

Maternity

Pregnancy and Type 2 diabetes

This leaflet is for women with Type 2 Diabetes Mellitus (T2DM) who are planning to become pregnant or who are currently pregnant.

Most women with T2DM have a straightforward pregnancy and a healthy baby. However, there are some possible complications you should be aware of. These will be explained in the leaflet.

General information about T2DM and pregnancy

- Keeping your blood sugar levels well controlled is the best way to keep you healthy and give your baby the best start.
- Blood glucose levels can rise during pregnancy, which can make them harder to manage.
- It is important to monitor your blood glucose levels before and during pregnancy.
- If you were not taking any medicines for your T2DM before pregnancy, you may need treatment during pregnancy to help improve your blood glucose levels.
- Regular exercise and eating a balanced diet are especially important before and during pregnancy.

Things to think about before getting pregnant

- It is very important to have good blood glucose control before pregnancy. This gives your baby the best chance to develop normally.
- Speak to your GP, diabetes nurse or doctor about planning a pregnancy and setting safe targets for your blood glucose levels.
- Pregnancy may not be advised if your HbA1C is too high. Your healthcare team will help you bring it down to a safer level before trying for a baby.
- We recommend your HbA1C level is below 48mmol/mol, as this reduces the risk of complications for both you and your baby.



Patient Information

- You may need to stop or change some medicines, including those for diabetes, blood pressure or cholesterol. Speak to your GP about this.
- Take 5mg of folic acid for 3 months before pregnancy and continue for the first 12 weeks of pregnancy. This must be prescribed by your GP.
- Folic acid helps reduce the risk of problems with your baby's brain and spine (neural tube defects).

How can pregnancy affect your Type 2 diabetes?

- Pregnancy can make low blood sugar (hypoglycaemia) harder to notice, especially in the first 12 weeks.
 - Symptoms like shakiness, dizziness, sweating, hunger, irritability, anxiety or headaches may be less noticeable than before.
- Blood glucose levels usually rise throughout pregnancy. By the end, some women may need 2 to 3 times more insulin than before pregnancy.
- Pregnancy can cause or worsen diabetic eye problems (diabetic retinopathy). You will be offered eye screening at least twice during pregnancy.
- Pregnancy can affect the kidneys (diabetic nephropathy). You will have blood and urine tests to check kidney function.
- Pregnant women with diabetes have a higher risk of pre-eclampsia. This is a condition that can affect the placenta, which can cause high blood pressure and protein in the urine, and may affect both you and your baby.
 - To reduce this risk, low -dose aspirin (150mg) is recommended from week 12 to week 36 of pregnancy.
 - Your blood pressure and urine will also be checked at every midwife appointment to monitor for this.
- Your blood glucose will be closely monitored by the specialist diabetes team throughout your pregnancy.

How can Type 2 Diabetes affect your pregnancy?

First trimester (first 12 weeks of pregnancy)

- Poorly controlled blood glucose in early pregnancy can increase the risk of miscarriage or your baby not developing as expected (birth defects).
- Birth defects can range from minor issues, such as a cleft lip (when the lip does not join completely before birth), to serious problems, such as an abnormal heart structure.
- The risk of birth defects is higher when your HbA1C level is high at the time of conception.

Second and Third Trimester

Poor blood glucose control in the 2nd and 3rd trimester can cause your baby to receive too much glucose through the placenta. This can make your baby grow larger than expected towards the end of pregnancy.

- Giving birth to a large baby can sometimes cause complications, such as difficulty delivering the baby's shoulders (shoulder dystocia).
- Poor glucose control can increase amniotic fluid (water around baby).
- There is also an increased risk of stillbirth later in pregnancy for women with diabetes. Because of these risks:
 - You will be offered regular ultrasound scans to check your baby's growth, the amount of amniotic fluid, and the blood flow through the placenta.
 - You will be reviewed by an obstetrician (pregnancy doctor) or a member of their team to discuss your progress.

Planning for birth:

- Planning the birth of your baby will be discussed in the middle of the 3rd trimester, based on your blood glucose control, your baby's growth and your overall health.
- The obstetric team may recommend your baby is born before your due date, usually between 37 weeks and 38 weeks + 6 days.
- This may involve induction of labour (starting labour artificially).
- A caesarean section (C-section) may be recommended if your baby is very large or if there are other concerns, as this may be the safest way to delivery your baby.

What happens after your baby is born?

Your blood glucose levels will quickly return to how they were before pregnancy. The diabetes team will advise you if you need to adjust or stop your diabetes medicines after your baby is born.

Breastfeeding and glucose levels:

- Breastfeed brings many benefits to you and your baby and is recommended to help stabilize your baby's bloods glucose levels.
- Breastfeeding can sometimes cause low blood glucose levels (hypoglycaemia).
- If you are still taking insulin, your dose may need to be reduced to lower this risk.
- Make sure you eat before feeding and keep a carbohydrate snack or drink nearby in case you need it.

Patient Information

Monitoring after birth:

- You will need to check your blood glucose levels for the first 24 hours after birth to make sure they return to normal.
- Babies can sometimes develop low blood glucose levels in the first few hours of birth.
 - This can often be prevented by having skin-to-skin contact and feeding your baby soon after delivery.
 - Your baby's blood glucose will be checked within the first 8 to 12 hours using a heel prick test.

Hospital stay:

- You will usually stay in hospital for at least 24 hours after delivery
- Staff will make sure you and your baby are well before you go home.

Follow-up care:

- Your GP will be informed about the birth of your baby. You should have an appointment at around 6 weeks after delivery, which you may need to arrange yourself.
- At this appointment, both you and your baby will be reviewed, and your diabetes will be checked.

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