

# Diabetes in Pregnancy

What to discuss with your health care team  
to help you receive high-quality care

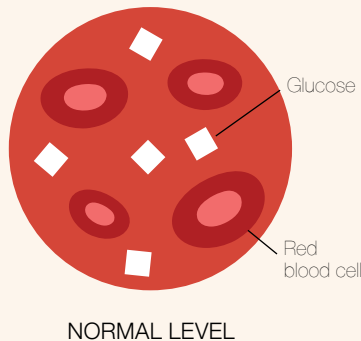




# What is diabetes, and how does it affect pregnancy?

Diabetes develops when there's too much sugar—or glucose—in your blood. Blood sugar is your main source of energy. It comes from the food you eat, and a hormone called insulin helps your body use this energy.

## The glucose level



Pregnancy can change how your body uses sugar. If you already have diabetes, a pregnancy can make your diabetes harder to manage, especially toward the end of pregnancy.

Pregnancy can also cause diabetes when your body doesn't have enough insulin to handle your blood sugar. In a way, it causes “new” diabetes. When this happens, it's known as gestational diabetes.

If you have diabetes, you can still have a safe pregnancy and a healthy baby. It's important to talk to your health care team so you can work together to manage your diabetes and avoid complications.

You can have a safe pregnancy and a healthy baby. You and your health care team can work together to manage your diabetes and avoid complications, so it's important to talk to your care team.



## Three different types of diabetes can affect your pregnancy



### Type 1 diabetes

People with type 1 diabetes don't produce insulin. During pregnancy, how much insulin you need can change as your baby grows.



### Type 2 diabetes

People with type 2 diabetes have high blood sugar levels because their bodies don't make enough insulin. Their insulin needs can also change during their pregnancy.



### Gestational diabetes

Gestational diabetes is usually diagnosed around 5 to 6 months of pregnancy, and often goes away after the baby is born.

This guide supports conversations with your care team, with questions you can ask about:



Planning a pregnancy when you have type 1 or type 2 diabetes



Learning that you have gestational diabetes



Checking your blood sugar during pregnancy



Staying healthy with diabetes in pregnancy



Diabetes after the baby is born

If you don't have time to go through the entire guide, use this checklist as a quick reference when you talk to your care team.

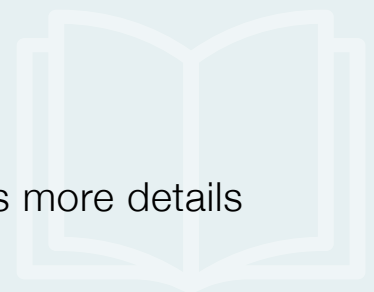
The questions included in this guide are optional and some will not apply to you. You might have other questions to ask too. The more you talk with your care team, the more help you can get to have a healthy pregnancy.

*"I don't want to be defined by diabetes. I am a person first, who happens to have diabetes."*

PERSON WHO HAD GESTATIONAL DIABETES

## Learn more

What is gestational diabetes? [Diabetes Canada](#) shares more details about what this means for you and your baby.





## Planning a pregnancy when you have type 1 or type 2 diabetes

If you already have diabetes (type 1 or type 2), talk to your family doctor or endocrinologist before you get pregnant. Even if you're managing your blood sugar well, you might need other tests or changes to your medications to make sure that you're ready for pregnancy.



### Ask your care team:

- ☐ What can I do to get ready for pregnancy?
- ☐ How will being pregnant affect my diabetes?
- ☐ Where can I learn more to help me have a healthy pregnancy?
- ☐ Are there other health care professionals should I see before I get pregnant?
- ☐ What health care professionals will I be seeing during my pregnancy?
- ☐ How will diabetes affect my baby during pregnancy or after birth?
- ☐ Is it safe to take my medication while I'm pregnant?



### Tell your care team:

- ☐ Who you want to include in decisions about pregnancy planning
- ☐ If there's a chance you might already be pregnant
- ☐ If you are worried about paying for medication



# Learning that you have gestational diabetes

Pregnancy is a time of change, and finding out that you have gestational diabetes will add to those changes.

It might feel like you've done something—or missed something—that caused diabetes, but that's not the case: sometimes that's just the way your body reacts to pregnancy. With gestational diabetes, your pregnancy might be different from the one you'd expected. It will include some tests, and you might need insulin, but these extra steps will help you and your baby stay healthy.



## Ask your care team:

- ☐ What kind of tests will I need?
- ☐ What are they for, and how long will they take?
- ☐ Will I need insulin?
- ☐ Will my baby be born early?
- ☐ Will my baby have diabetes?
- ☐ Will I have type 2 diabetes afterward?

