Exercise
Exercise is important in building stronger muscles, and more flexible joints will be helpful in the coming months. Exercise may also increase your body’s sensitivity to insulin which could help your diabetes control.

It is best to start getting fitter now. Any exercise which is taken up before your pregnancy can probably be continued during early stages of pregnancy. As pregnancy already puts extra stress on your heart and lungs, it is best not to begin a hard exercise programme during pregnancy. Gentle exercise such as yoga, low impact aerobics, walking or cycling is recommended.

If you already have problems with high blood pressure, eyes, kidneys or have early nerve damage – please discuss exercise with your Doctor.

Whatever exercise you choose, remember you are aiming for tight glucose control and will consequently need to monitor your blood glucose carefully and regularly to avoid hypos.

SPECIALIST DIABETES MIDWIFE
07798 581108

Diabetes Centres
Stoke Mandeville – 01296 315530
Wycombe – 01494 425308

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Planning a baby?

**Blood Glucose control**
Good control is essential before and throughout your pregnancy but especially during the early weeks. Your baby could be affected if your blood glucose levels are not well controlled.

Tight control is important – you are aiming for an HbA1C (blood glucose test for the past 100-120 days) lower than 48. Ideal home monitoring levels are: 4-6mmols before meals and below 7.8mmols 1 hour after meals.

**Type 1 Diabetes**
It may be necessary to change your insulin regimen to achieve the best diabetes control. Test your blood sugars 4-6 times a day and your blood ketone levels if your glucose is more than 15mmol or if you are unwell. If your ketone levels are 1.5 or more seek urgent medical advice.

**Type 2 Diabetes**
If you take tablets to control your diabetes, these may need to be stopped. Metformin tablets are now used in pregnant. Consult your doctor before stopping any tablets. Monitoring your blood glucose will show if or when insulin is required.

**Folic Acid**
To prevent neural tube defects it is recommended that you take a 5mg supplement for 2 months prior to your pregnancy and for the first 12 weeks. This needs to be prescribed by your GP as it is a higher dose than for women without diabetes.

**Medication**
Some medication e.g. statins and ACE inhibitors are not recommended. However, your Doctor will discuss this with you.

**Healthy Eating**
It is important for you to eat a balanced diet with foods from all food groups i.e. fruit & vegetables, food containing starch (bread, potatoes, pasta, rice), meat & fish, milk & dairy. High fibre foods will help with constipation; remember to drink plenty of fluids – water or low sugar drinks.

Aim for 5 portions of fruit & vegetables daily. Spread fruit out during the day – a portion is the size you can fit in the palm of your hand.

Keep your sugar & fat intake down – keep high sugar foods as a treat & try to eat them as part of a meal.

If you are unsure about any aspect of your diet an appointment can be arranged with a Specialist Dietitian who will be able to give you help & advice on a 1:1 basis.

**Alcohol**
Drinking alcohol can harm your baby. It also affects your blood glucose levels & can increase your risk of hypos. The UK Department of Health advises pregnant women to drink no more than 1-2 units of alcohol once or twice a week. A unit is ½ pint beer, lager, cider, 25mls measure of spirit or sherry, 125mls glass of wine. (Alco-pops are about 1.5 units; they are also very high in sugar).

**Smoking**
The effects of smoking on your baby can last into their childhood and can be permanent. Try to give up smoking now.
**Quit line: 0800 0022 00**

**Hypos**
Your risk of hypos increases during pregnancy due to tighter glucose control and the pregnancy itself. With tighter control you may lose awareness of hypo symptoms as they are likely to decrease. If you do not have a glucagon injection kit at home it is advisable to talk to your diabetes team. Family members may need to be shown how to use it. Remember exercise will increase the risk of hypos

**Eyes**
Your eyes will be screened for retinopathy during pregnancy. If you are waiting for treatment it is advisable to have this done before you become pregnant.