



A childbirth 'more medical than holistic'

Nicola Reade, 32, with Type 1 diabetes, recounts the birth of her son Hugo.

Have you got names sorted? When do you finish work? Have you organised your birth plan? Being pregnant feels like an open invitation to everyone throwing as many questions at you as possible. My answers to the three questions: we've got a shortlist; about 34 weeks; and hmmm.

Birth plans for people having babies are becoming a big thing these days. Is it going to be a water birth? Will you have the baby at home, or in a hospital, and will the birth be natural, or drug-free? Someone with Type 1 diabetes has a few choices, but doesn't have the range of options of those without chronic conditions.

Just as there is a move towards breastfeeding as much as physically possible, there also seems to be a trend among women attempting the birth with as little medical intervention as possible. It's not as easy for us T1s – hospital is the only destination for us and, because we are encouraged to have the baby around 38 weeks, there's also a high likelihood of being induced rather than going into labour naturally.

If you've made it through a T1 pregnancy, you're my hero. And, whatever you have to do to get that baby delivered safely is what you will do. There are still choices – it's just that you're not likely to be giving birth in a pool in your living room.

So what happens during childbirth when you're a Type 1? Well, you'll be well looked after. I ended up having an emergency caesarian. I had been in labour for about nine hours when they made the call for the c-section, and up to that point they'd been monitoring the baby while I took care of my blood sugars (with the help of my husband, number one finger-pricker).

When you're at the point in labour where you feel you want to relinquish diabetes control (or going in for a c-section), the medical team will put you on a drip which has a percentage of insulin and glucose being infused, so your blood sugars are being artificially balanced. Phew, one less thing on your plate at that point is all good.

Then – two things occur once the baby has been delivered. Firstly, your insulin resistance (which steadily climbs all the way through pregnancy, meaning you're taking as much as twice as much insulin) drops off almost immediately. My top team from National Women's had already written a plan for insulin pump basal rates once my baby had been born, which had less than half the amount of insulin going in than right up to the point where he first cried. You'll be back on your pump or injections pretty much as soon as you return to the ward, if you are comfortable with this.

Secondly, because your baby has been subject to slightly higher blood sugar levels than someone without diabetes, there is a chance he/she has started to produce larger amounts of insulin. This can mean the baby initially has lower blood sugars than other babies. The medical team will take a heel prick blood sugar from your baby soon after he/she is born. A hypo for a baby is <2.8 mmol/l, and if they have this result, there is a high likelihood the team will want to give him/her some baby formula to get the levels back up. My baby had one sugar <2.8 so we topped him up with some formula and kept testing for the next 24 hours to check things were on track. They were.

Childbirth with T1 is definitely more medical than holistic. But, as the mother of a happy and thriving eight-month son, I couldn't care less how much medical intervention I had to deliver him. A healthy baby and mother are what we should strive for.

For more details about pregnancy and diabetes, see IDF guidelines: <http://www.idf.org/global-guideline-pregnancy-and-diabetes>.

For stories about pregnancy with T1, check my blog: <http://www.beingdiabetic.co.nz/2009-12-20/pregnancy-with-type-1-diabetes-the-summary/>. •