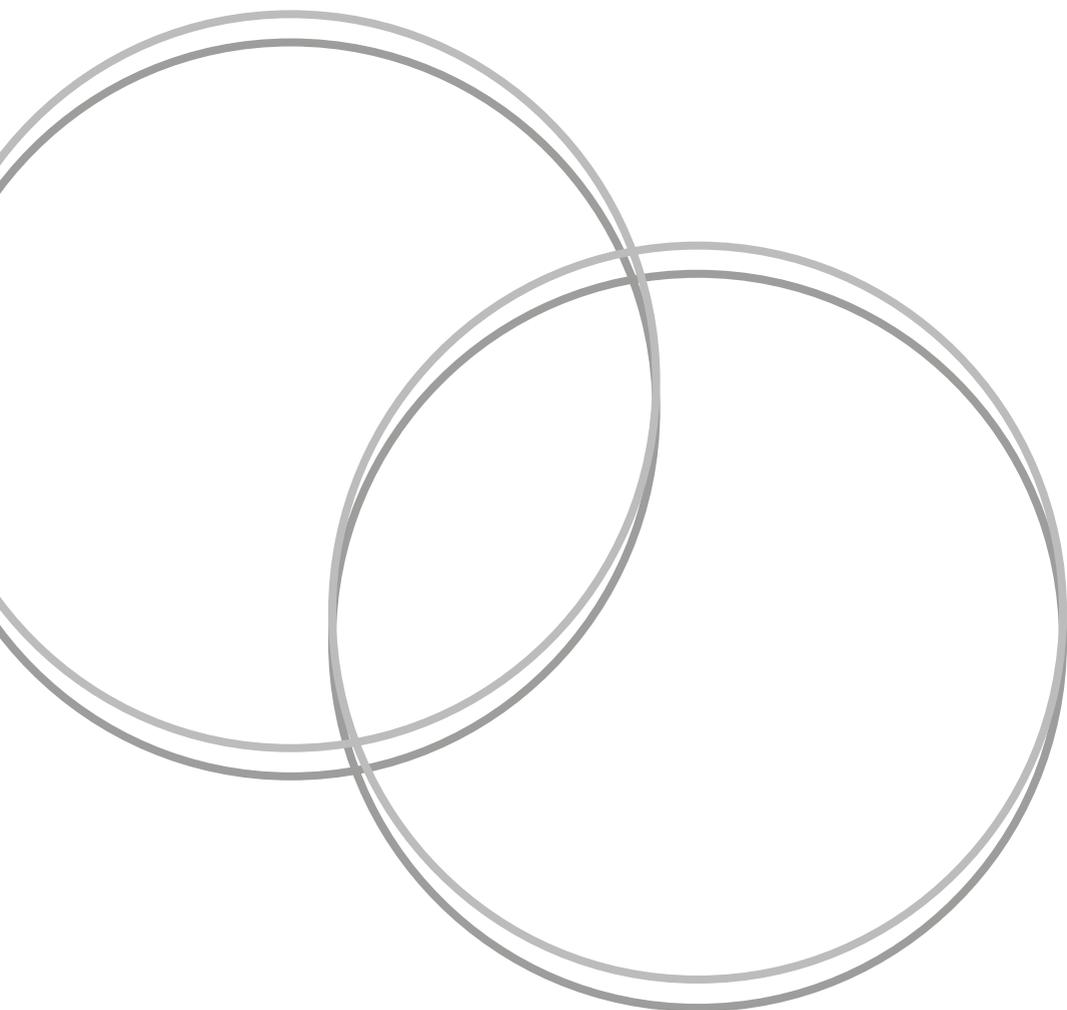




Oxford University Hospitals
NHS Foundation Trust

Starting Metformin in Pregnancy

Information for patients



You have been advised to start a medication called metformin to help you manage your diabetes during pregnancy. The aim of treating diabetes is to prevent complications for you and your baby (such as the baby growing too large), which can increase the chance of problems around the time of birth.

Metformin is a medication that helps your body regulate glucose (sugar). It comes in 500 milligram (mg) tablets. **The dose of metformin is four (4) tablets a day (2000mg in total) to be taken as two tablets with breakfast and two with your evening meal.**

Metformin has been around for many years and is the first line medication of choice for women and birthing people with gestational diabetes. Research has shown that metformin is safe for use in pregnancy, with no evidence of long term problems for babies whose mothers used metformin.

Whilst many people take metformin with no problem, there are some common side effects that you may experience when you start taking the medication. These are gastrointestinal changes (symptoms of an upset stomach) such as:

- Bloating.
- Nausea.
- Flatulence (increased wind).
- A change in your bowel motions.

For most people, any troublesome side effects usually settle after a few days.

Metformin does not cause blood sugars to become too low (episodes called hypos).

To minimise side effects, we advise you **take your metformin with food and gradually increase the dose when you start.**

Start with one tablet a day (500mg) and increase the dose every 4 days by one tablet, until you reach the full dose of 4 tablets a day (2000mg).

Guide to increasing metformin

Day 1 (start metformin)	Morning dose None	Evening dose 500mg (1 tablet)
Day 5	Morning dose 500mg (1 tablet)	Evening dose 500mg (1 tablet)
Day 9	Morning dose 500mg (1 tablet)	Evening dose 1000mg (2 tablets)
Day 13	Morning dose 1000mg (2 tablets)	Evening dose 1000mg (2 tablets)

If you feel you are unable to increase the tablets this quickly because you are getting side effects, try waiting another day or two before each increase. If the side effects are very bad or not settling, please contact the diabetes midwives.

For many people, metformin combined with a sensible diet and exercise will be enough to keep glucose levels on target during pregnancy. However, some people will need insulin in addition to taking metformin. **It is extremely important that you increase your blood glucose monitoring to every day and record the dose of metformin you are taking in the GDMHealth App** (or on paper if you are not using the App). This way we can give you the best personalised advice to keep you and your baby healthy.

You will be given the first prescription for metformin from the hospital doctors. For repeat prescriptions please contact your GP surgery.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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