

Pregnancy of patients with DM is risk. Mother may be threatened by the development of acute and chronic complications of diabetes, hypertension, frequent occurrence of infectious diseases and maternal mortality. Risks for the fetus are premature birth or abortion, diabetic embryopathy, including congenital malformations, and diabetic fetopathy with fetal macrosomia and postnatal hypoglycaemia. The risk for later development of diabetes in children of diabetic mothers is 1.3%. The pre-conception care is insist on planning pregnancy to term of good compensation. Diabetes care in pregnancy include insulin therapy or insulin's pump. Diet is not different from the diet before pregnancy, it is possible higher energy intake in the 2nd and 3 trimester.

The most serious complications of pregnancy with DM consequences for the fetus and mother are diabetic retinopathy and diabetic nephropathy. Diabetic nephropathy (DN) develops on the basis of protein glycation glomerulus basement membrane, other factors are hypertension and hyperfiltration. Creatinine clearance less than 125 micromol / l diastolic pressure below 85 mm Hg prognosis of pregnancy is good. At present pre-conception significantly altered renal function, a pregnancy is not recommended. The most common disabilities in the fetal complications as premature delivery before the 37th week. Furthermore, IUGR and perinatal mortality. ACE inhibitors, used in treatment DN outside pregnancy, during pregnancy, may be discontinued without satisfaction.

Non-proliferative stage of diabetic retinopathy (DR) occurs approximately 15 years during DM. Its progression during pregnancy may potentiate the growth factors produced by the placenta and hypertension. Most of the changes of ocular finding is reversible. Pregnancy is recommended only for untreated poorly compensated DR. Eye examination is performed during early pregnancy and its subsequent frequency determined by an ophthalmologist Pregnancy is relatively contraindicated in vegetative neuropatii threatening maternal metabolic disruption due to vomiting and diarrhea profusion. Fetus may be affected by IUGR, miscarriage or premature labour. An absolute contraindication makroangiopathic disability is considered large vessels (mainly coronary arteries and DK).