Breastfeeding and Diabetes

If you have diabetes, breastfeeding (also called nursing) may offer special health benefits for you and your baby. It’s a good idea to talk with your healthcare provider or lactation consultant (a nurse with special training in helping with breastfeeding), before your baby is born, about your choice to breastfeed, so that he or she can help you to be successful.

Why should I breastfeed?

Babies who breastfeed for at least 3 months may have a lower risk of Type 1 diabetes, and may be less likely to become obese as adults. Some research has linked early exposure to cow's milk and cow's milk-based formula to Type 1 diabetes. Studies have also shown that women who breastfeed after having gestational diabetes show improved pancreas function, which may reduce their chances of developing diabetes later in life. A history of gestational diabetes is a risk factor for developing Type 2 diabetes.

Some women report better overall health, and less of a need for insulin, during breastfeeding. This could be due to their body's natural adjustment to its changes after the baby is born. In fact, there is a sharp drop in a diabetic's need for insulin within just hours after birth. The stress-busting hormone (oxytocin) that a woman's body releases during breastfeeding can also help a diabetic mother feel better, physically and emotionally.

What should I do after my baby is born?

- Nurse as soon as possible after your baby is born. If you can’t nurse right away, pump your breasts to get the milk supply going and to help prevent breast engorgement. When you have diabetes, your milk may take 5 or 6 days (rather than 3 or 4) to come in; until then, your baby will drink colostrum – a rich fluid that is packed with good nutrition – from your breasts.
Ask to keep your baby “skin-to-skin” with you as much as you can right after birth. Studies on healthy full-term babies show that this kind of “kangaroo care” is associated with better blood sugar levels.

Since babies born to diabetic moms often arrive too early, breastfeeding gives your baby a head start on a healthy life. It also may help his blood sugar levels adjust. The nurses will monitor him right after birth to make sure this happens safely. Whether you have Type 1 or Type 2 diabetes, little, if any, of the insulin or oral medicines used to control your blood sugar pass through breast milk to your baby.

Ask the hospital lactation specialists to help you. They are here to answer your questions before and after your baby is born.

How can I get off to a good start with breastfeeding?

Here are some tips to help you get started:

- Snack before breastfeeding, especially during the nighttime feeding. Nursing your baby requires a great deal of energy, so add about 200 calories to your pregnancy diet while you nurse, to avoid sudden drops in blood sugar. Bedtime snacks should include 1 to 2 carbohydrate exchanges and 1 to 2 protein servings.

- Test your blood sugar from time to time before and after breastfeeding, to see how your blood sugar responds.

- Aim for blood sugars no higher than 150 to 160mg/dl after meals.

- Drink plenty of fluids (at least 6 to 8 ounces) with each feeding.

- Lose weight slowly. Talk with your dietitian for help with a meal plan.

- Meals and medicine changes may be needed as you make more milk.

- Talk with your lactation consultant to learn how to prevent cracked nipples and plugged milk ducts. Breast infections can lead to DKA (diabetic ketoacidosis) if untreated.

- If you plan to return to work while breastfeeding, learn how to pump and store milk safely.

Our goal is to help make breastfeeding a good experience for both you and your baby.
Questions?

Call 206-598-4070

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

Maternal and Infant Care Center
206-598-4070

Labor and Delivery
206-598-4616

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