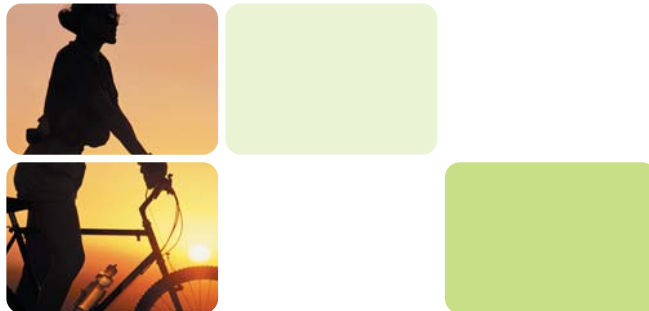


An educational service brought to you by the NHG Diabetes Workgroup

A Patient Education Guide to Diabetes in Childhood and Pregnancy



Adding years of healthy life



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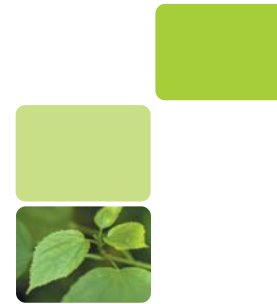


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- 1 Diabetes in Children
- 4 Diabetes in Pregnancy



Diabetes in Children

Most children and adolescents diagnosed with diabetes usually have type 1 or insulin dependent diabetes. They need insulin, dietary management and exercise to control their diabetes.

Parents' Role

If your child is diagnosed with diabetes, learn more about your child's diabetes, and how to administer his/her insulin, how to plan his/her meals and exercise programmes. As your child grows, he/she must learn from you how to control his/her diabetes. In this way, your child will gradually assume responsibility in managing his/her diabetes.





Psychological and Social issues

As your child goes to school, he/she interacts with other children and wants their approval and wants to fit in. Your child may consider diabetes a stigma. He/she may be unwilling to tell other children about it. A plan of treatment that interferes with school and friendships may be unwelcome. So you will have to consider these problems of psychological and social adjustment and help your child adopt a positive and healthy attitude towards his/her diabetes. Encourage early self-care in the sports and activities that he/she can carry out as well as the types of foods and drinks he/she can or cannot take.

Hypoglycaemia

When parents tighten the control of the level of glucose in the child's blood, low blood glucose or hypoglycaemia becomes a real risk. Very active, young children are also prone to hypoglycaemia. It is important to make sure that there is good meal planning and regular monitoring. It is crucial that your child takes their meals on time and snack in between meals. Teach him/her to recognise the signs and symptoms of low blood glucose reaction and how to manage it.

School

The school should be told of your child's diabetes. By understanding that your child has diabetes, special privileges may be allowed for your child to take meals and snacks on time, even during class. The school would also allow your child to go for appointments to the doctors as well as to use the restroom. A friendly schoolmate should also be taught how to recognise and treat low blood glucose reaction.

As far as possible, allow your child to participate fully in all school and after school activities. Teach your child to have healthy and regular meals and stick to the medication schedule. If the activity your child participates in is hard and tiring he/she should take a small snack before starting on the activity.

Growing up

As your child enters adolescence, encourage him/her to assume more responsibility for his/her diabetes such as giving himself/herself insulin injections, making wise decisions on his/her diet as well as frequent monitoring of blood glucose levels. Your child must also know the possible complications resulting from an unhealthy lifestyle. Therefore, he/she must learn not to smoke, take drugs or alcohol, which could increase the risk of complications from the diabetes.



Take regular meals



Do not smoke

Diabetes in Pregnancy

Types of Diabetes in Pregnancy

There are three main types of diabetic pregnancies:

- A woman with type 1 (insulin dependent) diabetes who becomes pregnant.
- A woman with type 2 (non-insulin dependent) diabetes who becomes pregnant.
- A woman with gestational diabetes who is diagnosed with diabetes during her pregnancy. This form of diabetes usually 'disappears' upon delivery of the baby but there is a higher risk of it occurring in subsequent pregnancies or later in life.

A high blood glucose level left untreated has major consequences for the mother and the foetus. If present early in the pregnancy, the result may be physical abnormalities in the foetus. In the later part of the pregnancy, the growing foetus may have macrosomia (abnormal largeness) that can lead to too early a delivery, or damage to the baby or mother during delivery of the very large baby.



Planning for a Baby

Whatever the type of diabetes, it is very important to achieve good diabetes control before you plan to have a baby.



If you have diabetes and want to become pregnant, you need to check with your doctor or diabetic care team before you plan to conceive.

If you are taking oral medication for diabetes, it is likely that your doctor will consider switching you to insulin and allowing your diabetes control to stabilise before you conceive.

Treating Diabetes in Pregnancy

TYPES OF DIABETES	Type 1 (Insulin Dependent) Diabetes	Type 2 (Non-Insulin Dependent) Diabetes	Gestational Diabetes
TREATMENT	Diet and insulin doses up to four times daily. The dose in pregnancy may be more than the dose in non-pregnant state.	Diet and insulin	Diet alone or diet and insulin



During the pregnancy

- Measure your blood glucose before meals, at bedtime, and 2 hours after eating according to your doctor's or diabetes care team's instructions.
- Control your diet. It may be helpful if you take frequent but small meals e.g. breakfast, mid-morning snack, lunch, mid-afternoon snack, dinner, and bedtime snack.
- Inject your insulin as prescribed by your doctor.
- Exercise regularly e.g. swimming.
- Learn to balance your meals, insulin and exercise.

After the pregnancy

- If you have type 1 diabetes, you will usually be able to return to the pre-pregnancy dosage very soon after delivery. The doctor will advise accordingly.
- If you have type 2 diabetes and intend to breastfeed your baby, you may have to continue to be on insulin. The doctor may change the treatment back to oral medication after you stop breastfeeding.
- If you have gestational diabetes, the doctor will advise on when and how to slowly stop your insulin should you no longer need it. You will need to be tested for glucose tolerance at 6 weeks after delivery. This will enable the doctors to confirm whether you have diabetes and give you appropriate advice.



Postnatal Visits

Do not miss postnatal visits to your doctor. It is important, as he will advise you on your type of diabetes and how to manage it well. He will also discuss your future family plans as well as the caring of yourself and your child.

Breastfeeding

You should be able to breastfeed if you are not taking oral medication for control of diabetes. However, you need to be careful with the following:

- Cracked nipples and breast infections. Check with your doctor if you are not sure.
- Very low blood glucose (hypoglycaemia). There is a need to increase the carbohydrate content in your diet. Consult your dietitian for help. You could also time your meals and snacks about half to one hour before you breastfeed.
- Frequent high blood glucose (hyperglycaemia), due to poor control of diabetes, will result in high sugar content in the breast milk.

Your Baby

Your baby's blood glucose level is affected by your blood glucose level before delivery. This does not mean that your baby will have diabetes in later life. The doctor will observe your baby, who may be placed in a special-care unit so that his breathing and blood glucose can be monitored carefully. The insulin injections given during pregnancy to control your diabetes does not affect the health of your baby.



For more information

Please contact:

Doctor's Name

Tel

Nurse's Name

Tel

Case/Care Manager's Name

Tel

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