



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ176
PREGNANCY

A Healthy Pregnancy for Women With Diabetes

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What is diabetes mellitus?

Diabetes mellitus (also called “diabetes”) is caused by a problem with **insulin**. Insulin moves **glucose** out of the blood and into the body’s cells where it can be turned into energy (see the FAQ [Diabetes and Women](#)). Pregnancy health care providers often call diabetes that is present before pregnancy “pregestational diabetes.”

When the body does not make enough insulin or does not respond to it, glucose cannot get into cells and instead stays in the blood. As a result, the level of glucose in the blood increases. Over time, high blood glucose levels can damage the body and cause serious health problems, such as heart disease, vision problems, and kidney disease.

How can pregestational diabetes affect my pregnancy?

If your diabetes is not managed well, you are at increased risk of several of the complications associated with diabetes. The following problems can occur in women with diabetes:

- Birth defects
- High blood pressure
- **Hydramnios**—In this condition, there is an increased amount of **amniotic fluid** in the amniotic sac that surrounds the baby. It can lead to **preterm** labor and delivery.
- Macrosomia (very large baby)—The baby receives too much glucose from the mother and can grow too large. A large baby can make delivery more difficult. A large baby also increases the risk of having a **cesarean delivery**.

How can pregestational diabetes affect my baby?

Babies born to mothers with pregestational diabetes may have problems with breathing, low glucose levels, and jaundice. Most babies do well after birth, although some may need to spend time in a special care nursery. The good news is that with proper planning and control of your diabetes, you can decrease the risk of these problems.

If I have diabetes and wish to become pregnant, is it important to tell my health care provider?

Yes, your health care provider will help you get your blood glucose level under control before you become pregnant (if it is not already). Controlling your glucose level is important because some of the birth defects caused by high glucose levels happen when the baby's organs are developing in the first 8 weeks of pregnancy—before you may know you are pregnant. Getting your glucose level under control may require changing your medications, diet, and exercise program.

How can I control my diabetes during pregnancy?

You can control your glucose level with a combination of eating right, exercising, and taking medications as directed by your health care provider. You may need to see your health care provider more often. Your health care provider will schedule frequent prenatal visits to check your glucose level and for other tests.

How does my health care provider know if my blood glucose level has been well controlled?

A blood test called a hemoglobin A1C test may be used to track your progress. This test result gives an estimate of how well your blood glucose level has been controlled during the past 4–6 weeks.

Can pregnancy affect my glucose level?

Women with diabetes are more likely to have low blood glucose levels, known as hypoglycemia, when they are pregnant. Hypoglycemia can occur if you do not eat enough food, skip a meal, do not eat at the right time of day, or exercise too much. Make sure you and family members know what to do if you think you are having symptoms of hypoglycemia, such as dizziness, feeling shaky, sudden hunger, sweating, or weakness.

How can my diet affect my pregnancy?

Eating a well-balanced, healthy diet is a critical part of any pregnancy because your baby depends on the food you eat for its growth and nourishment (see the FAQ [Nutrition During Pregnancy](#)). In women with diabetes, diet is even more important. Not eating properly can cause your glucose level to go too high or too low.

How can exercise help during my pregnancy?

Exercise helps keep your glucose level in the normal range and has many other benefits, including controlling your weight; boosting your energy; aiding sleep; and reducing backaches, constipation, and bloating.

Will I take medications to control my diabetes during pregnancy?

If you took insulin before pregnancy to control your diabetes, your insulin dosage usually will increase while you are pregnant. Insulin is safe to use during pregnancy and does not cause birth defects. If you used an insulin pump before you became pregnant, you probably will be able to continue using the pump. Sometimes, however, you may need to switch to insulin shots.

If you normally manage your diabetes with oral medications, your health care provider may suggest a change in your dosage or that you take insulin while you are pregnant.

How will diabetes affect labor and delivery?

Labor may be induced (started by drugs or other means) earlier than the due date, especially if problems with the pregnancy arise. While you are in labor, your glucose level will be monitored closely—typically every hour. If needed, you may receive insulin through an intravenous (IV) line. If you use an insulin pump, you may use it during labor.

If I have diabetes, can I breastfeed my baby?

Experts highly recommend breastfeeding for women with diabetes. Breastfeeding gives the baby the best nutrition to stay healthy, and it is good for the mother as well. It helps new mothers shed the extra weight that they may have gained during pregnancy and causes the uterus to return more quickly to its prepregnancy size.

Glossary

Amniotic Fluid: Water in the sac surrounding the fetus in the mother's uterus.

Cesarean Delivery: Delivery of a baby through incisions made in the mother's abdomen and uterus.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Glucose: A sugar that is present in the blood and is the body's main source of fuel.

Hydramnios: A condition in which there is an excess amount of amniotic fluid in the sac surrounding the fetus.

Insulin: A hormone that lowers the levels of glucose (sugar) in the blood.

Preterm: Born before 37 weeks of pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ176: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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