

After a hypo, think back and work out what caused it:-

- ◆ Did I eat fewer carbohydrates in my meals?
- ◆ Was I late eating?
- ◆ Was I more active?
- ◆ Did I have too much insulin for my food?
- ◆ Did I change to different injection sites?
- ◆ Was the weather hot?

Are you happy with your baby's movements? Have they reduced or has the pattern changed? Contact the nearest maternity unit **immediately** if you are concerned about your baby's movements.
Do not wait until your next appointment.

Safe driving:- (diabetes in pregnancy and preventing hypos)

- Check your blood glucose before you drive (it should be above 5mmol/L) and for long journeys stop every 2 hours to test.
- If you lose awareness of hypoglycaemia **YOU MUST NOT DRIVE.**
- Do not miss or delay meals; carry quick acting carbohydrate in the car/ handbag.

If you feel the symptoms of a hypo whilst driving:-

- Move safely to side of the road.
- Stop the car, when safe to do so and remove the keys from the ignition.
- Move to the passenger seat if safe to do so, check your blood glucose level and follow the hypo advice in this leaflet.
- **DO NOT** resume driving **until** 45 minutes after your blood glucose has returned to normal (more than 5mmol/L).

For further information visit www.diabetes.org.uk

Leaflet updated January 2016. DAPS – Diabetes And Pregnancy Specialists
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Leaflets can be viewed and printed from www.preg.info
With acknowledgment to Diabetes in Pregnancy Advisory Group
Original leaflet developed June 2012.



Avoiding hypoglycaemia (hypo) in Pregnancy

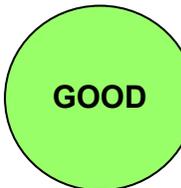
(Hypo = blood glucose below 4.0 mmol/L)

Aim to keep blood glucose (BG) readings in pregnancy near normal:

- Before meals between **4.0 – 5.3 mmol/L**
- 1 hour after meal less than **7.8 mmol/L**

When you are pregnant:

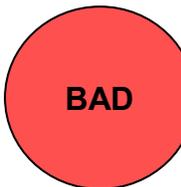
- You are more likely to have a hypo
- Hypos may happen without warning as you are less likely to recognise the signs
- The signs of hypos may change during pregnancy
- You may lose the warning signs completely



Before food BG **4.0 – 5.3mmol/L**
1 hour after food BG less than **7.8mmol/L**
No hypos



BG less than **4.0mmol/L - hypo**
You might experience: sweating, shakiness, dizziness, hunger, blurred vision, tingling hands lips or tongue, difficulty in concentrating, or headache.



BG less than **2.0mmol/L - serious hypo**
Others might notice that you are moody, irritable, unreasonable or irrational, extreme confusion or **unconsciousness** can be imminent

Treating a hypo

It is important you discuss the content of this leaflet with your partner/family/friends/work colleagues, so you can plan how to deal with serious hypos **BEFORE** they happen.

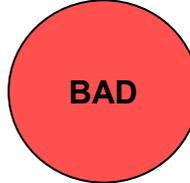
Act quickly - following this advice:

Severity	ACTION	10-15 minutes after
 <p>Conscious/alert and able to safely swallow food or drink (BG less than 4.0mmol/L)</p>	<p>Have 15 – 20g quick acting carbohydrate immediately, choose one of the following options e.g.</p> <ul style="list-style-type: none"> • 5-7 dextrose tablets • 120mls Original Lucozade ® • 200mls smooth fruit juice • 150mls cola/lemonade (NOT diet drink) • 4-5 jelly babies 	<p>Recheck BG. If BG is NOT above 4.0mmol/L - repeat 15-20g of quick acting carbohydrate</p>

If your next meal is in the next 1 - 2 hours have 15g of longer acting carbohydrate e.g. slice of bread or a banana

If your next meal is more than 2 hours away take 30g of long acting carbohydrate e.g. have a sandwich two slices of bread

Treating a hypo

Severity	ACTION
 <p>Not able to safely swallow food or drink.</p> <p>Not alert, may be unconscious.</p>	<p>EMERGENCY SITUATION CALL 999 for paramedic assistance</p> <ul style="list-style-type: none"> • DO NOT give anything food or drink by mouth • Put patient in recovery position. • Give a Glucagon injection if you have been trained to do so • Stay with patient until paramedic assistance arrives

Following Glucagon injection, wait 10mins - if patient **NOT CONFUSED** and is **CONSCIOUS** give 20g quick acting carbohydrate e.g. Original Lucozade ® 120mls or 150mls cola/lemonade (**NOT diet drink**) or 5-7 dextrose tablets.

This should be followed by 40g slow acting carbohydrate e.g. a sandwich with two slices of thick bread or 2 pieces of toast