ABSTRACT

Type 1 diabetes has an incidence of approximately 0.1 – 0.5% in the population of pregnant women; it increases the incidence of congenital malformations, miscarriage and the risk of neonatal complications such as macrosomia, hypoglycemia, respiratory distress syndrome and it has been shown that these occur especially if the diabetes is not well managed. For the mother type 1 diabetes results in a greater predisposition to hypertension, pre-eclampsia and an increased use of caesarean section as well as worsening of glycemic control.

The main negative influence on the product of conception in a pregnancy complicated by type 1 diabetes is an incorrect qualitative and quantitative availability of nutrients due mainly to the condition of persistent hyperglycemia and, therefore, to other metabolites that accumulate in the fetal growth environment determining an alteration in proportion to the degree of failure.

The planning of pregnancy in diabetic women is essential for the prevention of maternal and fetal morbidity. The specific goal of planning pregnancy should be to achieve a good metabolic control before conception and to maintain it to ensure the best environment possible for a normal fetal growth.

During pregnancy intensive insulin therapy, tight glucose monitoring and appropriate nutritional therapy are necessary to achieve the best glycemic control.

19 pregnancies followed at the Diabetes and Pregnancy Clinic of the Hospital O.I.R.M. – Sant'Anna were analyzed trying to figure out what the current context of care in pregnancy complicated by type 1 diabetes is. The goal is to understand which pathway a woman faces and what are the critical issues.

During pregnancy diabetes requires integrated care in which different professionals are involved in the formation of the team that supports the woman with diabetes throughout the pathway and, in the light of this analysis, it has been outlined a model of care that combines the basic stages of necessary assistance.