*“[Finding out] about the disease and the risk factors... made me feel like I'm not strange. [It's] one of the variations that people have in pregnancy.”*

PERSON WITH GESTATIONAL DIABETES



## Write it down

It can help to take notes about how you're feeling during your pregnancy. Having written details will help you describe things clearly when you talk to your care team. A friend or family member can also take notes for you while you talk to your care team. That can make it easier to remember your discussions with them.



# Checking your blood sugar during pregnancy

Having diabetes in pregnancy can mean getting used to a new normal. Balancing checking your blood sugar, medical appointments, and your usual activities can be a lot to handle.

Keep in mind that your blood sugar levels during pregnancy aren't a test to pass or fail—everyone's condition is different, and your target blood sugar levels will be, too.



## Ask your care team:

- ☐ What kind of tests will I need on a regular basis?
- ☐ What should my blood sugar target range be?
- ☐ What should I do if my blood sugar is too low or too high?
- ☐ Can I get help if I'm having trouble testing my blood sugar?

*“There were lots of tears at my end, and I did need someone to say, ‘You’re doing really well. You had a bad sugar day, but you’re trying really hard and I can see you’re trying.’”*

PERSON WITH GESTATIONAL DIABETES



# Staying healthy while pregnant

With diabetes in pregnancy, your blood sugar levels are just one part of the big picture.

Talk with your health care team about your daily routine, as well as what you usually eat and how active you are.

Your care team will share ways to keep you and your baby healthy, help you avoid complications, and ease any stress. They will work with you to help you make changes that fit your life.

## How active should I be?

Everyone stays active in different ways. When you're managing diabetes in pregnancy, being active can mean a lot of things: even a walk after dinner can help bring your blood sugar down.



### Ask your care team:

- ☐ How does what I eat affect my diabetes?
- ☐ What foods will help me manage my diabetes?
- ☐ What activities should I do to stay healthy?
- ☐ What is a healthy weight for me to gain in pregnancy?
- ☐ Where can I go for emotional support during my pregnancy?



### Tell your care team:

- ☐ If you are worried about the cost of food
- ☐ If you would like healthy food ideas from your culture
- ☐ If you are worried about how you will make changes to your daily routine



## Learn more

These websites can help you plan your meals and eat well:

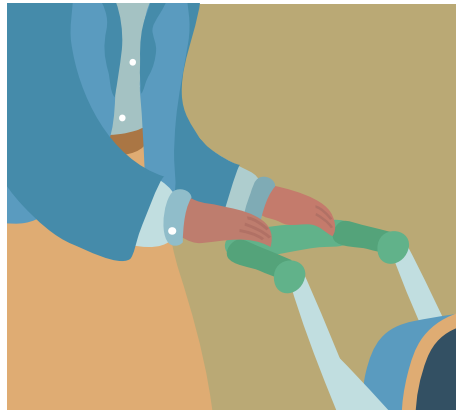
- [UnlockFood.ca](https://unlockfood.ca) shares information on eating well and menu plans
- [Dietitians of Canada](https://dietitiansofcanada.ca) can help you find a dietitian



## Diabetes after your baby is born

Once your baby is born, your diabetes may change. Your health care team will check your and your baby's blood sugar levels after the birth and support the next phase of care for you both.

If you had diabetes before getting pregnant, it may take time for your care routine to get back to what it was. Your hospital care team will check your blood sugar levels and help you manage them as your body adjusts to new hormones.



If you had gestational diabetes, your diabetes usually goes away after your baby is born. In some cases, people will have type 2 diabetes long term.



Breastfeeding can help regulate your blood sugar level and the baby's too. It can also help lower the risk of developing type 2 diabetes for people with gestational diabetes.

### If I had gestational diabetes, will I still have diabetes?

You will get a special test to check for diabetes between six weeks and six months after the baby is born. The test (called an oral glucose tolerance test) measures how your body uses sugar

Even though you'll be busy with a new baby, it's important that you do this screening—it will show whether you've developed type 2 diabetes or not.

*“Having diabetes [while pregnant] is like having another child. It's sensitive and you have to give it attention.”*

PERSON WITH TYPE 1 DIABETES



## Diabetes after your baby is born (continued)



### Ask your care team:

- ☐ How will my diabetes be managed during labour and after the baby is born?
- ☐ Should I be worried about the baby's blood sugar? Will they need special tests?
- ☐ Will I still need to test my blood sugar? For how long?
- ☐ How will breastfeeding affect my diabetes?



