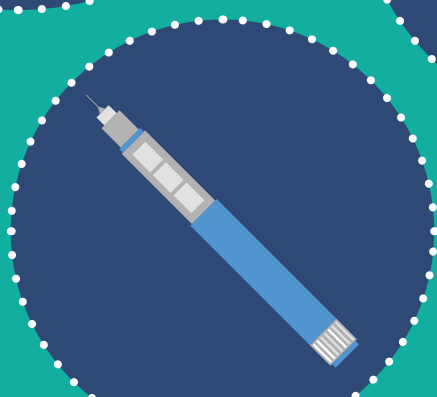
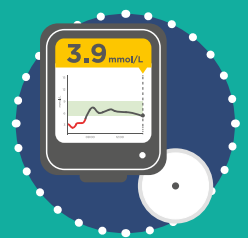


Pregnancy, parenting and Type 1 diabetes

Developed as part of SEREN Connect diabetes education;
supporting young people and young adults living with
Type 1 diabetes





Quality in Care
Diabetes Education Programme of the Year 2020
Quality in Care
Diabetes Judge's Special Award 2020

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We're committed to creating resources that work for the people who use them.

Please take a moment to provide us with some feedback. A few minutes of your time makes a really big difference.



Following a diagnosis of Type 1 diabetes, there are often many unanswered questions about the short-term and long-term impacts it will have on your life.

Undoubtedly, managing Type 1 diabetes can make planning for life events a bit trickier, as there are always additional considerations that someone without diabetes never has to think about.

Parenting with Type 1 diabetes means there's more to juggle than changing nappies or making sure you've packed enough snacks for the baby. You have to manage your diabetes too. That means finding time, space, and energy for all things diabetes on top of all things baby related. It's busy but entirely possible.

This booklet has been written for young people or young adults who may be thinking about becoming parents 'one day.' It aims to provide you

with general information as a starting point and if you have further questions, talk things through with a member of your diabetes team.

Get in touch with your diabetes team well in advance before trying for a baby so that the advice can be tailored to your specific needs, and you can give yourself the best chance of a positive outcome.

It's good to learn about this topic early so that you can make informed decisions and plan for a successful pregnancy and/or parenting journey. You may have lots of questions that don't quite seem relevant to ask at the clinic right now, but understanding this information now is much better for your overall health.

‘I don’t know if I want children yet, but if I did, would Type 1 diabetes stop me?’

Advancements in treatment regimens, technology, and research mean that there are more and more people with Type 1 diabetes successfully becoming parents. There’s no reason why you can’t join them if you want to start (or extend) your family one day.

If you’ll be carrying the baby, as part of your ongoing diabetes education, it’s vital you understand the importance of planning a pregnancy early.

•••••
• This first section covers
• information that’s
• important to know before
• planning for a pregnancy.
•
• If this section isn’t
• relevant to you, skip to
• page 9 for information on
• other routes to becoming
• a family, or page 23 where
• you’ll find information
• on parenting with Type 1
• diabetes.
•••••

If you’re reading this booklet and are already aware you are pregnant, it’s crucial to schedule an appointment with your diabetes team as soon as possible.

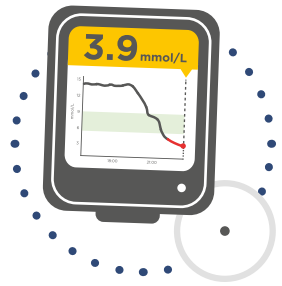
The sooner you do this, the better, as it ensures you’ll have the right support available to help with your pregnancy and diabetes management from this point forward. Many important changes occur during the first few weeks of pregnancy, affecting your hormone levels and the baby’s development. Receiving the appropriate support during this period is vital.

Concerned about being underage?

It’s especially important to contact your paediatric team if you suspect pregnancy, even if this conversation seems scary or daunting. Your team will be there to support you and guide you through your options. If you’re unsure how to contact your diabetes specialist nurse, call the hospital you attend and ask to be connected to the paediatric diabetes department—they will be able to help you.

Knowing your body

Since you live with diabetes, you're probably more aware of your health and your body than most people your age.



