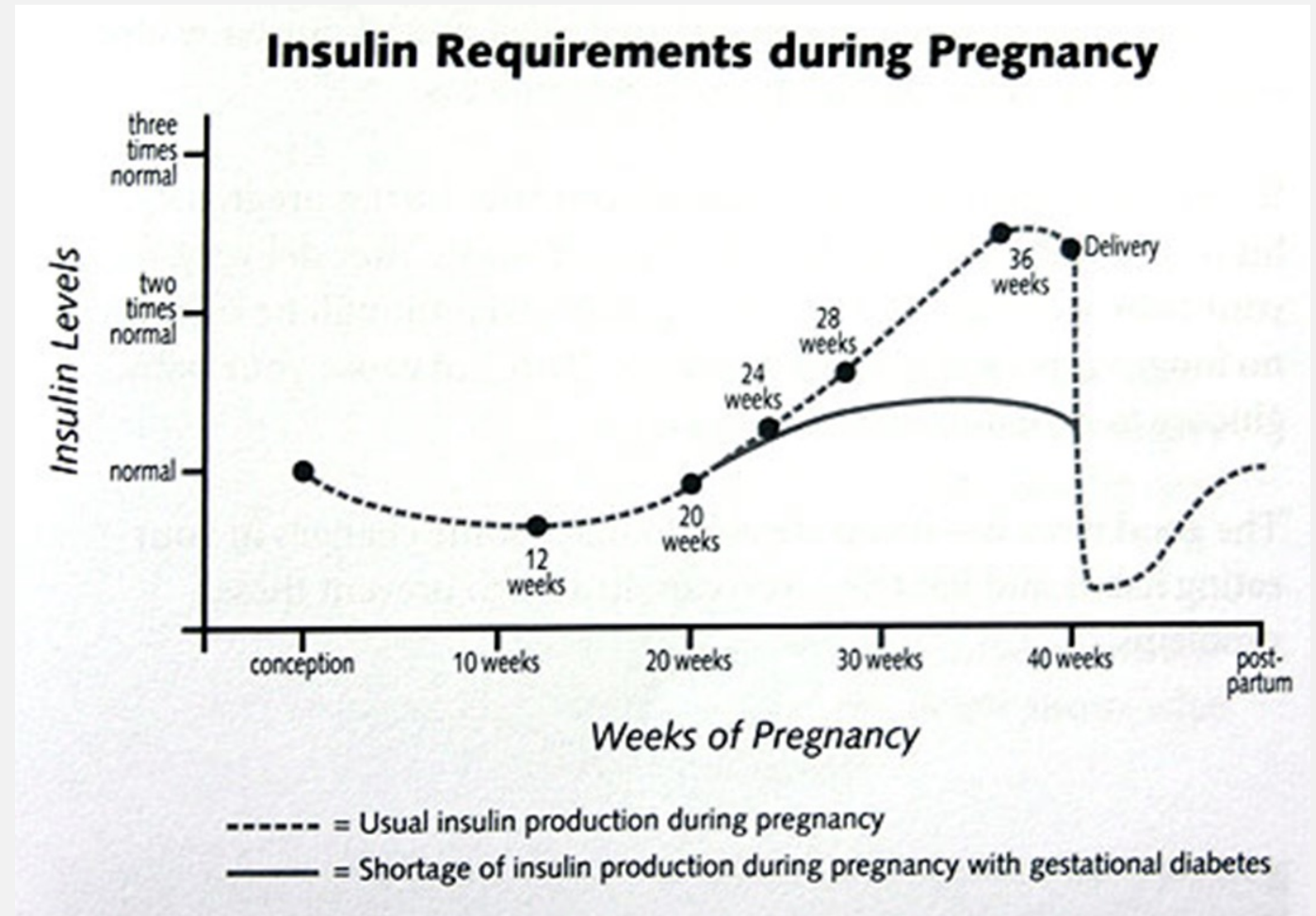


INSULIN REQUIREMENTS IN PREGNANCY

First trimester

- Increased insulin sensitivity = risk for nocturnal hypoglycemia

Be cautious -- especially with Type I diabetes and hypoglycemia unawareness



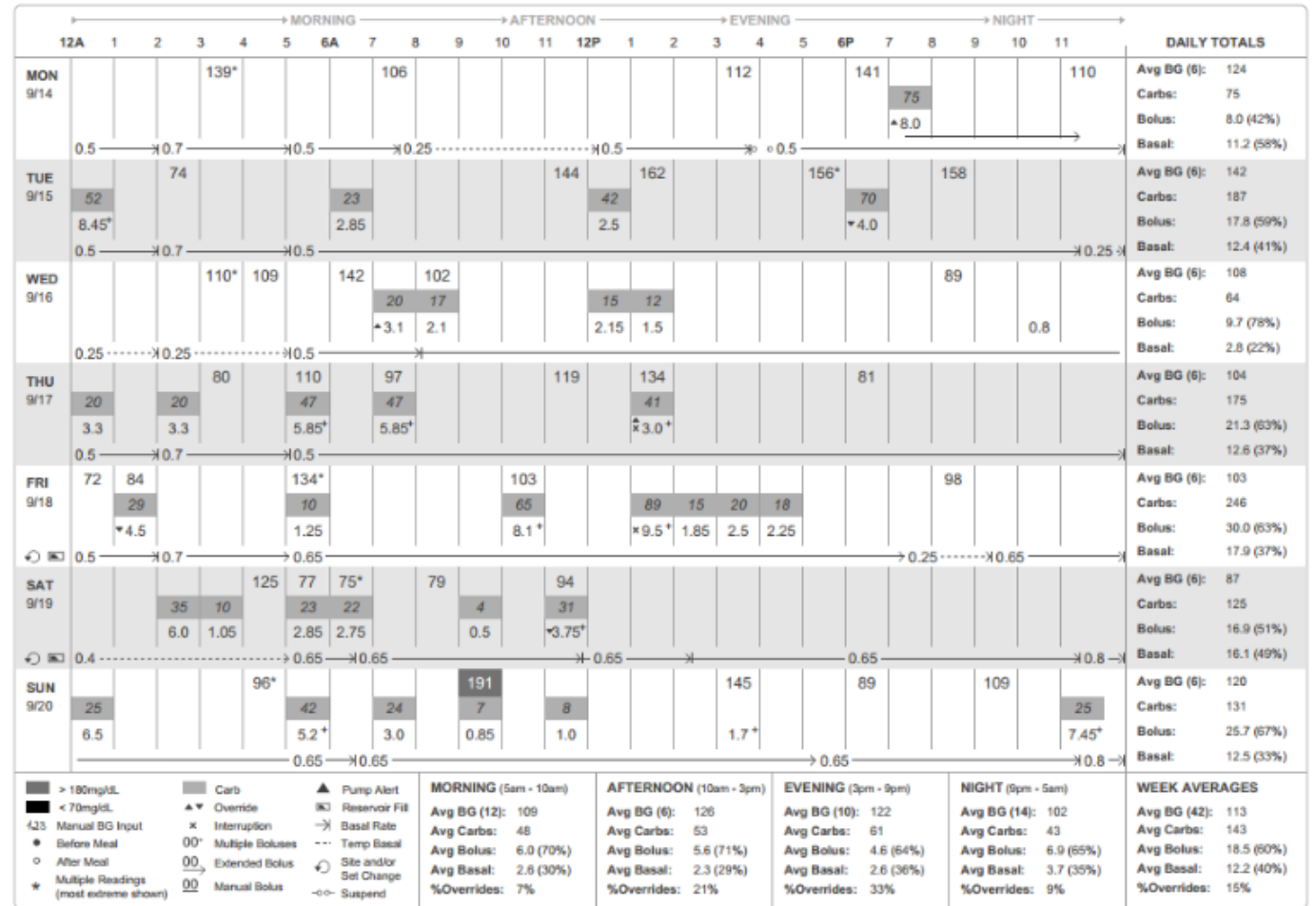
BLOOD GLUCOSE GOALS

It's important to individualize
the glycemic goals per patients
risk and hx of hypoglycemia
unawareness

Time	Goal	
Fasting	<95 mg/dL	All patients
1-hr Post Prandial	<140 mg/dL	If only on basal insulin
2-hr Post Prandial	<120 mg/dL	If on meal time insulin or glyburide

REVIEWING GLUCOSE LOGS

Can use paper logs,
glucometer downloads, or
something in between.



INSULIN OPTIONS

Important to consider which glucose values are elevated and why, number of injections, and cost/insurance.

Type	Onset of Action	Peak of Action (h)	Duration of Action (h)
Insulin lispro	1-15 min	1-2	4-5
Insulin aspart	1-15 min	1-2	4-5
Regular Insulin*	30-60 min	2-4	6-8
Isophane Insulin suspension (NPH Insulin)	1-3 h	5-7	13-18
Insulin glargine	1-2 h	No peak	24
Insulin detemir**	1-3 h	Minimal peak at 8-10	18-26

*Can mix with NPH. Always draw up clear and then cloudy.
 **Note: Insulin detemir often needs to be dosed every 12 hours