Planning for Sex, Marriage, Contraception, and Pregnancy

Planning is the key word in dating, sexual activities, marriage, contraception, and pregnancy. Since the presence of a chronic health problem, such as diabetes, contributes to making life more complex, it is common sense to try to avoid such additional frustrations as an unwanted pregnancy or an unstable marriage. Counseling from a physician, nurse, marriage counselor, psychologist, and other professionals should be used liberally and thoughtfully if help is needed.

Dating, sex, and marriage

One of the first questions which arises is whether prospective dates and other friends should be told that an individual has diabetes. There is little to be gained by hiding the fact of diabetes, and in the long run, an acknowledged acceptance of diabetes is in the best interest of both the diabetic individual and his or her friends. In dating, diabetic self-management should continue on a routine basis, and a diabetes emergency identification tag should be worn. In fact, if friends are aware of the presence of diabetes and the problems it can present, they could provide sweets promptly in the event of an insulin reaction, without a crisis developing. If a prospective date or mate is hesitant because of diabetes, then the demonstration of familiarity and skill in following the treatment program, including its incorporation into meals, snacks, and activities, will usually overcome most misconceptions. Occasionally, however, a prospective date or mate will continue to be uncomfortable or frightened in dealing closely with a person with diabetes. This is an important observation, for such a person may not be a dependable companion and probably would not make a satisfactory marriage partner for someone with diabetes.

When contemplating marriage, it might be wise to consider delaying the wedding date until at least a year after the onset of diabetes, in order that the patient gain maximal familiarity with the treatment program with a consequence that the metabolic abnormalities are in relatively good control. The prospective mate should also gain a comprehensive understanding of the problems of diabetes and its management. This can be accomplished best by attending an organized patient education program, if one is available in the area. If unavailable, information can be obtained through written sources, physicians, hospitals, or local diabetes associations.

Diabetes under good control does not alter sexual libido or fertility. In some men with poorly controlled diabetes of long standing, however, diabetic neuropathy can cause impotence, or inability to maintain an erection. Impotence of a temporary nature can result from several other causes, however, so this condition should be mentioned to the physician if it occurs.

Contraception—permanent or temporary

Safe and effective contraception is necessary to separate sexual expression from involuntary pregnancy. If a woman has had diabetes for more than 20 years, if she is older than 35, or if she has serious diabetic vascular complications, such as retinopathy or kidney disease, the possibility of complications and an unfavorable outcome of pregnancy are increased to such a degree that sterilization should be strongly considered. Sterilization for a woman (tubal ligation) consists of cutting the tubes through which an egg would travel from the ovary to the uterus. It results in no adverse effects on sexual relations, menstrual function, or outward body appearance. Tubal ligation can be done at the time of cesarean section, a few days after vaginal delivery, or when nonpregnant. Often it can be done vaginally, or through a laparascope, a small instrument inserted through the abdominal skin into the pelvis without a major incision. If sterilization is desired for a man, whether he has diabetes or is the husband of a diabetic wife, then vasectomy, a simple, safe, effective procedure can be performed as an outpatient. If an unwanted pregnancy has already occurred, therapeutic abortion in the first 20 weeks of pregnancy carries no additional contraindications due to the presence of diabetes, and is often preferred to proceeding with an unwise or unsafe pregnancy.

For diabetic women who prefer to delay pregnancy temporarily, either oral contraceptive pills or an intrauterine device (IUD) can be used. If taken regularly, the birth control pill is the most effective form of contraception that is completely reversible. It is important that the pill be used in the lowest effective dose and with the understanding that it may be associated with serious side effects, such as heart attacks, strokes, and blood clots in the legs and lungs. In addition, there may be frequent minor side effects, such as headaches, weight gain, and bloating. Insulin dosage requirements may increase, though not as much as during pregnancy. Though the use of oral contraceptives is associated with definite hazards in diabetes, their use is justifiable if the patient agrees to discontinue them promptly if complications occur and to be seen by her physician every three months. If the oral contraceptives are contraindicated, use of the IUD is free of the medical complications associated with birth control pills and is almost as effective in preventing pregnancy. Most women are candidates for an IUD, though some women have pelvic conditions which are unsuitable for its use. Complications such as expulsion, irregular uterine bleeding, pelvic pain, and, rarely, uterine perforation have decreased with modern devices. The IUD is far more effective than foam (estimated 80 per cent protection), condom, or

diaphragm methods. Theoretically, combined use of an IUD with precoital foam application from day 10 to day 17 each menstrual cycle provides almost 100 per cent protection against pregnancy.

Considerations before pregnancy

A young woman with diabetes should face facts about pregnancy when she reaches her middle teens. She should understand that she should not become pregnant until the following seven criteria have been met:

1. Both she and her husband should have a thorough understanding of diabetes and practice its management, including the basic metabolic mechanisms of diabetes, urine testing, insulin and glucagon injections, diabetic dietary principles, and measures to be taken in an emergency.
2. The diabetic condition should be under good control in the nonpregnant state, since pregnancy will aggravate diabetes and make it harder to control.
3. The prospective mother should be at her ideal body weight before undertaking pregnancy.
4. She should not undertake pregnancy within the first year after the diagnosis of diabetes.
5. The prospective parents should be willing to accept the additional difficulties that pregnancy will bring, such as changing insulin requirements, the necessity for meticulous adherence to the diabetic regimen, and the additional medical expenses.
6. The prospective parents should understand the possible effects that diabetes might have on the infant, including severe illness or even death in the newborn period. In addition, the child might later develop diabetes.
7. The prospective father should accept the possibility that his wife might be subject to more health problems than the average nondiabetic person, thus leaving him with more than the usual share of the responsibility of raising his offspring. (Wives with diabetic husbands should also face this prospect in planning their families.)

If the prospective mother has no diabetic complications, is knowledgeable about her self-care, and stays in good control during pregnancy, her chances for completing a successful pregnancy with a normal, healthy infant are highly favorable with modern medical and obstetrical care, though they are still lower than her nondiabetic counterparts.

Conclusion

Dating, sexual activities, marriage, contraception, and pregnancy should be carefully planned to assure that sound diabetes management is incorporated. Professional counseling for these problems should be encouraged. A young woman should face facts about pregnancy early and should not undertake pregnancy until she can satisfy the prerequisites. When it is apparent that no further pregnancies are indicated, sterilization should not be delayed.

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