Starting Insulin Injections

A Gestational Diabetes Information Booklet
Insulin is made by your pancreas.

Insulin is released into the blood when you eat.

Insulin and glucose travel through the blood to muscle cells.

Insulin is like the key to the door....it helps glucose pass into the muscle cells.
Why do women need to make more insulin in pregnancy?

Pregnancy hormones made by the placenta help baby to grow. During pregnancy, women have to make more insulin than usual because the pregnancy hormones stop insulin working properly.

If you can’t make enough extra insulin yourself, you need to inject it. It is the same as the insulin you make in your body.

It will not harm your baby.
Insulin injections

Insulin injections help to keep blood glucose levels normal and avoid problems for you and your baby.

Types of insulin

Your blood glucose book will help the doctor decide which types of insulin you need.

There are:
• long acting (background) types
and
• quick acting (meal) types.

You need to keep checking your blood glucose levels so the insulin can be changed as your pregnancy goes on. See your health team regularly.
How do I give myself the insulin injection?

Your clinic nurse, health worker or diabetes educator will teach you to inject yourself.

Starting with a small dose, amounts are increased gradually.

Your health team will tell you the correct dose and what your blood glucose levels should be.

You will use an insulin pen.

The insulin is injected into the soft skin on your tummy or top of your leg.

You need to put the needle into a different place each time - at least 2 cms (2 fingers wide) from the last injection site.
How to take care of your insulin (so it works properly)

- Don’t let it get too hot (never leave it in the car or in the sun).
- Store spare insulin in the fridge on the middle shelf.
- Never freeze insulin
- Always check expiry or use-by date before you open any new insulin.
- Insulin in the pen will be OK out of the fridge for 4 weeks after you open it. After that, throw it away.

Disposal of needles

Used sharp needles and lancets need to be put into a safe container
- use yellow sharps containers from the clinic OR
- a (hard plastic) puncture-proof container such as a juice or milk bottle, (depending on your local council laws).

Keep all equipment (monitor, lancets, pens) out of reach of children!!
You can get low blood glucose levels if you inject insulin. **Symptoms you can feel:**

- Headache
- Racing heart
- Sweaty
- Irritable
- Tingly around the mouth
- Anxious
- Hungry
- Weak or tired
- Shaky

Hypoglycaemia = low blood glucose

Hypos (low blood glucose) can be serious. If you don’t treat a hypo, you can pass out/become unconscious.

**Check your blood glucose level if you think it is low.**
Preventing hypos (low blood glucose)

To prevent hypos/lows:

• Have some carbohydrate food at breakfast, lunch and tea.

• Don’t skip meals. (If you do miss a meal, don’t take the meal-time insulin.)

• Carry extra carbohydrate food (muesli bar or fruit) for snacks or when you do extra exercise.

• Take the right amount of insulin.

• Avoid alcohol. (Alcohol can also harm the baby’s brain.)
How to treat a hypo (low blood glucose)

Check your blood glucose level
- If it is 4 or less:

**FIRST** have fast-acting carbohydrates to bring blood glucose up quickly such as:
- a small glass of soft drink, sports drink or cordial (not diet soft drink) or
- 6-10 jellybeans or
- three teaspoons of sugar or honey (in a glass of water)

Wait 15 minutes. If you still feel the same, or your blood glucose level is still below 4, have one more of the fast-acting carbohydrates listed above.

**THEN** have a meal if it is time, or a snack:
- fruit
- bread
- a glass of milk

**Always carry**
- some hypo treatment (jelly beans or sugary drink) **and**
- some extra carbohydrate snacks.
Insulin and exercise

Heavy exercise is not recommended in pregnancy.

Your blood glucose levels can get too low if you exercise for a long time with no carbohydrate snack.

You should always carry some carbohydrate foods with you when you are exercising.

See your diabetes and pregnancy health team (e.g. health worker, doctors, diabetes educator, dietitian, etc)
Acknowledgements:

This booklet was developed by the Queensland Government as part of the CPIC Innovation Project: Diabetes in Pregnancy (http://www.health.qld.gov.au/psq/Networks/diabetes.asp). Queensland Health has granted Diabetes Queensland permission to reproduce and distribute this resource. Diabetes Queensland acknowledges the work of Queensland Health staff from the Cairns Diabetes Centre and the Diabetes in Pregnancy Innovation Project team who were involved in the development of the original resource.

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Other booklets in this series:

• How Your Body Works
• Gestational Diabetes - What is it?
  How do we treat it?
• Eating for Gestational Diabetes
• After Baby is Born

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