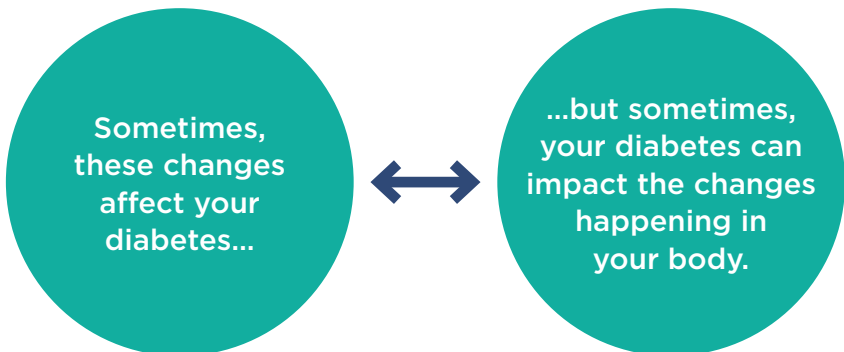
While you've likely covered reproductive health in your biology lessons at school, there are additional things you need to learn with Type 1 diabetes. This includes understanding your body during puberty, when engaging in sexual activity, and if you're considering pregnancy.

Certain aspects are more within your control, such as managing your diet, engaging in physical activity, taking prescribed medication, and using the diabetes equipment recommended for you.

On the other hand, factors like hormones, emotions, and the natural growth and development of your body are less controllable. That's why, when managing diabetes, it's best to focus on what you can do while acknowledging and accepting that there are certain things you have less control over.

Hormones: chemicals that carry messages through your body, acting as signals telling different parts of your body how to function.

Your body is changing



Puberty is the period during which your body changes from a child's body to an adult's body.

Your body undergoes physical changes to reach sexual maturity and become capable of reproduction (the process the body goes through to have a baby).

Some changes are obvious because you can see them, such as:

- growing taller
- changes in weight
- hair growing on your armpits and genitals
- your body changing shape

Some are less obvious, happening on the inside, without you really knowing.

Periods

In females, when your body is ready, your periods will start. You will have a period on average once a month, and this will likely continue until you reach what's known as menopause (average age 51 years). It can be normal for your periods to be irregular during the first year or so after they start.

You may find that your blood glucose is trickier to manage around the days you're due your period. You may crave more or certain types of food which you'll need to carb count for. You might also find

that the hormone changes that happen before and during your period make you more resistant to the effect of insulin, so that your insulin doesn't work in the same way that you are used to. This can be unpredictable and can change over time too.



Keeping track of your periods, noting how you're feeling, and any unexplained swings in your blood glucose may help you notice patterns and make sense of how your period affects your diabetes, and what you may need to do differently to manage this.

Your menstrual cycle is your body's way of preparing itself for a potential pregnancy. If you are not ready to have a baby or choose not to, but are sexually active, you'll need an effective way to avoid getting pregnant; this is known as contraception.

During adolescence and as a young adult, you may repeatedly be asked by healthcare professionals about contraception and/or pregnancy at many of your appointments. If you aren't at a stage of life where this feels relevant, it can seem a bit misplaced, but talking about these issues now will help make sure you are best placed to make decisions about these issues when you feel ready.

”

I find the three days leading up to my period really difficult. I have high insulin resistance and my blood glucose likes to sit around 13mmol/L. I used to get really frustrated and stressed by it, but now I just accept that those days aren't something I'm doing 'wrong'.

Young Adult living with Type 1 diabetes

”

I use an app to track my periods now, it's helpful to know when I'm due.

Young Adult living with Type 1 diabetes



Contraception

It is each person's responsibility to ensure they practise safer sex.

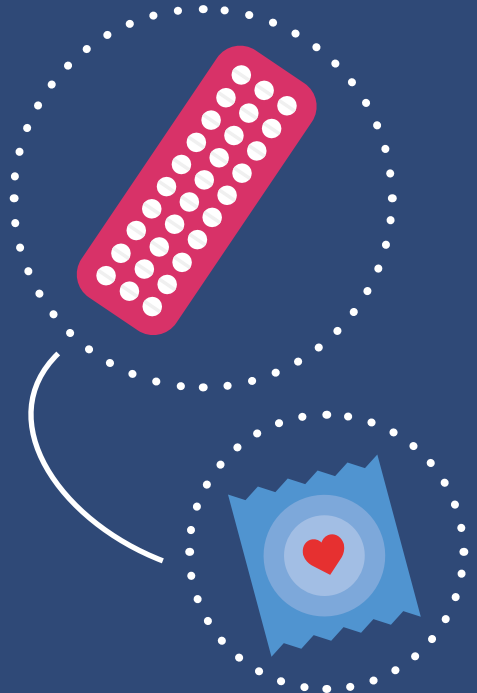
Contraception plays a crucial role in protecting against unplanned pregnancy. Using a condom (or barrier method), along with other forms of contraception, can safeguard both you and your partner from sexually transmitted infections (STIs) or sexually transmitted diseases (STDs).

