hormones which play a big role in glucose fluctuations. Pregnancy for any woman, living with diabetes or not, is full of several different types of hormones that increase gradually throughout pregnancy. The following targets for blood glucose from the American Diabetes Association give an idea of the tight control that is required for most pregnant women living with diabetes:

- Before meals, at bedtime, and overnight: 90 mg/dL (5 mmol/L) or less
- 1 hour after eating: 130 mg/dL (7.2 mmol/L) to 140 mg/dL (7.8 mmol/L) or less
- 2 hours after eating or 120 mg/dL (6.7 mmol/L) or less

These are very general guidelines: most doctors will work with their patients to individualize targets. However, variation in insulin needs will occur. For example, in the first trimester, insulin requirements will actually decrease and it can be normal to battle constant low blood sugars.
or hypoglycaemia until doses are adjusted. As the second trimester gets going insulin doses will creep up and many women will be shocked at how many more insulin units are required to cover something as basic for the carbohydrates in an apple. Soon though, as everything starts winding down and with a delivery date approaching, insulin doses start to decrease again.

Managing type 1 diabetes with pregnancy can be a very complicated journey, but it can be done. Many women are truly shocked by their ability to manage daily blood glucose tighter than they’ve ever managed them before and most people agree that having a healthy baby is the ultimate motivation. It’s not uncommon for women to achieve HbA1c levels that were previously thought to be out of reach.

Once upon a time, I thought pregnancy and T1D were two things I would never want to mix. I told myself that putting the physical and mental stress of pregnancy on my body wasn’t healthy, and I was sure it wasn’t healthy for a baby either. Fortunately, I read stories and saw photos and heard the news of so many other women with type 1 diabetes successfully giving birth to their very own biological children. They did it. I realized I could do it, too. Type 1 diabetes may prevent people living with the condition from producing insulin, but it doesn’t have to stop us from producing a gorgeous, healthy baby boy or girl. Someday, whenever a young girl or woman is diagnosed with T1D, all doctors will quickly reassure her and her parents that she can absolutely pursue pregnancy.

Ginger Vieira has lived with type 1 diabetes and celiac disease since 1999, and fibromyalgia since 2014. She is the author of Pregnancy with Type 1 Diabetes, Dealing with Diabetes Burnout, Emotional Eating with Diabetes and Your Diabetes Science Experiment. Ginger is a freelance writer and editor at DiabetesDaily.com, with a B.S. in Professional Writing.