

# Tough situation after giving birth for women with type-1 diabetes

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Holding a newborn baby – and, at the same time, dealing with a blood sugar level that is fluctuating like never before. For some women with type-1 diabetes, the situation right after giving birth is overwhelming, and they need more support, according to research at Sahlgrenska Academy, Sweden.

"Of course, it's incredibly frightening if you're holding a newborn and at the same time get so dizzy that you're forced to sit down. It naturally creates fear," says Karolina Lindén, doctor in health and care sciences and registered nurse-midwife, active at the Närhälsan health care provider in Gothenburg.

A pregnancy entails higher risks to both the fetus and the mother when the mother has type-1 diabetes. In her thesis, Karolina Lindén shows that despite highly specialized care and multiple actors involved during the pregnancy, additional support may be needed after the child is born and the family has come home from the maternity ward.

In general, the [women](#) in the studied group (168 individuals) were doing pretty well, but two thirds of them said that they experienced problems with instable [blood sugar](#) levels after returning home from the maternity ward, of whom one fourth spoke of more difficult to manage problems. What the strong fluctuations are due to, breast-feeding or hormonal adjustments, is unclear.

## Hard to take in

"They are supposed to have been given information that this can happen, but when you're pregnant and are going to give birth, focus is mainly on the delivery. It's hard to take in information about what will happen afterwards, and I believe this is true of all expectant parents," says Karolina Lindén.

In the work on her thesis, she studied well-being and diabetes management in women with type-1 diabetes during pregnancy and up to six months after the child's birth. One third of the women studied expressed a need for more professional support after the delivery. And she believes more in solutions where the women themselves do not need to take the initiative.

Follow-up over the phone, and digital appointments for the parent with a diabetes team, are variants that may work when it is difficult to get to the hospital's diabetes clinic.

## A question of rights

"What's important is that a follow-up is done, and under the best of circumstances, it should be possible to identify which women need more professional support after coming home from the hospital already during the pregnancy," says Karolina Lindén.

She emphasizes that the group of expectant mothers with type-1 [diabetes](#) should not be pathologized. Basically, they are accustomed of managing their condition, and life does not circulate around it. At the same time, they are a group that rarely receives attention.

"Unfortunately, they are not always seen. But it's a question of their right

to receive [support](#) based on their circumstances even after the child has been born when the intensive care during the [pregnancy](#) has ended," says Karolina Lindén

**More information:** Women with type 1 diabetes during pregnancy and postpartum Well-being and diabetes management;  
[hdl.handle.net/2077/54536](https://hdl.handle.net/2077/54536)

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