



Diabetes Department

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

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 one to two 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 three to four days to a maximum of four tablets per day, usually split into two 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 breastfeeding.

Contact Numbers:

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to the following Dorset County Hospital Staff:

During working hours Monday to Friday:

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

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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