



What about breastfeeding?

Breastfeeding is recommended for most women because of its many benefits, both for mother and baby.

Women with type 1 diabetes may experience a delay in their milk production, especially if their blood sugar was high during pregnancy. However, by the time their milk production is established, there is usually no longer any difference between diabetic and non-diabetic mothers.

Breastfeeding can make blood sugar more unstable, especially during night feedings. Don't hesitate to discuss adjusting your treatment plan with your doctor.

A dietitian can also help you by creating a personalized meal plan and by offering personalized nutritional advice to reduce the risk of hypoglycemia.

Resources

Ordre des diététistes-
nutritionnistes du Québec
odnq.org

Questions about diabetes?
InfoDiabetes Service
514-259-3422
1-800-361-3504
infodiabete@diabete.qc.ca

Diabetes School
Universi D
universi-d.com

Diabetes Québec
diabete.qc.ca

Diabetes Québec

**Pregnancy
and type 1
diabetes**

**How to properly plan
your pregnancy**

- Whenever possible, pregnancy should be planned to reduce the risk of complications for mother and baby:
- ☐ Aim for a glycated hemoglobin (A1C) of 7% or less (ideally 6.5% or less). A1C represents the average sugar level in the blood in the previous 2 to 3 months.
 - ☐ Take 1 mg of folic acid every day starting at least 3 months before conception and during the first 12 weeks of pregnancy to reduce the baby's risk of a spinal defect.
 - ☐ Ensure that medications have been reviewed to assess which should be discontinued.
 - ☐ Adopt healthy lifestyle habits.
 - ☐ See an optometrist or ophthalmologist before conception and during your first trimester of pregnancy.
 - ☐ Get your kidney function checked. Kidney damage is associated with a higher risk of complications for mother and baby.
 - ☐ Aim for blood pressure below 130/80 mmHg to promote the proper development of the placenta.
 - ☐ Make sure you've had all the appropriate vaccinations.

**It is possible for a woman living
with type 1 diabetes to have
healthy children.**



Keeping your A1C within target levels before and during pregnancy reduces the following risks:

For the mother

- Miscarriage
- Aggravated retinopathy, a diabetes complication affecting the eyes
- Gestational hypertension or pre-eclampsia, a pregnancy complication characterized by high blood pressure and swelling
- Premature delivery
- A caesarian section or a more difficult vaginal delivery (due to the baby’s weight)

For the baby

- A weight heavier than average at birth (more than 4 kg or 9 lb.)
- Shoulders becoming blocked during the delivery
- Hypoglycemia at birth, also known as low blood sugar
- Birth defects
- Jaundice
- Death in the days following the birth

What are the target blood sugar values during pregnancy?

During pregnancy, **target blood sugar values*** are lower to ensure the proper development of the baby:

Fasting and before meals	Below 5.3 mmol/L
1 hour after the start of a meal	Below 7.8 mmol/L
2 hours after the start of a meal	Below 6.7 mmol/L
A1C	6.5% or less (ideally 6.1% or less)

* From the *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.*

Your health care team will advise you on the timing, frequency and blood glucose values you should aim for, as they may differ from those presented above.

A growing baby and the different hormones secreted by the placenta have a significant impact on your blood sugar.



Following your treatment plan is essential for maintaining your blood sugar within target levels!

- Eat a healthy and balanced diet.
- Exercise regularly unless your doctor recommends otherwise.
- Check your blood sugar frequently. Continuous glucose monitoring may be an option to consider.
- Adjust your self-administered insulin doses based on your fluctuating needs during pregnancy.

Insulin is safe for your baby!

Watch out for...

Hypoglycemia

During pregnancy, the risk of hypoglycemia is higher due to a natural decrease in blood sugar and lower target values. Also, the symptoms of hypoglycemia are not as easily felt. Hypoglycemia is not dangerous for the baby unless it is prolonged or causes unconsciousness or seizures.

Make sure you know the right way to treat hypoglycemia and always keep a source of fast-absorbing carbohydrates, as well as glucagon, within reach at all times.

Ketoacidosis

Ketoacidosis, a complication of hyperglycemia, is characterized by an abnormal rise in the level of toxic substances (called ketones) in the blood. During pregnancy, ketoacidosis can occur at lower blood sugar levels and can be dangerous for the baby.

Talk to your doctor about preventing and detecting ketoacidosis, and make sure you have a device and strips for measuring ketones.

How will the delivery go?

During labour, your blood sugar must be kept within target levels as much as possible. The nursing staff will monitor it regularly.

After the delivery, the hormones produced by the placenta are no longer counteracting the action of the insulin. The doses of insulin required will be much reduced and could take some time before stabilizing.

Medical teams are properly equipped to ensure you have a safe delivery.



The risk of your child developing type 1 diabetes is low: around 2% to 5%.