

Diabetes in Pregnancy

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



**Ontario
Health**

Ontario Health is committed to improving the quality of health care in the province, in partnership with patients, health care professionals, and other organizations.

To do that, Ontario Health develops quality standards that set out important steps to treat conditions like diabetes in pregnancy. These standards are based on current evidence and input from an expert committee that includes patients, health care professionals, and researchers.

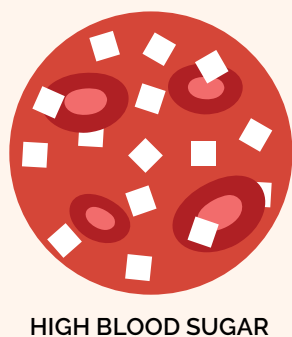
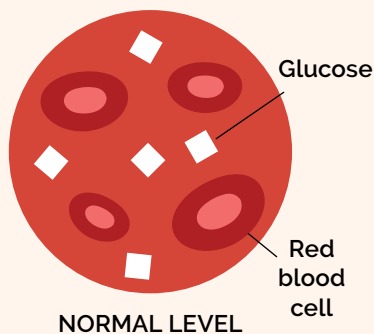
If you're interested in learning more about the quality standard on diabetes in pregnancy, see page 15 of this guide. It has a summary of the top six areas to improve care for people with diabetes in pregnancy. You can also download the complete [quality standard here](#).



What is diabetes, and how does it affect pregnancy?

Diabetes develops when your body can't adjust the amount of sugar—or glucose—in your blood. Blood sugar is your main source of energy: it comes from the food you eat. A hormone called insulin helps your body use this energy.

The glucose level



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

Pregnancy can also cause diabetes in people who have never had diabetes before. When this happens, it's known as gestational diabetes.

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



Three different types of diabetes can affect pregnancy



Type 1 diabetes

People with type 1 diabetes produce little or no insulin. During pregnancy, how much insulin they need can change as their 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

Pregnancy itself can cause high blood sugar and diabetes in people who didn't have diabetes before. This type of diabetes often goes away after the baby is born.

This guide supports conversations with your care team, with questions 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 while pregnant



Diabetes after the baby is born

If you don't have time to go through the entire guide, use this checklist when you talk with your care team. The more you talk with them, 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 with your family doctor or diabetes specialist 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 I should see before I get pregnant?
- ☐ What health care professionals will I see 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



See quality statement 1, page 11, for more information on how planning can help.



Learning that you have gestational diabetes

A lot changes during pregnancy, 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 your gestational 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 expected. You might need some tests, and you might need medication to manage your blood sugar during pregnancy, but taking these extra steps will help you and your baby stay healthy.



Ask your care team:

- ☐ What kind of tests will I need, and what are they for?
- ☐ Will I need medication, and how long will it take to work?
- ☐ Are there risks to my baby?
- ☐ Will I have type 2 diabetes after the baby is born?

"[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 with to your care team.

At visits with your care team, a friend or family member can take notes for you. That can make it easier for you to remember your discussions with care team members.



Checking your blood sugar during pregnancy

Checking your blood sugar levels and keeping them within a healthy range can be challenging, even when you're trying your best.

What you eat, your activity levels, and your medication doses all affect your blood sugar levels

Things like stress, hormones, and your baby's growth can influence your levels, too. It can take time to figure out what works for you.

You and your care team can work together to set your target blood sugar range. 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 is a good blood sugar target range for me?
- ☐ 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?



See quality statement 3, page 11, for more information on self-management, education, and support.

"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, what you usually eat, and how active you are.

Your care team will share ways to help keep you and your baby healthy, 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 keep your blood sugar from going too high.



See quality statement 4, page 12, for more information on lifestyle management during pregnancy.



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:

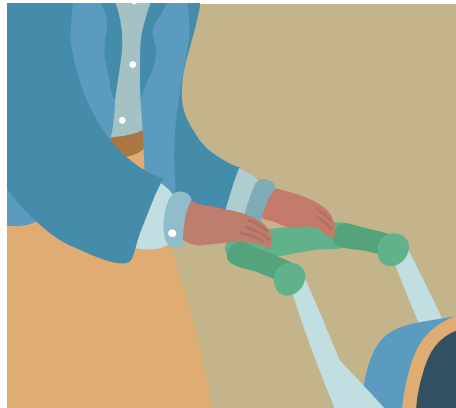
- [UnlockFood.ca](https://unlockfood.ca) shares information on eating well and menu plans
- [Dietitians of Canada](https://dietitiansofcanada.ca) can help you find a dietitian
- [Diabetes Canada](https://diabetes.ca) provides tips for eating well with diabetes



Diabetes after your baby is born

Once your baby is born, your diabetes may change. Your health care team will check your blood sugar levels and those of your baby, and they will 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 before your pregnancy. 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: This type of diabetes usually goes away after your baby is born. In some cases, gestational diabetes leads to type 2 diabetes in the long term. It is important to follow up with a family doctor within a year of giving birth. Talk with them about how a healthy lifestyle can lower your risk of type 2 diabetes, and tell them if you think you might be pregnant again.



Breastfeeding can help regulate your blood sugar levels and your baby's, too. It can also help lower the risk of developing type 2 diabetes in people who had gestational diabetes.

If you had trouble breastfeeding with an earlier pregnancy, a lactation consultant may help. Breastfeeding support may also be available by phone or online.

If I had gestational diabetes, will I still have diabetes after my baby is born?

You will get a lab test that measures how your body uses sugar (an oral glucose tolerance test) between 6 weeks and 6 months after your baby is born. It's similar to the test used to diagnose you with gestational diabetes when you were pregnant.

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

"Having diabetes postpartum is like having another child. It's sensitive, and you have to give it attention."

PERSON WITH TYPE 1 DIABETES



See quality statement 6, page 12, for more information on postpartum diabetes screening.



Ask your care team:

- ☐ How will my diabetes be managed during labour and after the baby is born?
- ☐ What about the baby's blood sugar? Will my baby need lab tests?
- ☐ After my baby is born, will I still need to test my blood sugar? For how long?
- ☐ How will breastfeeding affect my blood sugar?
- ☐ What local community resources or support can help me?



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



Learn more

- [Best Start](#) shares basic information on breastfeeding and links to fact sheets, online education, and booklets on breastfeeding and common challenges.
- [The Ontario government](#) offers 24-hour breastfeeding advice from lactation consultants by phone (1-866-797-0000) and links to services near you.



For your reference: The quality standard in brief

This patient guide accompanies the quality standard on diabetes in pregnancy.

Below is a summary of the top six areas to improve care for people with diabetes in pregnancy. To read more, you can download the [quality standard here](#).

Quality Statement 1: Preconception Care for People With Diabetes

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

Quality Statement 2: Coordinated Interprofessional Care

People with diabetes receive coordinated 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.

Quality Statement 3: 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. 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.

Quality Statement 4: 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.

Quality Statement 5: 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 is considered before 40 weeks' gestation if maternal or fetal indications exist.

Quality Statement 6: Postpartum Diabetes Screening for People With Gestational Diabetes

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's next?

Remember, everybody is different.

The support you need and the care plan you develop with your care team 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 with 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@ontariohealth.ca or 1-866-623-6868.

For more reading on diabetes in pregnancy, read the quality standard at hqontario.ca/qualitystandards