

Your Diabetes After Your Baby is Born

Patient Information

Obstetrics Services

Author ID: JMcA / JW
Leaflet Ref: Obs 044
Version: 5
Leaflet title: Your Diabetes-After your Baby is Born
Last reviewed: February 2021
Expiry Date: February 2023



Introduction

After you give birth, lots of things will have changed. It's important to look after your health during this busy and exciting time. This leaflet aims to provide some answers to common questions about your diabetes after you give birth.

What happens with my diabetic medications?

If you were taking insulin before your pregnancy then you will know that the amount that you have been taking has changed during your pregnancy. After you give birth you will need to reduce your insulin right away and monitor your blood glucose carefully.

The diabetes team should have discussed this with you at ante natal clinic and will have written your pre pregnancy insulin doses on your post-delivery insulin chart to remind you of your usual/ non pregnant doses.

You may require even less insulin than that so although you are no longer pregnant you will need to continue to be vigilant with your blood glucose monitoring. This is especially so if you have had tight blood glucose control in pregnancy and have lost your hypoglycaemia (low blood sugar) warnings. It may be advisable to have blood sugars that are slightly higher for a short while as this may help your "hypo" warnings return.

Remember if you are breast feeding your insulin requirements may be reduced further.

If you have type 2 Diabetes and were tablet controlled prior to pregnancy then you can usually resume taking these again after you give birth.

However it is important to remember that not all of these tablets are suitable if you are breast feeding. It is important to check with the diabetes team prior to delivery or before you restart your medication.

What about other medications?

If your doctor stopped medication during your pregnancy and you are planning on breastfeeding then consult your doctor before starting these medications again as some may not be safe in breastfeeding.

If you are not breastfeeding then it is likely that you will be able to start back on the medications that you were taking before you were pregnant but it is best to speak to your doctor before doing this.

Insulin, Diabetes and Breastfeeding

Your blood sugar is likely to be lower if you are breastfeeding and you are at risk of hypoglycaemia. Always have a carbohydrate snack available before or during feeds. Be mindful that you may need less insulin even from your already reduced doses.

If you have had tightly controlled blood sugars during your pregnancy you may have lost the ability to feel when your blood sugars are becoming low. In this instance it may be preferable to run sugars slightly higher for a little while. This can help your awareness/symptoms of hypoglycaemia to return. As you will already be coping with a new baby and trying to establish breast feeding, having warnings for low blood sugars will help you to treat and resolve your hypoglycaemia effectively. If you find that your awareness for low blood sugars is lost or delayed continue to test frequently and further reduction in insulin may be required. It is advisable to contact your diabetes team so that they can facilitate an earlier postnatal review should you require this.

Are my diabetic medication safe in breastfeeding?

Insulin is safe in breastfeeding and so are some of the oral diabetic medications such as metformin and glibenclamide. If you take something different then ask your doctor about whether or not it is safe in breastfeeding.

Who is going to look after my diabetes?

After your postnatal review with the pregnancy/diabetes team you will go back to being looked after by your regular diabetes team who saw you before your pregnancy.

If you have had gestational diabetes in this pregnancy

Your blood sugars should return to normal after birth and any medication you have been on for your gestational diabetes will be stopped. It is important that you attend for a postnatal glucose tolerance test (GTT) to make sure that your blood sugars have returned to normal. A further postnatal telephone appointment will also be arranged to discuss these results with you. At this point the Diabetes team will offer advice regarding the lifestyle choices which may avoid or delay the onset of diabetes at a later time in your life. If the diabetes has not resolved there will be discussion and education regarding the management of diabetes.

You are at increased risk of developing diabetes in a future pregnancy, and will be offered screening by GTT early in that pregnancy.

Your lifetime risk of developing diabetes is also increased, so it is important to see the diabetes team following delivery, and to have regular checks with your GP outside of pregnancy.

Contraception and further pregnancy

It is important to think about contraception after giving birth and speak to your doctor or midwife about the options available. All ladies with diabetes need to attend for preconception care prior to any pregnancy, with their own GP, or, there is a pre-conception diabetic clinic that your doctor can refer you to with the Diabetes team who will give you advice on managing your diabetes. Having good control of your diabetes and taking Folic acid 5 mg for at least three months prior to conception will help to optimise the outcome of your pregnancy.

My next diabetic appointment

Date	Time	Place

Contact details

Diabetic nurse, Preconception and pregnancy:

Wigan: 01942 822188 **Leigh:** 01942 264109

Breastfeeding: ask the ward midwives for contact details of breast feeding support near you.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

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This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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