

**RANDY S. MORRIS M.D.**  
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY  
AND INFERTILITY

**Informed consent for diabetics attempting pregnancy**

Poor control of diabetes during pregnancy increases risks for you and your baby. If you are diabetic, getting your blood sugars in good control *before* you become pregnant is an important step to a healthy pregnancy and a healthy baby.

If diabetes is not well controlled, a mom and baby could face serious health complications.

Birth defects

In the general population, major birth defects occur in 1-2% of the population. In women with diabetes and less than optimal blood sugar control prior to conception, the likelihood of a major birth defect is increased 4 to 8-fold.

Two-thirds of the birth defects in babies born to diabetic women involve the cardiovascular system (heart) and central nervous system (brain and spinal cord). Neural tube defects (a type of spinal cord problem) occur 13-20 times more frequently in diabetic pregnancy. Genitourinary, gastrointestinal, and skeletal anomalies are also more common.

Because birth defects occur during the critical 3-6 weeks after conception, **optimal control must be achieved before pregnancy begins.** Studies have demonstrated that birth defect rates similar to those in the non-diabetic population can be achieved with meticulous blood sugar control before conception.

**A1C** is a blood test that shows how well your blood sugar has been controlled during the past 3 months. The *American Diabetes Association* recommends that the A1C be **less than 7** before pregnancy. The *American Association of Clinical Endocrinologists* recommends the A1C be **less than 6** before pregnancy. When blood sugar levels are tightly controlled (**A1C <6**) the risks of miscarriage and birth defects is nearly the same as the general population.

**At IVF1, we strongly recommend that you avoid conception until your A1C is < 6. We will not begin treatment to attempt pregnancy if your A1C is > 7.**

Miscarriage

Current data suggest a strong association between degree of blood sugar control prior to pregnancy and miscarriage rate. Less than optimal blood sugar control has been shown to double the miscarriage rate in women with diabetes. Reports demonstrate that if a woman has excellent blood sugar control before pregnancy, the rate of miscarriage is normal.

Other complications

Diabetic women are more likely to have a stillbirth, pre-term labor, high blood pressure and pre-eclampsia. With mild diabetes, the baby is likely to be very large (10 pounds or more). This makes vaginal delivery more difficult, increases the risk of C-section and puts the baby at risk for injuries during birth.

During pregnancy, diabetic women have an increased risk for kidney, heart, nerve, and eye damage.

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It is also recommended that diabetic women undergo the following assessments before conception:

- Kidney function,
- Cardiovascular evaluation
- Retinal (eye) exam.
- Review of your diabetes medications. The choice of the best medications for controlling your diabetes should be discussed with your primary care and/or your OB/GYN.

I acknowledge that I have read the above consent in its entirety and have had any questions answered completely and to our satisfaction.

We understand the risks and consequences, of attempting pregnancy with diabetes.