

Diabetes

Antenatal care, childbirth and postnatal care



Welcome and congratulations on your pregnancy. This leaflet has been written for you by the midwives to help you understand the care that you will receive during your pregnancy, birth and in the first few days after you have had your baby.

What will happen during my treatment at the antenatal diabetes clinic?

It is recommended that you should come to clinic every two weeks throughout your pregnancy – sometimes we may need to see you weekly and will advise you if this is necessary. The clinic can be a very busy place and appointments sometimes take up to two hours so please make sure that you cover any parking arrangements with this in mind. If your appointment is around lunchtime bring something you can eat whilst you are here. Children are welcome to come with you; however it may make things easier for you if you make alternative childcare arrangements for the times that you have to come here. At the clinic you will meet several different health professionals; details of who's who in the team are given below.

Who will I see at the clinic?

Diabetes specialist nurse and/or doctor

You will see a specialist nurse or doctor from the diabetes specialist team every time that you come to clinic. They will review your blood glucose levels and suggest changes to your treatment as necessary. They will offer you support and advice on managing your diabetes during pregnancy, recognising how challenging this can be. The team will also monitor other health conditions that may be associated with diabetes and discuss any blood tests relating to this. Please direct your questions relating to diabetes to this team.

Dietitian

The dietitian is part of the diabetes specialist team. They will give you detailed advice about diet and nutrition taking into consideration your requirements for pregnancy and diabetes. S/he will ask you about your food choices, eating habits, weight and suggest practical

changes based on these. You may not need to see the dietitian at every visit but s/he is usually available in clinic if you have any questions or if a dietary review is needed. The dietitian will take into account any cultural or religious dietary requirements.

Obstetrician

The obstetrician is a doctor specialising in pregnancy, birth and postnatal issues. You will usually need to see them at every visit to clinic. They will advise you on your baby's development and most likely offer to scan you at every appointment to monitor the growth and wellbeing of your baby. You should also talk to them if you have any other medical issues or concerns relating to your health during pregnancy or if you wish to discuss concerns regarding mode of delivery.

Midwife

You will not need to see the midwife at every visit. A schedule of necessary appointments is given later in this leaflet, however if you need to speak with her/him any other time outside the scheduled visits please let one of the other team members know. The midwife will usually be available to answer any questions and will give you advice about labour, delivery, infant feeding, your stay in hospital and what to expect in the early postnatal period. The midwife can also give you ongoing general advice regarding common pregnancy problems or previous birth issues (a summary of some of this information is also included later in this leaflet).

During your visit four you check up you will need to have your blood pressure taken. If the doctor has not checked your blood pressure, please ask the midwife to do this for you. The midwife will also advise you of routine blood tests that you need to have during your pregnancy.

The midwife will give you information about any maternity benefits to which you are entitled. Please talk with her/him if you are experiencing problems in your home life and would like some extra support or a listening ear.

Maternity care assistant (MCA)

The MCA coordinates the flow of the appointments. He/she will welcome you, collect your notes from the waiting room, and ask you to give a urine sample (there are two toilets in the clinic area so you can do this when you get here). The MCA may also be able to do any blood tests or swabs if you need any. If you have any queries they may be able to help you – if not they will tell other team members of your concerns.

Blood glucose meter technician

The blood glucose meter technician will be able to download your blood glucose readings from your meter and help you if you have any problems with your meter.

Reception staff

Please go to reception when you arrive and give the receptionist your notes. Before you leave ensure that you book your next appointment with the receptionist. If any of your personal details change (name/address/telephone/GP etc.), please let the receptionist know so that your records can be updated on our system.

The schedule detailed below applies only to your appointments with the midwife in clinic. You should still see the other team members every two weeks – the midwife will be happy to talk with you at any other time if it is not one of the weeks included below.

Schedule of care for when to see the midwife in clinic

- 6 – 8 wks** First visit to collect your hand held notes and to discuss early pregnancy issues, screening tests for Down's syndrome and information about other antenatal tests.
- 8 – 12 wks** Booking appointment to compile notes, take routine blood tests, arrange scans, give breastfeeding DVD (to mums considering breastfeeding) and discuss information relating to well-being and care in pregnancy (this can take up to an hour - the midwife may ask you to come back at the end of clinic for the booking)
- 16 wks** To follow up blood results from the booking.
- 20 – 22 wks** To give MATB1 to all mums who need it.
- 25 wks** To discuss antenatal classes and give information on benefits.
- 28 wks** Routine blood tests (and to check if Anti-D is arranged where required).
- 36 – 38 wks** Discussion about birth and the first 24 hours after the birth (a summary of this information is given later in this leaflet).

