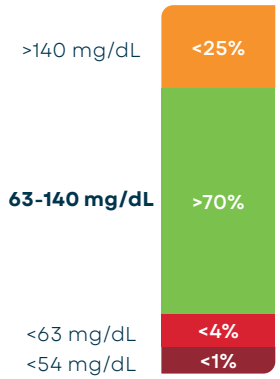
Guidance for Management of Type 1 Diabetes During Pregnancy[1]

TANDEM Diabetes Care

The American Diabetes Association[2] and Lancet international consensus[3] offer guidance for management of diabetes during pregnancy, including nutrition, exercise, and lifestyle management strategies.

Diabetes in Pregnancy CGM Target Time in Range (mg/dL)



Blood Glucose Target Range for People with Diabetes During Pregnancy

Fasting	One hour postprandial	Two hours postprandial
<95 mg/dL	<140 mg/dL	<120 mg/dL

Pregnancy A1c Target

<6% if can be achieved without significant hypoglycemia

HOW TO ACHIEVE HIGHER TIME IN PREGNANCY RANGE WITH CONTROL-IQ+[1]

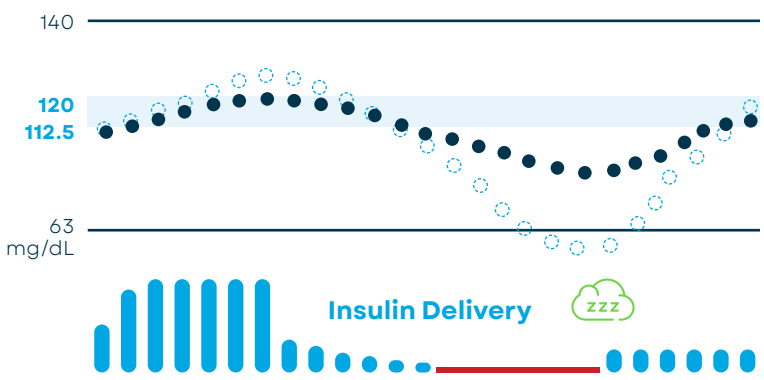
Control-IQ+ showed an adjusted difference of +12.5% Time in Range for pregnancy (63-140 mg/dL) compared to standard insulin therapy + CGM in pregnant women with type 1 diabetes.[1]

Control-IQ+ does not need a "pregnancy-specific target" setting because it uses Basal Rates, Carb Ratio, Correction Factor, and Sleep Activity to achieve higher time in pregnancy range and lower mean glucose.

STEP 1: USE SLEEP ACTIVITY 24 HOURS PER DAY

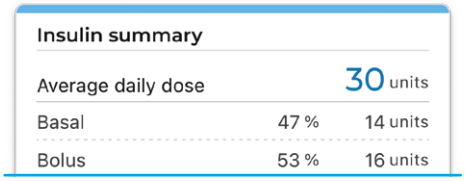
- Sets the lowest target glucose values
- Insulin delivery increases when 30-minute glucose is predicted to be above 120 mg/dL
- Optional use of a higher target range for exercise (Regular or Exercise Activity)

In the Control-IQ+ settings menu, Weight and Total Daily Insulin usually do not need to be routinely updated during pregnancy.



STEP 2: MAKE SETTINGS ADJUSTMENTS BASED ON GLYCEMIA*

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



	Early Pregnancy	After 20 Weeks	Postpartum[3]
Basal Rate	Program to be approximately equal to the average basal delivered in the previous 1-2 weeks	Program to be approximately 20% higher than average basal delivered in the previous 1-2 weeks	**Option A:** Consider reducing insulin settings 50% or more compared with late third trimester settings **Option B:** Refer to pre-pregnancy settings and consider 33% reduction for basal rate, 20% reduction for Carb Ratio and Correction Factor Further reductions may be needed in women who are breastfeeding
Correction Factor (Lower Number = Stronger)	At least as strong as 1620 divided by TDI in the previous 1-2 weeks (mg/dL)	At least as strong as 1620 divided by TDI in the previous 1-2 weeks (mg/dL)	
Carb Ratio (Lower Number = Stronger)	At least as strong as 400 divided by TDI (units/g)	At least as strong as 400 divided by TDI, sometimes as strong as 250 divided by TDI, especially for breakfast (units/g)	

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

STEP 3: BOLUS CONSIDERATIONS

Encouraged timing for pre-prandial insulin administration as needed:

10-15 minutes before meal in 1st trimester

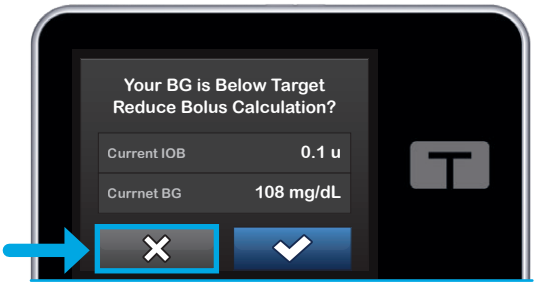
20-30 minutes before meal in 2nd trimester

30-45 minutes before meal in 3rd trimester

IMPORTANT: Set **Max Bolus** to 25% higher than highest needed bolus dose. For those who need the highest bolus dose, set **Max Bolus** to 25 units to accommodate larger calculated doses. Ensure if bolus exceeds 25 units that the remaining insulin is delivered.

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

Consider other ways to optimize boluses for insulin resistance late in pregnancy, including nutrition or postmeal short periods of exercise.[2,3]



Click on "x" when asked to reduce bolus correction

References: 1. Donovan LE, et al. Closed-Loop Insulin Delivery in Type 1 Diabetes in Pregnancy: The CIRCUIT Randomized Clinical Trial. *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. Application of continuous glucose monitoring and automated insulin delivery technologies for pregnant women with type 1, type 2, or gestational diabetes: an international consensus statement. *Lancet Diabetes Endocrinol*. 2026;14(2):157-177.