All contraception options are available to individuals with Type 1 diabetes, but some may be better suited to you than others. Discuss your options with a healthcare professional to select the most suitable type for you. It is important to be honest during these discussions, as lifestyle choices such as smoking can impact the suitability of certain contraceptive methods.

Sometimes accidents happen, and emergency contraception becomes necessary. Emergency contraception is safe for individuals with Type 1 diabetes. If you require emergency contraception (due to unprotected sex or

issues with contraception, such as a missed pill or a split condom), consult with a doctor or pharmacist as soon as possible. All methods of emergency contraception are most effective when used promptly after sexual intercourse.

Inform your diabetes team of any new medications you start using so that they can assist you in making any necessary adjustments.



Fertility

In general, Type 1 diabetes typically does not affect fertility in men or women.

The primary exception is in women with severe kidney disease (nephropathy) due to diabetes, where fertility might be impacted. Nevertheless, all women with Type 1 diabetes, including those with severe kidney disease, are advised to use contraception if they wish to avoid getting pregnant.

Developing the habit of regularly providing your blood and urine samples to your diabetes team and/or GP as required, and attending your annual review appointments where your kidneys will be checked, monitored, and discussed, helps you proactively manage your future health.

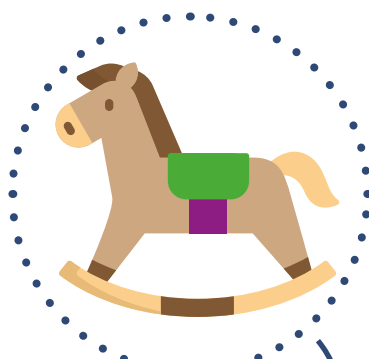
If you are experiencing fertility issues for reasons unrelated to diabetes, Type 1 diabetes itself is not a barrier to fertility treatment. Seeking advice from your GP is recommended if you are interested in exploring your options.

Routes to Parenthood

Type 1 diabetes poses no obstacle to fostering or adoption.

If exploring these paths to parenthood interests you, you can find more information from Barnardo's Cymru Adoption and Fostering Service.

If you're outside of Wales, Adoption UK is another resource to consider.



Preparing for Pregnancy

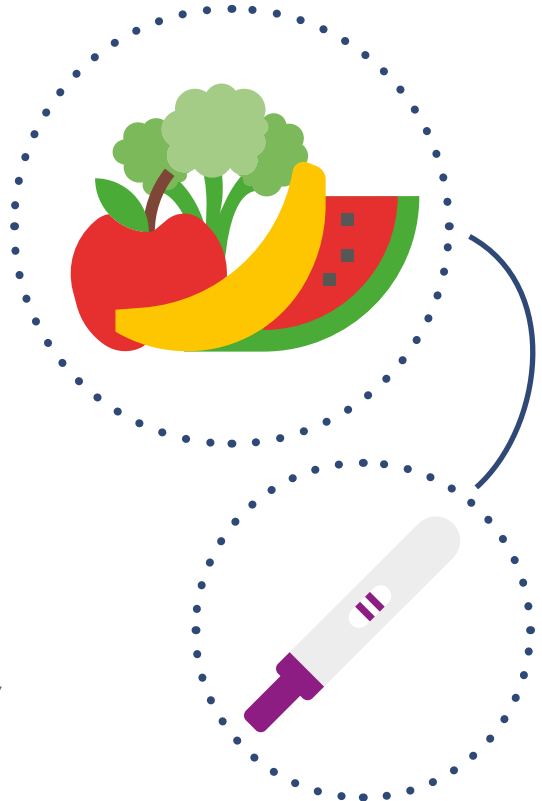
Preconception care is one of the ‘care essentials’ you can expect if you live with Type 1 diabetes.

This means that anyone living with Type 1 diabetes who might consider pregnancy in the future is entitled to specialist appointments with the diabetes team to discuss different ways to prepare for pregnancy. There is ample evidence showing that preparing for pregnancy can improve health outcomes for both mother and baby. It is also a good opportunity to ask any questions you might have about pregnancy and parenting.

You can bring someone into your appointment with you if you want.

An important part of preconception care is reviewing your blood glucose levels with you and providing extra support to maintain or achieve the recommended blood glucose levels for individuals planning pregnancy. Current guidelines recommend avoiding pregnancy if your HbA1c is higher than 86mmol/

mol due to the higher risk of complications and aiming for lower than 48mmol/mol wherever possible. Your diabetes team will help you work towards personalised blood glucose targets in advance of pregnancy. This may seem daunting, but your team will help you set realistic goals and support you in achieving them.

