Diabetes in Pregnancy (Non-Gestational):

Blood Glucose Control

Before you get pregnant and throughout your pregnancy, your goal is to have your blood glucose levels as close to the nondiabetic range as possible without causing very low blood glucose levels (hypoglycemia).

- In the first trimester (first three months of your pregnancy), tight control of blood glucose lowers the risk of birth defects.
- Tight control of blood glucose for the rest of your pregnancy helps keep your baby from growing too big before birth.

You can get tight blood glucose control by following the right meal plan, doing routine physical activity, reducing stress, frequently monitoring your blood glucose levels (before and after meals, at bedtime, and occasionally between 2 a.m. and 4 a.m.), and adjusting insulin.

Your doctor will give you goals for your glucose levels, but the ADA targets for most women when they get pregnant and during pregnancy are:

When you wake up, before meals, bedtime, and overnight:

- Before a meal (fasting): 90 mg/dl or less

After a meal:

- 1 hour after a meal: Between 130 and 140 mg/dl
- 2-hours after a meal: 120 mg/dl or less

A1C:

- 6-6.5% – To prevent hypoglycemia your A1C target may be raised to less than 7%

CONTROLLING BLOOD GLUCOSE DURING PREGNANCY

Insulin

If you have type 2 diabetes and take diabetes pills, your doctor will probably start you on insulin. Most of the diabetes pills have not been proven to be safe during early pregnancy. After delivery, you’ll probably be able to go back to your diabetes pills, unless you’re breastfeeding.

If you have type 1 diabetes, or type 2 diabetes and use insulin, you may need a change in your insulin plan to get the near-normal glucose levels you want for conception. You may use multiple daily injections (MDI) or an insulin pump. You’ll need more insulin as your pregnancy progresses.

You’ll want to learn how to adjust your insulin doses based on:

- how much you plan to eat (carbohydrate counting)
- what your blood glucose level is before a meal (correction doses)
- patterns of lows and highs over several days (pattern management)
When you keep your blood glucose levels close to the normal level, your risk of a “low” is higher. You and family members should review the signs, symptoms, and treatment of low blood glucose.

You should be seen every one to two months while you’re trying to reach normal A1Cs. Once the blood glucose goals are reached, you will be counseled to stop using birth control and try to get pregnant. As soon as you think you’re pregnant, you should go in for a pregnancy test.

**OTHER MEDICATION DURING PREGNANCY**

Before you get pregnant, you need to make sure the medications you take are safe to use during pregnancy. Some drugs commonly used to treat diabetes and its complications (for example, statins, ARBs, most diabetes pills, and ACE inhibitors) may not be recommended during pregnancy because of the risk they pose to the fetus.

- Make a list of all the medications you take (prescription, over-the-counter, herbal, and supplements). Show the list to your doctor. Ask whether the drugs are safe to use when you are pregnant, and whether changes need to be made. Your pharmacist is also a good person to ask, especially about newer drugs.
- Read the patient information handout that comes with your prescriptions. Look under “Use in Specific Populations” to find “Pregnancy” and “Nursing Mothers.”
- Read the labels and inserts of over-the-counter drugs.

If you are pregnant and find out that a medicine you take should not be used during pregnancy, call your doctor right away to find out if you should stop taking it.