

# Pregnancy Passport

Congratulations on your pregnancy! You may use this Pregnancy Passport as a quick reference for your diabetes management during your pregnancy and immediately after you give birth.

## Medication review

Review all of your medication, insulin and over-the-counter medication with your diabetes healthcare team, doctor and/or pharmacist to make sure that they are safe to use during pregnancy and breastfeeding.

## Recommended diabetes related tests

Type of Test	Frequency
Glycated Hemoglobin (A1C) Test	<ul style="list-style-type: none"> <li>Initially and every trimester</li> </ul>
Blood Pressure Check	<ul style="list-style-type: none"> <li>At every healthcare visit</li> </ul>
<b>Kidney Function Test:</b> Urine ACR and eGFR Urine ACR and serum creatinine	<ul style="list-style-type: none"> <li>Before conception</li> <li>During every trimester if you have existing kidney disease</li> </ul>
Eye Exam	<ul style="list-style-type: none"> <li>Before conception</li> <li>During the first trimester and as advised by your eye specialist</li> <li>Within one year postpartum</li> </ul>
Dental Checkup	<ul style="list-style-type: none"> <li>First trimester</li> </ul>
<b>Thyroid Test:</b> Thyroid Stimulating Hormone (TSH) Test	<ul style="list-style-type: none"> <li>Before conception (with type 1 diabetes)</li> <li>6 to 8 weeks postpartum (with type 1 diabetes)</li> </ul>

## Blood glucose and hypoglycemia targets

- It is important to test your blood glucose before and then 1 or 2 hours after meals during your pregnancy.
- BG targets, as well as the level to treat hypoglycemia (low blood glucose), are lower during pregnancy.
- You may need individual goals, especially if you have hypoglycemia unawareness (common during pregnancy) or are having severe or frequent episodes of hypoglycemia.
- Hypoglycemia treatment is the same as for non-pregnancy.

	Targets	Your Goals
<b>Preconception</b> Glycated hemoglobin (A1C)	≤ 7% *	
<b>During pregnancy:</b>		
Fasting and before meal blood glucose	3.8 - 5.2 mmol/L	
Blood glucose 1 hour after meal	5.5 - 7.7 mmol/L	
Blood glucose 2 hours after meal	5 - 6.6 mmol/L	
<b>Treat hypoglycemia</b> (low blood glucose)	< 3.4 mmol/L or are symptomatic	

\*or A1C as close to normal as can be achieved safely.

My Checklist	(√)
Meter check with the laboratory: initially and every trimester	
I have either a Precision Xtra meter and blood ketone test strips, or urine ketone test strips for ketone monitoring	
I wear Medical Alert identification	
I have fast-acting carbohydrate with me at all times	
I follow the diabetes and driving safety guidelines: <ul style="list-style-type: none"> <li>• I have my meter/testing supplies in my car and fast-acting carbohydrate within reach while driving</li> <li>• I test my blood glucose before I start to drive</li> <li>• I do not drive if my blood glucose is less than 5 mmol/L</li> </ul>	
I know and follow the sick day guidelines	
I have an up-to-date Glucagon Emergency Kit	
I am taking a prenatal supplement with 0.4 to 1 mg folic acid, vitamin B12 and 16 to 20 mg of iron <i>*Note: If doctor advised you to take up to 5 mg of folic acid, the dose needs to be reduced to 0.4 to 0.1 mg at 12 weeks gestation</i>	
I follow <i>Eating Well with Canada's Food Guide</i>	
I am including a minimum of 175 grams of carbohydrate/day	
I am using PARmed-X for Pregnancy for exercise	

**Insulin adjustments** will be required throughout your pregnancy. Use the following as a guide to when you might need to make an adjustment.

- Insulin requirements usually decrease during the first trimester and up to 12 to 18 weeks. During this time you are at increased risk of hypoglycemia, especially during the night and early morning – you may need a bedtime snack as well as an insulin adjustment. Please note that it is important to respond to your blood glucose levels as insulin requirements may be increased during this period.
- Insulin requirements start to increase at 18 to 26 weeks and continue through to 36 weeks – frequent insulin dose adjustments will be required.
- Insulin requirements may stabilize during the last 34 to 36 weeks or even decrease after 36 weeks, causing hypoglycemia. You may need to monitor your baby's movement more closely.
- Insulin requirements decrease significantly immediately after delivery and may be lower than pre-pregnancy insulin levels.
- Insulin requirements usually return to pre-pregnancy levels by five to seven days after delivery.
- Hypoglycemia is common with breastfeeding – you may need snacks and/or an adjustment to your insulin dose. Make sure you have fast-acting carbohydrate with you at all times.

