



Royal Berkshire
NHS Foundation Trust

Metformin use for management of diabetes in pregnancy

Information for women and
birthing people.

This information is for pregnant women and birthing people with diabetes who have been started on Metformin tablets. It explains how the medication works, the side effects of the medication, how to take the medication and how to increase the dose gradually to minimise the side effects. If you have concerns, please contact the diabetes specialist midwives on 0118 322 7245.

Background information

Gestational diabetes can cause problems for you and your baby during pregnancy and after birth. But the risks can be reduced and well managed when following a low GI diet and gentle exercise.

The National Institute of Health and Care Excellence (NICE) considers Metformin to be safe to use in pregnancy and if breastfeeding. It is now commonly prescribed as the first choice for pregnant women with diabetes when diet and exercise have not reduced their blood sugar levels adequately. The alternative medication to reduce the blood sugars is insulin injections.

Metformin is usually started in the form of a 500mg tablet. Women should continue with diet and exercise as advised.

How does Metformin work?

Metformin works in three ways:

- It reduces the amount of glucose produced by your liver;
- It reduces the amount of glucose absorbed from food through your stomach;
- It makes the insulin that your body produces work better to reduce the amount of glucose already in your blood.

These three effects will reduce the amount of glucose that reaches the baby and is intended to help the baby from putting on too much weight.

Side effects

In about a third of people Metformin can cause side effects, which include, nausea, abdominal bloating and flatulence or, less commonly, diarrhoea. If you experience extreme fatigue, muscle pain or vomiting you should contact us to discuss these symptoms. Most women tolerate Metformin very well, particularly if the dose is increased gradually.

Reducing side effects

The tablets should be taken in the middle of a meal or straight after a meal. Take each dose with a full glass of water. Side effects usually settle after 1-2 weeks. Some patients find the slow release version of Metformin easier to tolerate. This has to be prescribed by your GP because it is not available at the hospital. If you are finding side effects difficult to cope with it may be worth requesting a prescription for the slow release version from your GP.

Starting Metformin

We will start you with a low dose of Metformin and build it up according to your blood glucose results. This way the side effects are minimised, and we will only give you as much as you need to achieve your blood glucose targets.

The diabetes team will inform your GP you have started taking Metformin via a letter sent electronically. Your GP will provide any repeat prescriptions required.

Circumstances requiring insulin when the blood sugars are very high or in advanced pregnancy

If you get a severe infection in pregnancy this may cause your blood sugar to rise, and you may need to take insulin for a short duration in addition to your Metformin. If Metformin is not controlling your

blood sugars you may be prescribed insulin in addition to the Metformin.

Hypoglycaemia (low blood sugar)

Metformin does not usually cause hypoglycaemia (low blood sugar). Nevertheless, hypoglycaemia may occur, as a result of skipped meals or excessive exercise. Know the signs and symptoms of low blood sugar, which include hunger, headache, drowsiness, weakness, dizziness, a fast heartbeat, sweating, tremor, and nausea. Carry glucose tablets with you to treat any episode of low blood sugar.

Further information

NICE (Dec 2020) Clinical guideline No. NG3 Diabetes in Pregnancy National Institute for Clinical Excellence available on <https://www.nice.org.uk/guidance/ng3>.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

