

Starting insulin in gestational diabetes

Gestational diabetes is a type of diabetes that develops in pregnancy. In South Australia, gestational diabetes affects about 9% of pregnant women. Of these women diagnosed, 1 in 5 (20%) will require insulin therapy.

Insulin therapy will help to return your blood glucose levels back into your target range, reducing the risk of gestational diabetes related complications.

Why start insulin?

In pregnancy, the amount of insulin you need is higher than normal as you are providing for both you and your child. As your pregnancy progresses into the 2nd and 3rd trimester, the amount of insulin you and your child needs increases even more.

Your placenta is also producing other hormones that support the baby to grow and develop. These hormones make it harder for your body's insulin to work properly. This condition is called 'insulin resistance'.

Starting insulin does not mean you have failed, it just means that your body is not making enough of its own insulin. The 'insulin resistance' isn't allowing your insulin to work and you need some extra help.

Starting insulin is safe and helps to return your blood glucose levels back into your target range, reducing the risk of complications for you and your child.

Is the dietary and physical activity advice still important?

Yes. Where possible, your good work needs to continue. Your efforts to improve your dietary intake and physical activity have delayed your need for extra insulin until now.

It is important to maintain dietary advice which includes eating regular meals, eating small amounts often and including some form of carbohydrate in every meal or snack. This minimises the amount of extra insulin you require.

Complex carbohydrates like breads, cereals, legumes, fruit and yogurt are good choices. Carbohydrates that have little nutritional value (eg cakes, biscuits, soft drinks) should be avoided as they can increase the insulin dose you require.

Physical activity helps to reduce 'insulin resistance', lower blood glucose levels and lower the amount of extra insulin you need. Brisk walking, for example, also helps to keep you fit for the birth of your baby.

How is insulin given?

Using a very thin short needle, insulin is injected into the fatty layer under the skin of the abdomen. Most people choose to use an insulin pen device which can be either reusable (with an insulin cartridge that can be changed) or disposable.



Your doctor or credentialed diabetes educator can show you the different devices and help choose the best one for you.



When is insulin given?

The type of insulin and when it is given depends on your individual situation.

If your blood glucose levels are higher before breakfast, you may require insulin before bedtime.

If your blood glucose levels are higher after eating a main meal (eg breakfast, lunch and dinner), you may need insulin just before eating.

How do I start insulin?

There is a lot of information to learn when you start insulin. Your credentialed diabetes educator can help you get started and it can be helpful to bring a partner or friend.

Are there any side effects?

Insulin is used to lower your blood glucose level but sometimes, it can cause the blood glucose level to go too low (hypoglycaemia). Insulin can also increase your weight but sticking to your dietary and physical activity advice will assist to reduce this risk.

Talk to your credentialed diabetes educator about any concerns and to get a 'hypo action plan'.

Giving the injection

1. Wash your hands.
2. If insulin is cloudy mix by rocking the device back and forwards (10-20 times), end to end and rolling between your hands.
7. Gently pinch skin up on an area of your abdomen.



Check insulin for signs of clumping or yellowing and if present do not use and return insulin to chemist.

3. Use a new needle each time you inject.
4. Dial up 2 units and holding pen upright, push the plunger – look for a stream of insulin (this shows your pen is working). If you don't see it, repeat this step.
5. Dial up your dose of insulin.
6. Use a different spot on your abdomen with each injection.



8. Put needle in at the angle suggested by your credentialed diabetes educator.
9. Inject insulin and press the plunger/button. Hold for 5-10 seconds depending on the dose of insulin (the higher the dose, the longer the needle needs to stay in).
10. Withdraw the needle.
11. Let go of the pinched area.
12. Dispose of the needle safely.



Your insulin care plan

Name of insulin device.

Backup plan (in case insulin pen breaks).

Name of insulin/s.

Needs mixing: Yes / No

Needle length: _____ Pinch up: Yes / No

Where to inject? _____

Care of skin: Check for lumps / bruises / rash / bleeding regularly.

Injection angle 90° / 45°

Leave needle in for _____ seconds.

Where to store insulin?

In use: _____

Not in use: _____

Sharps disposal.

Where to get insulin supplies?

When to test blood glucose?

Target blood glucose levels.

Before meals: _____ mmol/L

2hours after meals: _____ mmol/L

Contact phone number

Day and time to make contact

Disposal of pen needle or syringes

Used pen needles or syringes must be disposed of into **an approved yellow sharps container or a puncture proof (strong plastic) container** with a lid. Never place used needles or syringes into household garbage or leave unattended. Contact your local council, Diabetes Australia branch, chemist, local health service or local diabetes service for container purchase and drop off locations.

Storage of insulin

Insulin in use can be stored at room temperature (not in fridge) and away from direct sunlight for up to 28 days. Insulin is damaged by heat so store in a cool place if temperature exceeds 25°.

Un-opened insulin needs to be stored in the fridge until the expiry date (do not freeze). Return expired or unwanted insulin to your chemist for safe disposal.

Supply of insulin

Insulin is only available on prescription. Always check that the chemist and doctor have given you the correct type of insulin. Check the type and expiry date before leaving the chemist. Keep at least 3 day's worth of insulin at home to reduce risk of running out unexpectedly.

Supply of pens needles/syringes

Your doctor or credentialled diabetes educator will register you with the National Diabetes Services Scheme so you can access free pen needles and/or syringes. Your doctor, and diabetes service will have these forms.

Where can I go for more information?

This factsheet only provides information about insulin administration. For specific information about your particular type of insulin ask your health professional to download the consumer medicines information or go to www.nps.org.au/medical-info/medicine-finder.

Hypo action plan Yes / No _____

Sick day action plan Yes / No _____

Diabetes SA

www.diabetessa.com.au/about-diabetes/what-is-gestational-diabetes.html

Diabetes & Driving

www.diabetesaustralia.com.au/Documents/NDSS/Resources/DrivingDiabetes/DrivingandDiabetesBooklet.pdf

National Diabetes Services Scheme (NDSS)

www.diabetessa.com.au/translated-resources/diabetes-brochures-and-booklets.html

www.onlinelearning.diabetessa.com.au/gestational-diabetes/gestational-diabetes-introduction/

www.diabetessa.com.au/ndss/overview-of-the-scheme.html

For more information

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