**Ketone monitoring** is important for several reasons:

- To make sure that you are getting your proper nutrition. You should test your fasting blood or urine for ketones once a week. Advise your dietitian if the results are greater than trace.
- To prevent Diabetic Ketoacidosis (DKA), you should test your blood for ketones during sick days and when your blood glucose is greater than 10 mmol/L. Follow your "Pregnancy Insulin Adjustment Guide".\*

\*Note: If you have type 2 diabetes and are not on basal-bolus insulin you may not need to test at these times. Please discuss with your diabetes educator.

**Contact your doctor or emergency department, if:**

- You have moderate to large amounts of blood or urine ketones;
- Your insulin pump fails and you are not able to problem solve;
- You have hyperglycemia (high blood glucose) and you suspect DKA. Signs may include dehydration, nausea, vomiting, abdominal pain, shortness of breath, a fruity breath, a decreased level of awareness, etc.; and/or
- You have hypoglycemia (low blood glucose) that does not respond to treatment, or if glucagon is required.

## Monitoring your baby

Your doctor or obstetrician will recommend tests throughout your pregnancy to monitor your baby. It is a good idea to monitor your baby's movements, especially during the last 8 to 10 weeks of your pregnancy. Advise your doctor or obstetrician if you notice that the baby is moving less than usual.

## After delivery

Immediately after delivery your insulin requirements will decrease. To help your healthcare team determine your requirements immediately after delivery, please indicate your doctor recommended insulin dose and diabetes medication as well as your pre-pregnancy diabetes insulin/medication below and bring your Pregnancy Passport to the hospital. Note: Discuss the medication and/or insulin recommended for using during breastfeeding with your doctor.

### Doctor recommended insulin and dose:

Basal insulin:	Bolus insulin: Insulin to carbohydrate ratio: Correction/sensitivity factor: Blood glucose target:

### Doctor recommended diabetes medication and dose:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### My pre-pregnancy insulin and dose:

Basal insulin:	Bolus insulin: Insulin to carbohydrate ratio: Correction/sensitivity factor: Blood glucose target:

### My pre-pregnancy diabetes medication and dose:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Other

- Continue to take a multivitamin with 0.4 to 1 mg folic acid for 6 weeks after delivery. If you are planning to breastfeed, take a multivitamin for the duration of breastfeeding.
- Remember that pregnancy planning is important! Until the timing is right for a pregnancy use a reliable method of birth control. Keep in mind that you can get pregnant while breastfeeding.

## Breastfeeding

- Breastfeeding may help promote a healthy weight for both you and your child.
- All breastfed infants require a vitamin D supplement of 400 IU.
- Continue to follow *Eating Well with Canada's Food Guide*.
- Recommended carbohydrate for breastfeeding is 210 grams/day.
- Aim for 15 cups (3.8 litres) of fluid every day.
- Continue to test fasting blood/urine for ketones to assess your diet.
- To help prevent hypoglycemia, monitor your blood glucose levels often and always have fast-acting carbohydrate with you. Snacks and/or insulin adjustments may be needed, especially at bedtime. Pay extra attention when you wean your baby from breastfeeding.

## Resources

- *Healthy Beginnings. Your Handbook for Pregnancy and Birth*. 2009. Available for purchase at [www.sogc.org/healthybeginnings/index.html](http://www.sogc.org/healthybeginnings/index.html).
- *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby*. Available for purchase at [www.csep.ca/publications](http://www.csep.ca/publications)
- *Physical Activity Readiness Medical Examination for Pregnancy (PDF)*. Available online at [www.csep.ca/publications](http://www.csep.ca/publications)
- **Health Canada** ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca))
  - Canada's Food Guide: Pregnancy and Breastfeeding
  - Prenatal Nutrition information
- **Motherisk Program** ([www.motherisk.org](http://www.motherisk.org))
  - Helpline: 1-877-439-2744 or 416-813-6780
  - *The Complete Guide to Everyday Risks in Pregnancy & Breastfeeding* by Dr. Gideon Koren. Available for purchase online.
- **Public Health Agency of Canada** ([www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)) under the Health Promotion section:
  - The Canada Prenatal Nutrition Program
  - Healthy Pregnancy Website
- **Local Prenatal Nutrition Programs**
  - Orillia Native Women's Group Prenatal Nutrition Program  
Tel: 705-329-7755
  - Simcoe County MotherCare Network  
Tel: 705-733-3227 (Barrie)  
Tel: 705-326-9905 (Orillia)  
[www.catulpa.on.ca](http://www.catulpa.on.ca)
  - Great Beginnings Prenatal Nutrition Program  
Tel: 705-645-3155 (Bracebridge & Gravenhurst)