Where can I get further information?

There is lots of helpful information about antenatal care, delivery and postnatal care within Brighton and Sussex University Hospitals on our local website. The website also details visiting times, what to bring to the hospital and a virtual tour of the Unit.

<http://www.mypregnancymatters.org.uk>

You may also be interested to read available NICE guidelines on pregnancy and birth issues which include guidance on antenatal

care, diabetes in pregnancy, weight management during pregnancy, induction of labour, electronic fetal heart rate monitoring, labour care and postnatal care.

Visit <http://guidance.nice.org.uk/Topic/GynaecologyPregnancyBirth>

What are the risks of giving birth with diabetes?

Birth and diabetes

Generally, it is recommended that if you have diabetes and are pregnant, and your baby is growing normally, you should be offered an induction of labour or an elective caesarean (if this is indicated) between 38 and 40 weeks. Elective caesarean is not routinely offered as an option for delivery unless there are other clinical indicators. Overall outcomes (for mother and baby) of vaginal births tend to be better when compared to caesarean births.

Induction is offered earlier to pregnant women with diabetes because there is an increased risk that the placenta will fail to function properly beyond the estimated due date. Your induction will usually be scheduled for a morning arrival time at the labour ward: the hospital induction leaflet explains the induction procedure in detail – this can be downloaded from our website mypregnancymatters.org.uk – the midwife you see in clinic will be happy to discuss this with you as well.

If you go into labour, or your waters break, before the scheduled induction date please call us (01273 664793) and make sure that you tell the midwife who takes your call that you have diabetes – you will be invited to come to the hospital for an assessment.

What happens when I come in to hospital to give birth?

When you come to labour ward (Level 13) your partner/birth supporter may accompany you. There are no restrictions on visiting times whilst you are on the labour ward however, we ask that you limit the amount of visitors that you have. **Please bring your blood glucose monitor, and any prescribed medicines that you take, into**

[the hospital with you](#). Once you are admitted to hospital for induction, or are in active labour, you will stay with us until you are discharged home. You may want to bring in some healthy snacks for yourself (eg. fruit, cereal bars, plain biscuits, etc.).

Meals are provided for you but snacks are limited. The hospital is able to cater for most cultural and religious dietary needs. Your partner will need to think about feeding themselves whilst they accompany you – there are cafes/canteens, snack shops and vending machines situated around the hospital site. Parking is often problematic – you may wish to consider taking a taxi or asking a friend to drop you off. Please see our main website (mypregnancymatters.org.uk) for more information on [what to bring into the hospital](#) and [visiting times](#).

Blood glucose monitoring during labour

If your diabetes has been managed by diet or metformin your blood glucose levels should be checked at six hourly intervals throughout your labour. If your blood glucose goes above 7mmol/l it may be necessary for you to have an insulin drip (this is called a sliding scale – see below).

Sliding Scale

If you have required insulin during pregnancy, or if your blood glucose levels go high during labour, you will need to go onto a 'sliding scale' once your labour becomes established or if you are started on a syntocinon drip during your induction (syntocinon is a drug sometimes used to stimulate contractions). A sliding scale involves a drip going into your arm or hand giving you glucose and insulin. Your blood glucose will be tested hourly and the insulin dosage adjusted accordingly. Strict control of your glucose levels during labour is important to ensure the baby's blood glucose levels don't drop too sharply after birth and so that you both stay well throughout the labour process. Once you are on a sliding scale you will be allowed to drink water only and will not be able to eat. You may be advised not to take your normal insulin as well during this time. The sliding scale will continue until you are eating and drinking normally after the birth.

Electronic fetal heart rate monitoring

If you have diabetes, we recommend that your baby is closely monitored throughout labour. Two electronic transducers are strapped around your abdomen and connected to a machine called a CTG (cardiotocograph). This will print out a continuous record of your baby's heartbeat that helps us to assess how they are coping during labour. The CTG will start once you are in active labour or if you are on a syntocinon drip during your induction. Unfortunately, use of a continuous CTG does mean that you won't be able to use the pool. We will do our very best to support your choice of position whilst maintaining good contact with the baby's heart; partners are often very helpful in this instance holding the monitor in place to ensure a good pick up.