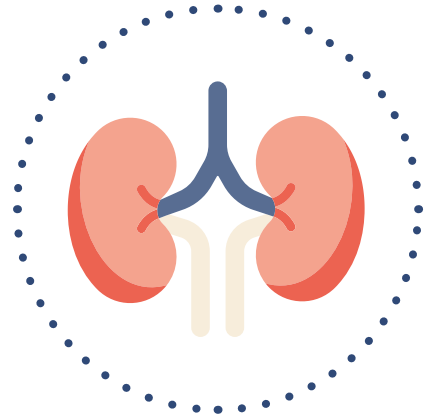


Preconception care is also an opportunity to:

- Discuss lifestyle choices to ensure you are as healthy as possible before pregnancy
- Review all of your medications and discuss any recommended changes in advance of pregnancy. This includes offering you Folic Acid (see page 14).

- Screening for diabetes-related complications:

Retinopathy: Regular eye screening is part of your routine diabetes care, but it is especially important to screen your eyes for any signs of retinopathy before stopping contraception and planning for a baby. This is because sudden and significant improvements in blood glucose levels (which is the goal in pregnancy) can worsen retinopathy. Therefore, any required treatment for retinopathy is ideally advised before aiming to improve blood glucose levels in preparation for pregnancy.



Nephropathy: Just like regular eye screening, it is especially important to monitor your kidney health for any signs of nephropathy before stopping contraception and planning for a baby. Depending on your results, you may be offered additional support from a nephrologist (kidney expert) if needed.

It's never too early to be referred for preconception care. Educating yourself about pregnancy in diabetes at an early stage means that when you feel ready to have a baby, you will be well-placed to make the right decisions for you.

Understanding the Risks

Whilst most women with diabetes have healthy pregnancies and deliver healthy babies, the likelihood of health issues for both you and your baby increase due to diabetes.

But you can lower the risk of problems – although not remove it completely – by managing your diabetes the best you can before and during pregnancy. Your care team can help you with this, including reviewing your blood glucose targets and any treatments you are having.

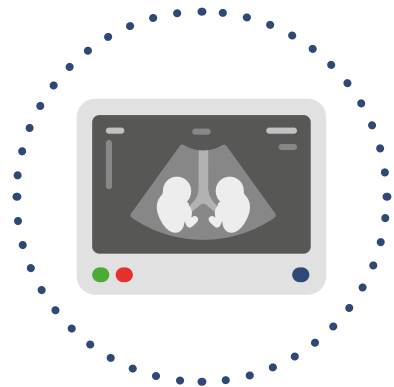
High-Risk Pregnancy

‘I’ve been told my pregnancy is high risk. Why?’

You may have heard that women with Type 1 diabetes are sometimes referred to as having ‘high-risk pregnancies.’ Pregnancy comes with a mix of emotions; its usually a time of joy and excitement but can also be a period of worry and concern. Hearing ‘high risk’ may feel like even more worry, but it means you will be offered extra care throughout your pregnancy. Many factors can increase the risk of complications during pregnancy, with Type 1

diabetes being just one factor to consider. Your team will be able to give you personalised advice about your level of risk and what can be done to lower it as much as possible.

You will be offered dedicated support from staff who specialise in pregnancy and diabetes. This usually means that you are seen in a clinic that is run jointly by the diabetes and obstetric teams (who are experts in pregnancy care). You will be able to discuss any concerns that you have with the team, and they will tailor your care to your individual circumstances.



‘I’ve heard lots of negative stories when it comes to pregnancy and Type 1 diabetes. What is meant by risk, complications and adverse outcomes and what do they mean?’

All pregnancies can be affected by complications or negative experiences. Some examples of possible complications or concerns that might arise during a pregnancy include:

- Concerns around the growth of the baby, e.g., the baby measuring smaller or bigger than expected.
- Miscarriage (loss of pregnancy in the first 23 weeks).
- Pre-eclampsia (a health condition where high blood pressure and protein in the urine develop during pregnancy).
- Birth defects (problems with the way in which the baby’s organs develop in the womb).
- Premature birth (a baby born before 37 completed weeks of pregnancy).
- Stillbirth (death of a baby in the later stages of pregnancy).

- Complications during delivery, for example, shoulder dystocia; where the baby’s head is delivered but the shoulders get stuck.
- Neonatal death (death of a baby in the first 28 days of life).

