Care Planning:

	5			
Date	Day	With Breakfast	With Lunch	With Evening meal
	1			
	3			
	6			
	9			

www.nice.org.uk Clinical Guideline 63 Diabetes in Pregnancy

Where to get help:	Care Planning: This leaflet should only be used with the
Your Diabetes team contact:	ongoing advice from your
Name:	Diabetes Team, as part of your
<u>a</u>	plan of care.
Your Midwifery Team contact:	
Name:	
~	
Local Hospital Contact:	
Name:	Diabetes in Pregnancy Advisory Group
a	DE PAG
Other:	O Parinetal Institute Crustal Court Aston Cross
Name:	© Perinatal Institute, Crystal Court, Aston Cross, Birmingham, B6 5RQ. Website: <u>www.pi.nhs.uk</u> Tel: 0121 687 3400 Email: diabetes@pi.nhs.uk June 2010 (Version 6.1)







A Safe Choice for Mothers with Diabetes

Women with diabetes have less treatment options during pregnancy. Glucose levels can be improved by changing your diet and being more active.

Until recently if blood sugar levels rose above safe targets, the only option was insulin injections.

A new option is to use Metformin tablets, either on its own or with insulin in lowering blood glucose.

Research shows that metformin is safe to take in pregnancy for mother or child. It is <u>effective</u> and will reduce the chances of requiring or needing insulin in many women. In other women the amount of insulin required will be reduced if metformin is used.

The use of metformin in pregnancy has now been recommended by UK national guidelines.



Metformin is available as:

- Metformin 500mg or 850 mg tablets
- Metformin SR (sustained release) 500 mg, 750 mg and 1000mg tablets
- As a dispersible powder and can be taken as a liquid.

Dose: usually 1-2 g daily in divided doses, with food

How Metformin Works

- makes your body more sensitive to the insulin that you make, so your insulin is more effective
- reduces production of extra glucose by the liver
- These good effects lead to more normal blood glucose levels, but does not usually cause low levels.



To minimize the chances of tummy side effects metformin tablets <u>must</u> be taken <u>with</u> food, beginning at a low dose and the dose needs to be <u>gradually increased</u> every few days as prescribed by your doctor.

ADVANTAGES:

- ✓ SAFE for use in pregnancy
- Provides women with gestational diabetes with another treatment option.
- ✓ Does not cause hypoglycaemia (low glucose levels)
- Fewer problems of hypoglycaemia for babies
- A lower insulin dose may be required

Possible side Effects of Metformin:

- Some people experience stomach upsets such as nausea, Indigestion, diarrhoea and loss of appetite.
- Side effects are minimised by taking metformin either with food or just after eating, and beginning at a low dose. If these problems keep happening the slow-release version might be better for you, discuss with your diabetes team, or your GP.

IF YOU HAVE: DO NOT USE History of serious kidney. liver, heart or (chest) respiratory disease. **IF YOU HAVE:** Nausea & diarrhoea. THINK TWICE Pre-eclampsia, Vitamin B12 deficiency. **IF YOU HAVE:** Gestational Diabetes. Type 2 Diabetes, Polycystic Ovary CONSIDER Syndrome (PCOS). **ARE:** Overweight & not happy to use insulin, or **NEED** more than insulin.