If we are unable to get good contact through the abdominal recorder we may suggest that a fetal scalp electrode (a tiny metal hook that makes a small scratch under the surface of the baby's scalp) is attached to the baby's head – this is inserted during a vaginal examination.

Pain relief

We recommend that you attend an antenatal class where pain relief options will be discussed in detail. The National Childbirth Trust website has a useful page on this topic

<http://www.nct.org.uk/info-centre/decisions/view-77>

Due to the extra equipment and monitoring used during labour when women have diabetes, it may be more difficult for you to have the freedom to move as you may like (also, as explained earlier, using the pool is not an option). We will encourage you to stay as mobile as possible but be mindful of the equipment that is necessary to monitor you. An epidural may be suggested in cases where labour or induction has been going on for a long time.

Please ensure that you take part in, and fully understand any decisions that are made about your options for pain relief in labour. Every woman is different and your midwife will support you with your needs and choices during labour whether this includes having no pain relief at all or having everything you can possibly have.

How should I care for my baby immediately after birth?

Research shows that breastfeeding is best for babies – unless there is a medical reason why you cannot breastfeed, we strongly recommend that you consider feeding your child in this way. Evidence shows that breastfeeding may help to reduce the risk of your baby developing diabetes later in life. Current evidence also shows that breastfed babies are less likely to become obese – it is well known that obesity is also linked to increased risk of diabetes. Some studies have shown that lactation has a slower onset when women have diabetes – but with perseverance and good support there is no reason why you cannot breastfeed if you choose to do so.

The first important step to successful breastfeeding is to do some antenatal preparation – please read our information on the hospital website – <http://www.mypregnancymatters.org.uk/welcome/preparing-for-labour/breast-feeding-information/>

We suggest that from 37 weeks onwards you practise ‘hand expressing’ – this will be discussed in antenatal classes or with your midwife.

Immediately after delivery, skin-to-skin contact with your baby encourages them to breastfeed. Ideally, you should aim to feed within the first 30-60 minutes of birth and continue to offer the breast at regular intervals. Please ask for help from your midwife or other support staff.

Monitoring your baby’s blood glucose levels for 36 hours

We recommend that your baby’s blood glucose levels are tested in the first 36 hours after birth. Babies of women who have had diabetes during their pregnancies are more likely to suffer from low blood glucose levels (hypoglycaemia) during this period. This is because whilst the baby is in the womb s/he makes more insulin to deal with the higher amounts of glucose that come through the placenta from their mother. When they are no longer receiving

glucose from their mother after birth, the higher levels of insulin can make them prone to low blood glucose until feeding is established and insulin production normalises. Early feeding is therefore especially important for babies with mums who have diabetes.

How should I care for my baby and their insulin levels?

After pregnancy insulin requirements will return to your pre pregnancy doses, however they may also need to be reduced. If you were taking Metformin before you were pregnant, it is safe to take this again whilst you are breastfeeding. Please ensure that you discuss the use of other oral hypoglycaemic agents if you are breastfeeding with a member of the diabetes specialist team. Your postnatal diabetes management will be discussed in the antenatal clinic before you have your baby. However if this does not happen, ensure that you discuss these things with a diabetes nurse specialist or doctor before you leave the hospital.

If your diabetes was treated with insulin before pregnancy, please be aware that you have an increased risk of low blood glucose levels (hypoglycaemia) after the birth, especially when breastfeeding. Try to have a snack containing carbohydrates before or during feeds, such as a banana, milk and biscuits, toast or cereal.

Having another baby

Careful planning of any future pregnancies is extremely important for women with diabetes and we would recommend that you consider contraception carefully until your diabetes is well controlled. We suggest you contact the diabetes specialist nurses when planning a further pregnancy to help you to improve your diabetes control prior to conception.

Useful contact numbers

Royal Sussex County Hospital switchboard [01273 696955](tel:01273696955)
(ask for extensions below)

Midwives (Level 11)	Ext. 4932
Midwives (Labour Ward – 24 hr advice)	Ext. 4373
Diabetes nurse specialists	Ext. 4205
Dietitians	Ext. 4290
Retinal screening	Ext. 4457
Antenatal clinic reception (appointments)	Ext. 4393

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.