These complications (and others) can occur during any pregnancy. Women with Type 1 diabetes have a higher risk of the complications listed. The degree to which the risk is increased will vary between individuals, depending on both diabetes-related factors, e.g., blood glucose levels, and how long you have been living with diabetes, but also non-diabetes-related factors, e.g., age, other health problems.



With the support of your medical team, there are lots of things you can do to help reduce the risk of complications during pregnancy.

Some of these are relevant to all pregnant women, regardless of whether they have diabetes, e.g.:

- Maintain a healthy weight.
- Maintain healthy physical activity levels.
- Eat a balanced diet.
- Stop/avoid smoking.
- Minimise alcohol consumption.
- Take Folic Acid at the dose recommended for you (see next section).
- Attend regular dental check-ups (usually free during pregnancy).



On top of this, the following are also important to reduce the risk of complications in the context of Type 1 diabetes:

- Work with your diabetes team to aim for tighter blood glucose management before and during pregnancy.
- Take 5mg Folic Acid for three months while planning pregnancy until the end of the 12th week of pregnancy to reduce the risk of birth defects like spina bifida. This is a higher dose than is recommended for women who do not have diabetes. Your GP or medical team will be able to prescribe this for you.

Throughout your pregnancy, you will be offered additional monitoring to help you work towards these goals and to look for early signs of any complications developing. Examples of the types of monitoring you can expect to be offered include:

- An early ultrasound scan (typically 7-9 weeks).
- Frequent clinic appointments with the diabetes and obstetric teams.

- In addition to the usual 12- and 20-week scans, you will also be offered extra scans between 28-36 weeks to monitor the baby's growth and development. In some centres, a specialised heart scan may be offered to check the baby's heart at around the same time as the 20-week scan.
- Your medical team will likely offer you treatment with aspirin between 12-36 weeks of pregnancy to reduce the risk of pre-eclampsia (depending on other factors related to your health).
- You will be offered support (if this is your preference) with colostrum harvesting during the final weeks of pregnancy. This means you can be shown how to express and collect your first milk -

colostrum - during the last weeks of pregnancy, to help start your breastfeeding journey.

As pregnancy can influence your risk of developing diabetes-related complications e.g., retinopathy, nephropathy, you will also receive additional monitoring to look for signs of these.

Retinopathy Assessment:

You should be offered retinal screening at least twice during pregnancy. If retinopathy is detected you may be offered additional screening, and/or treatment.

Nephropathy Assessment:

You will be offered blood and urine tests during pregnancy to monitor for signs of kidney disease.

Practical Things to Consider

You are likely to be asked to attend a lot (!) of appointments during your pregnancy, all of which are important. Your employer has an obligation to support you to receive the medical care that you and your baby need, as well as make reasonable adjustments to your work if applicable. If you're uncertain about anything, bring this up with your team who may be able to offer support or solutions that will help.

Managing Your Blood Glucose During Pregnancy

The hormonal changes that occur during pregnancy can make managing your blood glucose more challenging.

Specifically, these changes tend to affect how you respond to insulin and affect the way in which you absorb carbohydrates. Most women will find that they need to adjust their insulin doses frequently throughout pregnancy, and your team will support you with this.

Your diabetes team will advise you to monitor your blood glucose more often during pregnancy and strive for much tighter blood glucose targets. Typically, the standardised targets are:

- **5.3 mmol/litre** for fasting blood glucose levels
- **7.8 mmol/litre** 1 hour after meals
- **6.4 mmol/litre** 2 hours after meals

These targets may seem daunting, but you will be given lots of support to help you work towards them, and many

people find focusing on your future bundle of joy is a good motivator. You are likely to be offered the use of continuous glucose monitoring (CGM) to help you monitor your blood glucose levels. This can help you spot trends throughout the day, providing you and your diabetes team with valuable information to tweak your management. If you prefer to use other technology, discuss this with your diabetes team.

During the first trimester especially, you are at a higher risk of hypos. You may also find it harder to tell when your blood glucose is dropping. It is important to monitor blood glucose levels and especially important you ensure you always carry fast-acting glucose as hypo treatment with you during pregnancy.

Ketoacidosis (DKA) during pregnancy

Diabetic ketoacidosis (DKA) can develop more quickly and at lower blood glucose levels.

DKA can be very dangerous for both you and the baby. It is, therefore, extra important to check for ketones if you have high blood glucose levels or are unwell when pregnant and to seek medical advice quickly if needed.

