**Musgrove Park Hospital, Taunton & Yeovil District Hospital**

**PREGNANCY IN TYPE 2 DIABETES**

This is a brief summary of NICE guideline NG3 with local input. Women with any type of diabetes have higher risk pregnancies. Risk of miscarriage, congenital abnormality, stillbirth, macrosomia is increased and worsening of pre-existing retinopathy and nephropathy can occur. These risks **can** be reduced with careful diabetes care and regular support from the antenatal team. See fertility planning guideline if woman is not pregnant

**If a women with diabetes is pregnant** - **same day** referral to Medical antenatal clinic:

MPH- 01823 343671 (Monday to Friday 10am to 4pm) or email [diabetes.centre@somersetft.nhs.uk](mailto:diabetes.centre@somersetft.nhs.uk). They will be seen in the next clinic (Every Friday)

**YDH:** 01935 384827 or 384468 (Mon – Friday 9AM to 3PM) or email [diabetesandendocrine@ydh.nhs.uk](mailto:diabetesandendocrine@ydh.nhs.uk) They will be been in the next clinic (every Thursday)

**What to do**

1. **Prescribe Folic Acid 5mg** od until end of 12th week of pregnancy
2. **Recomment pregnancy multivitamin** containing 10mcg Vitamin D for the whole of the pregnancy
3. **Diabetes medication** review
   * Metformin and Insulin only safe medications for pregnancy.
   * Review diabetes drugs & stop other meds changing to above if needed
   * If unsure what to change contact MPH or YDH as above urgently
4. **Diabetes control**
   * **HbA1c** target 48mmol/mol. Not always achievable, any reduction towards this lowers congenital malformation risk. This will be monitored monthly during the pregnancy
   * **CBG fingerprick targets for pregnancy are:**
     1. Fasting: 4-5.3mmol/l
     2. Pre meals: 4-5.9 mmol/l
     3. 1 hour post meals: 4-7.8mmol/l
     4. Before bed: 6-8mmol/l
   * Diabetes team will arrange weekly / bi weekly reviews as soon as she is referred
   * The woman will need to continue to perform fingerprick blood glucose tests up to 7 times a day. **Please ensure these are on her regular prescription, at least 200 per prescription.**
5. **Hypertension** 
   * Target BP in pregnancy 135/85
   * Labetalol, Nifedipine SR and Methyldopa only medications advised for pregnancy.
   * If renal impairment and on ACE I for this take specialist advice **before** changing.
   * BP often improves early in pregnancy but can get harder to control later on in pregnancy
   * Risk of pre-eclampsia increased
6. Ensure not taking **Statin** for at least 3 months before conception.
7. Start **Aspirin 150mg** at night after positive pregnancy test. This will need to continue for the pregnancy.
8. The hospital team will link with the eye screening service to arrange more frequent photos during pregnancy.