



What about breastfeeding?

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

Women with type 2 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.

If you are being treated with insulin or an insulin secretagogue¹, breastfeeding can make your blood sugar levels more unstable, especially during night feedings. Don't hesitate to discuss adjusting your treatment plan with your doctor.

¹ Glimepiride (Diamicon® and Diamicon® MR), glimepiride (Amaryl®), glyburide (Diabeta®), repaglinide (GlucoNorm®)

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 2 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 2 diabetes to have
healthy children.**

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

- For the mother
- Miscarriage
 - Aggravated a 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 than 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.

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

- Eat a healthy and balanced diet.
- Exercise regularly unless your doctor advises otherwise.
- Check your blood sugar frequently. Continuous glucose monitoring may be an option to consider.
- Take your medication as prescribed by your doctor, if applicable.

Your doctor will assess your treatment to ensure that it is safe for the baby and that it maintains target blood sugar levels. For these reasons, you may be treated with insulin during pregnancy.

A few things you should know if you are being treated with insulin

- Insulin is safe for your baby.
- Your insulin needs will fluctuate during the pregnancy due to the growth of the baby and the hormones secreted by the placenta.
- You will be at greater risk of hypoglycemia.

Hypoglycemia is not dangerous for the baby unless it is prolonged and leads to unconsciousness or convulsions.

Hypoglycemia symptoms are less obvious during pregnancy. Be sure you know how to properly treat hypoglycemia. Always have a source of fast-acting carbohydrates, as well as glucagon, within reach at all times.



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.

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

What medication is usually used after childbirth?

Shortly after delivery, several hormonal changes occur. Your treatment will therefore need to be adjusted.

You will return to your usual treatment if it is still appropriate and keeps your blood sugar levels within target values. However, a period of adjustment may be necessary, especially if you are breastfeeding.

