

Diabetes Department

Patient Information



The Information Standard



Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

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Role: Consultant
Publication Date: 05/15
Review Date: 05/18

Metformin in Pregnancy

This leaflet is for pregnant women with diabetes diagnosed during pregnancy (gestational diabetes) or for women with Type 2 diabetes who are pregnant or are planning pregnancy.

Why metformin has been recommended:

- Metformin is usually prescribed as treatment for Type 2 diabetes
- It is used for women with diabetes when diet and exercise have not adequately reduced their blood glucose levels
- Metformin is commonly used in pregnancy in UK clinical practice. Although it is unlicensed in pregnancy, there is strong evidence for its effectiveness and safety during pregnancy
- The National Institute of Health and Care Excellence (NICE) guidelines recommend using metformin for women with gestational diabetes and Type 2 diabetes who are pregnant or are planning pregnancy

How metformin works:

- The exact mechanism is unclear but it can reduce the amount of glucose produced by the liver
- It allows the insulin produced by the body to work better in order to reduce blood glucose levels

Advantages of taking metformin:

- Improves diabetes control in preparation for pregnancy
- Lowers your blood glucose levels which then decreases the amount reaching your baby and prevents too much weight gain in baby
- As an alternative treatment of diabetes instead of insulin
- May lower the dose of insulin needed if insulin is required

Please turn over:

Diet and exercise:

- While on metformin, it is important to continue with the dietary changes as advised by the dietitian as well as taking regular exercise (for example, walking for 30 minutes after a meal)

Side effects of metformin:

- Most women tolerate metformin very well but some experience side effects which can be temporary. These include nausea, bloating, flatulence or less commonly, diarrhoea
- If you suffer abdominal pains or vomiting, you should contact us to discuss these symptoms
- If you have side effects, try taking the tablets in the middle of a meal or straight after a meal
- Take each dose with a glass of water
- Most side-effects usually settle after 1-2 weeks
- If they do not settle, contact us for advice

Stop metformin if you have:

- Diarrhoea, vomiting, dehydration or any significant illness

How to start metformin:

- Start with one 500mg tablet a day with your main meal; take each dose with a glass of water
- This dosage can be increased every 3-4 days to a maximum of 4 tablets per day usually split into 2 doses. Your diabetes team can advise you on this

After your baby is delivered:

- Your antenatal diabetes team will advise you on what to do next
- If you have gestational diabetes, metformin can usually be stopped after delivery
- If you have been on metformin for Type 2 diabetes before pregnancy, this can be continued, although your diabetes team will advise on individual cases
- Metformin can be taken while breast feeding

Contacts

During working hours Monday to Fridays:

Diabetes Department – Secretary – Telephone: 01305 255737

Diabetes Dietitian – Telephone: 01305 255526

Monday to Sunday (seven day service) 8am to 5pm

Diabetes Specialist Nurse – Telephone: 01305 255342

Out-of hours:

Contact Maternity Unit – Telephone: 01305 254267