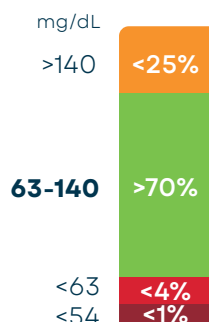


Guidance for using Control-IQ+ for Type 1 Diabetes During Pregnancy¹



ADA RECOMMENDED² GLUCOSE GOALS FOR TYPE 1 DIABETES DURING PREGNANCY

Pregnancy-specific time in range (TIRp)



Blood glucose targets

Fasting
<95 mg/dL

One hour
postprandial
<140 mg/dL

Two hours
postprandial
<120 mg/dL

HbA1c goal for Pregnancy

<6% if can be achieved without
significant hypoglycemia

The American Diabetes Association² and Lancet international consensus³ offer guidance for management of diabetes during pregnancy, including nutrition, exercise, and lifestyle management strategies.

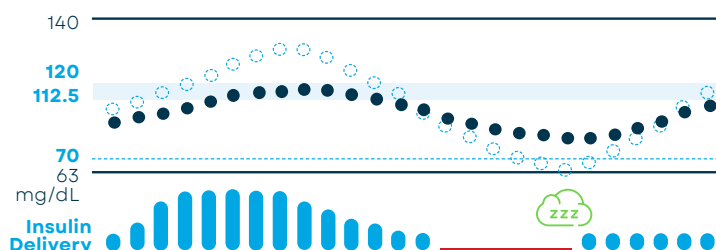
Control-IQ+ technology does not rely on a "pregnancy-specific target" setting. It uses Sleep Activity, Basal Rates, Carb Ratio, and Correction Factor to achieve lower mean glucose.

Control-IQ technology showed +12.6% time in pregnancy-specific range (63-140 mg/dL) compared to standard insulin therapy + CGM in pregnant women with type 1 diabetes from 16 weeks gestation to delivery.¹

HOW TO ACHIEVE HIGHER PREGNANCY-SPECIFIC TIME IN RANGE (TIRp) WITH CONTROL-IQ+¹

STEP 1: PROGRAM SLEEP ACTIVITY 24 HOURS PER DAY

- Schedule Sleep Activity 24/7 for a lower treatment range of 112.5–120 mg/dL
- Insulin delivery increases when glucose is predicted to be above 120 mg/dL
- Optional use of regular treatment range or Exercise Activity for exercise



Sleep Schedule 1



Start Time

12:00 AM

End Time

11:59 PM

Repeat

Sun	✓	Weds	✓	Sat	✓
Mon	✓	Thurs	✓		
Tues	✓	Fri	✓		

STEP 2: MAKE SETTINGS ADJUSTMENTS BASED ON GLYCEMIA*

Reassess settings every two weeks or sooner if there is hyperglycemia or hypoglycemia. Refer to last 1-2 weeks of insulin delivery to calculate settings (e.g., TDI = 30u, Basal = 14u)

Insulin summary		
Average daily dose	30 units	
Basal	47 %	14 units
Bolus	53 %	16 units

	Early Pregnancy	After 20 Weeks	Postpartum ³
Basal Rate	As strong as average delivered basal in previous 1-2 weeks	Approximately 20% higher than average delivered basal in previous 1-2 weeks	Less insulin needed Consider 50% reduction in insulin dosing or more compared with late third trimester settings <i>Basal rate: $\times \frac{1}{2}$</i> <i>Correction factor: 1: (current value $\times$ 2)</i> <i>Carb ratio: 1: (current value $\times$ 2)</i> Further reductions may be needed in women who are breastfeeding Consider setting up postpartum profile after 32 weeks gestation
Correction Factor (Lower Number = Stronger)	At least as strong as $\leq 1620/\text{TDI}$ (mg/dL)	At least as strong as $\leq 1620/\text{TDI}$ (mg/dL)	
Carb Ratio (Lower Number = Stronger)	At least as strong as $\leq 400 / \text{TDI}$	At least as strong as $\leq 400 / \text{TDI}$ Consider increase to $\sim 250/\text{TDI}$ if needed, e.g., for breakfast	

*Individualize as needed. During the first trimester sensitivity to insulin may increase. Later in pregnancy insulin resistance rises.

STEP 3: BOLUS CONSIDERATIONS

Recommendation on pre-meal bolus timing:



10-15 minutes before meal in 1st trimester



20-30 minutes before meal in 2nd trimester



30-45 minutes before meal in 3rd trimester

Important:

Set Max Bolus up to 25 units, or at least 25% higher than largest dose needed. If the calculated bolus exceeds 25 units, ensure the remaining insulin is delivered.

Decline bolus reduction prompt when glucose is under 110 mg/dL.

Consider additional strategies to address insulin resistance in late pregnancy, including nutrition and short post-meal exercise.^{2,3}

If glucose is below 110 mg/dL at the time of bolus calculation, Control-IQ+ will prompt a bolus reduction.

Reduce Bolus Calculation?

Your BG is below your target

No

Yes

click on "x" or "no" when asked to reduce bolus correction

Questions? Email Tandem Medical Affairs: medicalaffairs@tandemdiabetes.com

References: 1. Donovan LE, et al. *JAMA*. 2025;334(24): 2176-2185. 2. American Diabetes Association Professional Practice Committee for Diabetes. 15. Management of Diabetes in Pregnancy: *Standards of Care in Diabetes-2026. Diabetes Care*. 2026;49(Supplement_1):S321-S338. 3. Benhalima K, et al. *Lancet Diabetes Endocrinol*. 2026;14(2):157-177.

Important Safety Information: RX ONLY. Indicated for patients with type 1 diabetes, 2 years and older and for patients with type 2 diabetes, 18 years and older. Control-IQ+ technology is intended for use in pregnancy complicated by Type 1 diabetes mellitus, provided the linked CGM system is suitable for use in pregnancy. BOXED WARNING: Control-IQ+ technology should not be used in anyone under the age

of 2 years old with type 1 diabetes or under the age of 18 years old with type 2 diabetes. It should also not be used in patients who require less than a total daily insulin dose of 5 units of insulin per day or who weigh less than 20 pounds, as those are the required minimum values needed for Control-IQ+ to operate safely. Safety info: tandemdiabetes.com/safetyinfo.

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