



Starting insulin in pregnancy

This information sheet is to be used in conjunction with the education session.

Insulin therapy

- Insulin helps transport glucose from the blood into the body cells for energy.
- Blood glucose levels (BGL) remain higher than normal when insulin is unable to work properly (insulin resistance).
- Most women with Type 2 diabetes will need to take insulin at some point in their pregnancy.
- About 50 percent of women with Gestational Diabetes Mellitus (GDM) will also require insulin.
- In pregnancy, insulin is given by injection into the abdomen only.
- The insulin is injected into the fatty layer just below the skin.
- The insulin will not cross the placenta or cause any harm to your baby.

When you inject insulin, you should:

- ✔ Use a new needle every time.
- ✔ Check you are giving the right type and correct dose of insulin.
- ✔ Gently mix the cloudy insulin.
- ✔ Insert the needle at 90 degrees.
- ✔ Press the button on the device so the dial moves back to 0 (zero).
- ✔ After injecting the insulin, hold the needle under the skin for 10 seconds to make sure you get the full dose.
- ✔ Rotate injection sites so that you use a different site every time to avoid developing fatty lumps.
- ✔ Avoid the belly button area and areas where there are scars, stretch marks or lumps.
- ✔ Use the needle only once, then discard in a sharps container.
- ✔ Discard the insulin device after 28 days from opening.
- ✔ Do not use if past expiry date, has been frozen or exposed to extreme heat.



Will I need to adjust the dose of my insulin?

- Your insulin requirements are likely to change constantly throughout your pregnancy as different hormones take effect and your baby grows.
- During pregnancy, women need to make 2-3 times more insulin to keep BGLs within target.
- Doses will need to be adjusted regularly, with the help of the diabetes educator.
- The aim is to keep your BGLs within the target range.
- Please email a copy of your BGLs to the Diabetes Service every Thursday, if not coming to clinic that week.
- Please refer to the back of your BGL record sheet on how to self-adjust your insulin dose.

What do I do if my blood glucose levels go too low (hypoglycaemia)?

Hypoglycaemia (Hypo) – blood glucose level less than 4 mmol/L

- Once insulin has been commenced there is a slight chance of a 'hypo' or low blood glucose.
- If you experience this, please treat it quickly and contact the Diabetes Service.
- To avoid a hypo, identify the cause and carry a snack at all times.

Symptoms of hypo	Causes	Treatment of a hypo
<ul style="list-style-type: none">• Hunger• Light-headedness/dizzy• Sweating• Shaking, trembling or weakness• Tingling around the lips• Paleness• Headaches• Mood change	<ul style="list-style-type: none">• Missing meals/snacks• More exercise than usual• Too much insulin• Not eating enough carbohydrates	<ul style="list-style-type: none">• Step 1: Eat or drink something sweet. Eg: Three jelly beans or ½ can of normal (not diet) soft drink/fruit juice• Step 2: Recheck BGL in 15 minutes. If remains less than 4mmol/L – Repeat Step 1 If risen above 4mmol/L, go to Step 3• Step 3: Eat a snack or meal with longer acting carbohydrates. Eg: A slice of bread, two cracker biscuits

Getting started at home

- Take your script to your local pharmacy and purchase the insulin prescribed.
- Take the NDSS Medication Change form to pharmacy to get a box of needles.
- Purchase a sharps container from the pharmacy.
- Have spare insulin in the refrigerator at all times.
- Store unused insulin in the refrigerator (away from the freezer/chiller section).
- Continue to maintain a healthy diet and regular exercise.

References: Diabetes Australia (2015), National Diabetes Service Scheme (NDSS) (2020).