During pregnancy, blood ketone levels above 1 require action. This is a lower threshold than you will be used to outside of pregnancy.



Nausea and Vomiting

Nausea and vomiting are common in pregnancy.

This can be unpleasant and distressing and can also lead to difficulty managing your blood glucose levels. There are many safe treatments that can be considered for nausea and vomiting in pregnancy if necessary.

If you have nausea and vomiting when pregnant, discuss this with your team so they can discuss options with you.



Labour

‘Does diabetes mean I have to deliver the baby a certain way?’

Experiences of labour and delivery vary between women, and are affected by a wide range of factors, with Type 1 diabetes being just one. Usually, Type 1 diabetes alone is not a barrier to any birth choice. It is advisable to discuss your birth preferences with your medical team. They will be best placed to advise you on the pros and cons of different options, so you can make the right decisions for you. It is important to remember, however, that it’s often difficult to predict exactly what will happen towards the end of a pregnancy, so things may have to change at the last minute.

It would normally be advised that a woman with Type 1 diabetes delivers her baby in a hospital. This is considered safest, ensuring you are in a place where you can quickly get help if any complications occur. It is ultimately your decision whether you want to have a vaginal delivery or a caesarean section, but your medical team will be able to advise you on the pros and cons of different types of delivery based on your specific situation.

Lots of factors impact the timing of delivery, including your blood glucose levels and the baby’s growth and

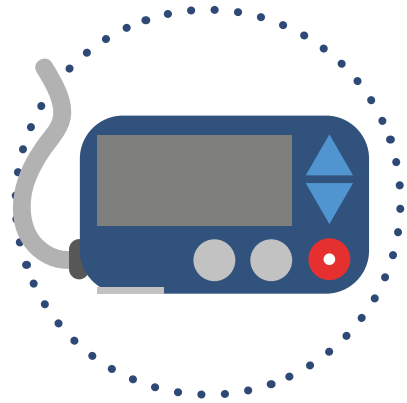


development. Where possible, it is usually advised that women with Type 1 diabetes deliver their babies between 37-38+6 weeks of pregnancy. If you have chosen to have your baby by vaginal delivery, the medical team will likely discuss the option of induction of labour with you. Induction of labour means artificially starting labour through a variety of different methods and may be considered if labour doesn't start by itself within the timeframe your medical team have advised is safest for you and the baby.

All pain relief and anaesthetic options are available to women with Type 1 diabetes.

Managing Your Blood Glucose During Labour

It is important to maintain tight blood glucose management during labour. This reduces the likelihood of the baby having low blood glucose levels after birth. If the baby does have low blood glucose levels, they will likely be admitted to the special care baby unit for monitoring and extra feeds (see page 22).



This also reduces the risk of infections in scars, e.g., Caesarean scars, or tears. Most women will continue to use their usual diabetes treatment during labour (including insulin pumps if they wish). Some women may be advised to go onto an insulin drip during delivery if their blood glucose levels are unstable using their usual treatment.

Although things may not always go to plan and last-minute changes may be needed, your team will discuss your progress and options with you, and every effort will be made to involve you in the decision-making process throughout your pregnancy and delivery.

Will I need to stay in hospital longer?

Women with Type 1 diabetes typically stay in hospital a little longer after delivery compared to women without diabetes.

This is so that you and the baby can be monitored more closely and offered support if any complications arise. Most women with Type 1 diabetes would be expected to spend at least 24-48 hours in hospital, and you may need a longer stay in the hospital if there are additional complications during delivery.

What happens after delivery, can I breastfeed?

After delivery, changes in hormone levels will mean that your insulin requirements will decrease dramatically and quickly.

The diabetes team will help you develop a plan to safely reduce your insulin doses. You will likely be advised to refer back to your pre-pregnancy doses.

Women with Type 1 diabetes should be supported to feed their baby in the way they choose. Type 1 diabetes is not a barrier to breastfeeding. Specific support can be offered to help establish breastfeeding.

Contraception After Pregnancy

Although it may be the last thing on your mind, it is important to consider what type of contraception you might want to use after having a baby. It is possible to become pregnant again even before your periods return. The obstetric team can discuss your options with you and can provide you with contraception before you leave the hospital.

