Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Starting insulin in pregnancy

Patient information

Insulin therapy

This information is to be used in conjunction with an education session about starting insulin in pregnancy. Please speak to your midwife/doctor if you have any further questions.

- 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.
- Insulin is injected into the fatty layer just below the skin.
- 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 at King Edward Memorial Hospital every Thursday, if you are not coming to clinic that week – KEMH.DiabetesGDM@health.wa.gov.au
- 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) is when your blood glucose level is 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 on (08) 6458 2163. If no answer, please call (08) 6458 2222.
- To avoid a hypo, identify the cause and carry a snack at all times.

Getting started at home

- Take your script to your local pharmacy and buy the insulin prescribed.
- The diabetes midwife will update the National Diabetes Services Scheme (NDSS) so you can get your insulin pen needles from the pharmacy for free (Medicare eligible patients only).
- Buy 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.

Hypo symptoms

- Hunger
- Light-headedness/dizzy
- Sweating
- Shaking, trembling or weakness
- Tingling around the lips
- Paleness
- Headaches
- Mood change

Hypo causes

- Missing meals/snacks
- More exercise than usual
- Too much insulin
- Not eating enough carbohydrates

Hypo treatment

- **Step 1: Eat or drink something sweet.**
  For example, 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.**
  For example, a slice of bread, two crackers.

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

CONSUMER REVIEWED

The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.

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This document can be made available in alternative formats on request.

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