### Tell your care team:

- ☐ If you are worried about being able to care for your baby or about your baby's health
- ☐ If you don't have some basic items—such as food or diapers—that you need at home

*“I wasn’t aware that I had to stop taking insulin [after the baby was born.] By chance, a nurse saw the syringe and told me to stop. I needed that information in advance.”*

PERSON WHO HAD GESTATIONAL DIABETES



## For your reference: The quality standard in brief

Health Quality Ontario is committed to helping patients, health care providers, and organizations improve the quality of health care in Ontario.

We know that not everyone across the province receives the right care, every time. So, to help address gaps in care, we produce quality standards that outline **what quality care looks like** for specific conditions and situations, such as diabetes in pregnancy. Quality standards are based on current best evidence and input from patients, caregivers, and health care providers.

This patient guide accompanies the quality standard diabetes in pregnancy.

If you're interested in the quality standard, below is a summary. To read more, [download it here](#).

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### Preconception Care for People with Diabetes

All people who might get pregnant who are living with diabetes receive information about family planning. People with diabetes who are planning to get pregnant receive preconception care from an interprofessional care team, including counselling on optimizing diabetes management, screening for complications, and a review of medications.

#### What this means for you

If you're planning a pregnancy, your health care team should give you:

- Information on how diabetes can affect pregnancy
- Information on how to manage diabetes before and during pregnancy

If you are not planning a pregnancy, your health care team should give you information about, and access to, birth control that meets your needs.

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### Coordinated Interprofessional Care

People with diabetes receive interprofessional care specific to their needs during preconception and throughout pregnancy. People with gestational diabetes receive interprofessional care at the time of diagnosis and throughout the remainder of their pregnancy.

#### What this means for you

When planning a pregnancy, during pregnancy, and at the time of diagnosis with gestational diabetes, you should:

- Have access to a care team with a variety of skills
- Be included (with your family) as important members of your diabetes care team, and have your questions, concerns, observations, and goals discussed and incorporated into your care
- Be supported in playing an active role in your care

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### **Self-Management Education and Support**

People with diabetes and their families are offered tailored self-management education and support at the beginning of pregnancy, or at the time of gestational diabetes diagnosis, and throughout their pregnancy as needed.

#### **What this means for you**

At every stage of your pregnancy, you, and any family or friend supporting you should:

- Have access to education and support to help you understand and manage your diabetes during pregnancy. The education and support should be in a format that meets your needs. If you have a support person, they should also have this information and support

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### **Lifestyle Management During Pregnancy**

People with diabetes in pregnancy receive tailored information and support about gestational weight gain, diet, and physical activity to optimize blood glucose levels and maternal and fetal outcomes at the beginning of pregnancy, or at the time of gestational diabetes diagnosis, and throughout pregnancy.

#### **What this means for you**

Your care team should share:

- Information and support about how diet, physical activity, and weight management affect your pregnancy and diabetes. You and your care team should create a safe and practical lifestyle plan that supports your and your baby's health. If you want to include them, your family or community should be involved in your plan.

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### **Fetal Monitoring and Timing of Delivery**

People with diabetes in pregnancy receive increased fetal monitoring based on glucose control, maternal complications, comorbid conditions, and/or fetal well-being. Induction of labour can be considered before 40 weeks' gestation if maternal and/or fetal indications exist.

#### **What this means for you**

Your health care professionals should:

- Discuss fetal monitoring with you, as well as your options for when and how it's done
- Give you information about what tests to expect and how to prepare for the birth of your baby
- Encourage you to have a support person with you at appointments

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### **Postpartum Diabetes Screening for People with Gestational Diabetes Mellitus**

People with gestational diabetes are screened for prediabetes and type 2 diabetes with a 75 g oral glucose tolerance test between 6 weeks and 6 months postpartum.

#### **What this means for you**

Between 6 weeks and 6 months after you give birth, you should get your blood tested to make sure you have not developed diabetes. You should receive a lab requisition and information about the test from a health care professional.

# What's next?

## Remember, everybody is different.

The support you need and the transition plan you develop with your care team in hospital and in the community will be unique to you.

## This conversation guide is only a starting point.

You may have other topics you want to cover with your care team. It's important to speak to them about any other questions or concerns.

## Need more information?

If you have any questions or feedback about this guide, please contact us at [qualitystandards@hqontario.ca](mailto:qualitystandards@hqontario.ca) or 1-866-623-6868.

For more reading on transitions from hospital to home, read the quality standard at:

[hqontario.ca/qualitystandards](https://hqontario.ca/qualitystandards)