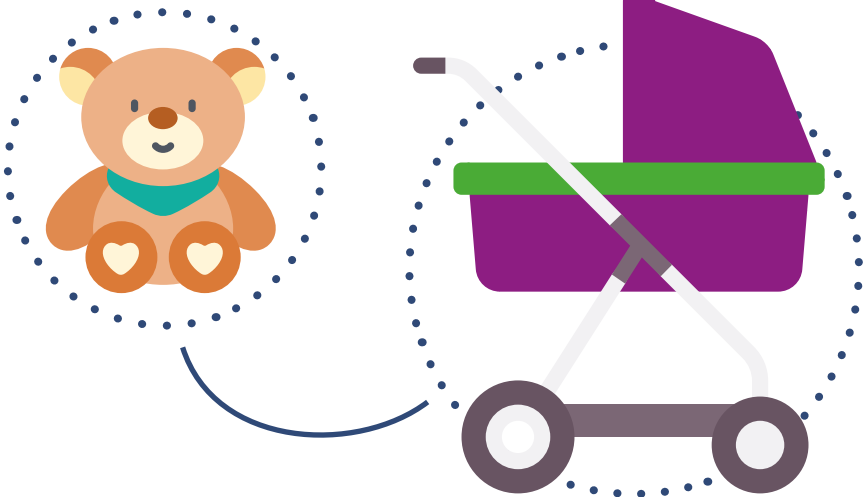
Adjusting to Life as a New Parent

Adapting to life with a newborn can be challenging, and it is common to feel overwhelmed or worried at times.

Managing Type 1 diabetes during this transition adds an extra dimension. Your diabetes team will be happy to help support you as you adjust during this period. Mothers with Type 1 diabetes are not at an increased risk of postnatal depression compared with mothers without diabetes, but postnatal depression is common.

If you or someone around you is worried about your mental health, it is important to seek help and support from your medical team.

Having your care handed back to your usual diabetes team can feel like quite a shock after having a baby. During your pregnancy, you will have had very regular contact with the diabetes team, and going back to appointments that are widely spaced apart may feel daunting. If you have any concerns or questions during this time, you can contact your diabetes team to ask for additional help and support.



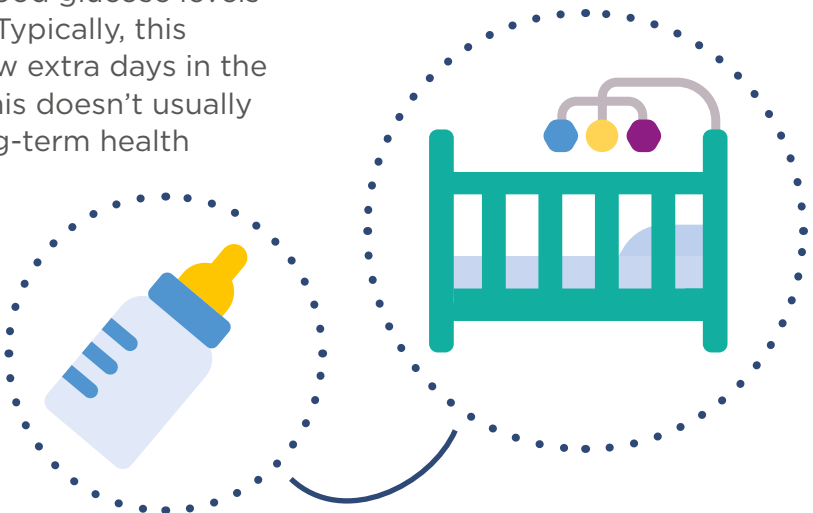
‘Will my baby have diabetes?’

After your baby is born, it is advised that their blood glucose levels are monitored for the first 24-48 hours.

This is because there is a risk of “neonatal hypoglycaemia,” meaning low blood glucose levels during the earliest part of life. If this does occur, it does not mean your baby has diabetes. It happens because babies no longer have the supply of glucose they have become used to receiving from their mother during pregnancy and need a little time to adjust to having to regulate their own blood glucose levels.

If your baby develops hypoglycaemia, they will be given extra feeds and additional monitoring, usually in the special care baby unit, until the blood glucose levels normalise. Typically, this means a few extra days in the hospital. This doesn’t usually lead to long-term health problems.

We know that people who have a first-degree relative (mum/dad/brother/sister) with Type 1 diabetes have an 8-15 times higher risk of developing Type 1 diabetes than people who don’t. The risk is lower if the relative with Type 1 diabetes is their mum. On average, a baby born to a mother with Type 1 diabetes has around a 2-3% chance of developing Type 1 diabetes in his or her lifetime. The risk of a baby who has a father or sibling with Type 1 diabetes developing Type 1 diabetes is around 4-6% over their lifetime.



Parenting

The route to parenting can look different for many families, but none are off-limits for people living with Type 1 diabetes.



“I’ve been through pregnancy twice. Both my husband and I live with Type 1 diabetes.”

“I’m a dad to twins; it’s busy but doable. I keep hypo treatment everywhere.”

“We’re in a same-sex relationship and so needed fertility treatment to help us become parents. Type 1 diabetes was never a barrier for our referral.”

“I think my children definitely eat healthier because I have Type 1 diabetes and understand nutrition more than I would without my diagnosis.”

“Type 1 diabetes taught me how to adapt, and I used that mindset when I became a single parent.”



“We adopted our children and I now foster too. All doable with Type 1 diabetes.”

While parenting brings immense joy, it’s understandable to feel a bit anxious, especially when managing Type 1 diabetes too. Remember, you’re not alone – many have and are walking this path and thriving.

There is a lot of information available to new parents from trusted organisations such as Barnardo's or the NSPCC, and often, there is local support available too.

However, generic advice usually misses out on information and tips that are specific to parenting with Type 1 diabetes. You'll likely learn from your own experiences, but here are a few tips from other parents as a starting point:

1 | Embrace Technology

Using diabetes technology can help you manage your diabetes, and to gain some headspace, allowing you to adjust to life with your new bundle of joy.

2 | Establish a Routine

Routines work wonders for both diabetes management and parenting. Find a rhythm that suits you and helps create stability.

3 | Keep Hypo Treatment Handy

Ensure easy access to hypo treatment but store it out of reach of children. Anticipate the unexpected challenges of parenting by allocating a specific pocket or location for your treatment and spare supplies in your baby bag.

4 | Use a Diary

Make time to attend your own appointments. Keep track of both your baby's and your appointments using a diary on your phone, or paper copy if preferred. This simple tool can help you stay organised amidst the many responsibilities. Life gets busy.

5 | Prioritise Self-Care

Amidst the demands of parenting and diabetes, prioritise self-care. Remember to eat well, move, get adequate sleep, socialise with other adults, and make time for yourself as often as you are able, it's important.

6 | Sleep When You Can

Adjusting to the inevitable lack of sleep can be challenging for new parents. Take advantage of opportunities to rest and recharge when they come, and share the responsibilities or tag team chores.

7 | Communicate

Share your thoughts and feelings with your partner and support network. Open communication fosters understanding and collaboration. If you feel like things are challenging and you begin to struggle, reach out to someone you trust or speak to your GP.

8 | Stay Connected with Diabetes Care

If things go off track with your diabetes management and adjustments are needed, keep in touch with your diabetes team. Adapting to your new life with a baby may require time and constant modifications as they grow.

9 | Explore Local Resources

Discover valuable opportunities for new parents in your local area by connecting with community activities and services. Exploring these resources can provide additional assistance and a sense of belonging during this transformative journey into parenthood. Connecting with other parents living with Type 1 diabetes may also help.

10 | Celebrate Small Victories

Parenting with Type 1 diabetes may have its unique challenges but celebrate every small victory. You're doing an incredible job, and your efforts matter.



Notes

Other SEREN Connect Resources

Drinking alcohol with Type 1 diabetes
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a smartphone with a 5.9 mmol/L reading, a glass of beer, a cocktail glass, a first aid kit, and a person icon.

SERENConnect
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Learning to drive and driving safely with Type 1 diabetes
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a steering wheel, a road sign, a car, a license plate with an 'L', and a key.

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Managing Type 1 diabetes: post-school, at university and in the workplace
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a smartphone with a 5.9 mmol/L reading, a graduation cap, a hand holding a pen, a person icon, and a building icon.

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Sex, relationships and Type 1 diabetes
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a rainbow heart, a person icon, a condom, a person icon, and a person icon.

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Travel, events and festivals with Type 1 diabetes
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a smartphone with a 5.9 mmol/L reading, a passport, a globe, a person icon, and a person icon.

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Understanding Type 1 diabetes, kidney health and nephropathy
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a water bottle, a person icon, a kidney, a person icon, and a person icon.

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Understanding Type 1 diabetes, your eye health and retinopathy
Developed as part of SEREN Connect Diabetes Education, supporting young people with Type 1 diabetes.

Icons include a person icon, a person icon, a person icon, a person icon, and a person icon.

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Understanding Type 1 diabetes, your feet and neuropathy
Developed as part of SEREN Connect diabetes education, supporting young people and young adults living with Type 1 diabetes.

Icons include a person icon, a person icon, a person icon, a person icon, and a person icon.

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