Hybrid Closed Loop and Pregnancy Workshop

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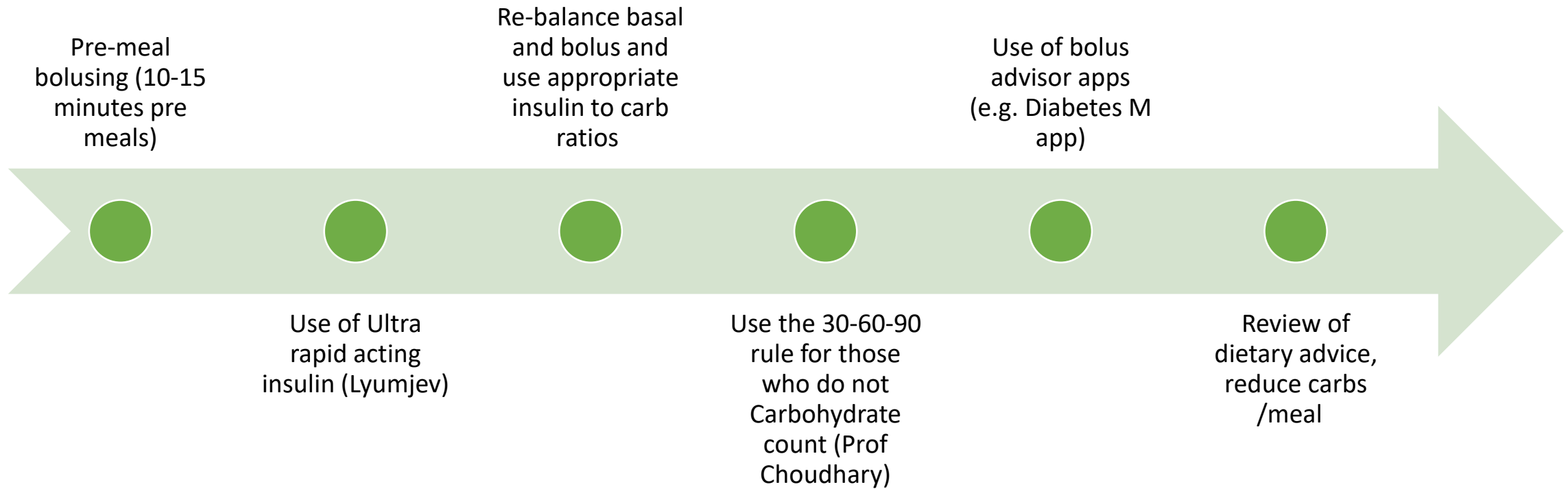
UNIVERSITY OF LEICESTER

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Process

Attend Pregnancy Clinic	Acceptance of HCL	Follow up
Offer HCL (CamAPS FX only) **Offer switch to those on other systems** **Provide written information via email/ print out.** **Commence 5mg Folic acid once daily if not on already**	Set up HCL within 2-6 weeks of acceptance in group session (1-1 where required) If person declines CamAPS FX, advise all other HCL systems presently not licensed for pregnancy. Discuss with Diabetes & Pregnancy lead if suboptimal control on multiple daily injections	2 follow up appointments within 1st 6 weeks from HCL start (Face to face or virtual) Point of contact Mon-Fri Continue to remain under Pregnancy team. Review with DSM/ DSN 2-3 weeks postnatal and Review with Prof Meek/ Dr Morrison around 12 weeks postnatal

NOTE:
If a person is opting to remain on a system that is used outside of license for pregnancy despite a documented conversation with a Diabetes Consultant, discuss with patient need to revert to CSII.

Whilst awaiting HCL start…

Pre-meal bolusing (10-15 minutes pre meals)

Re-balance basal and bolus and use appropriate insulin to carb ratios

Use of bolus advisor apps (e.g. Diabetes M app)

Use of Ultra rapid acting insulin (Lyumjev)

Use the 30-60-90 rule for those who do not Carbohydrate count (Prof Choudhary)

Review of dietary advice, reduce carbs /meal

HCL Onboarding

ASAP in pregnancy

Non-carb counters- set carbs with dietitian prior to HCL start
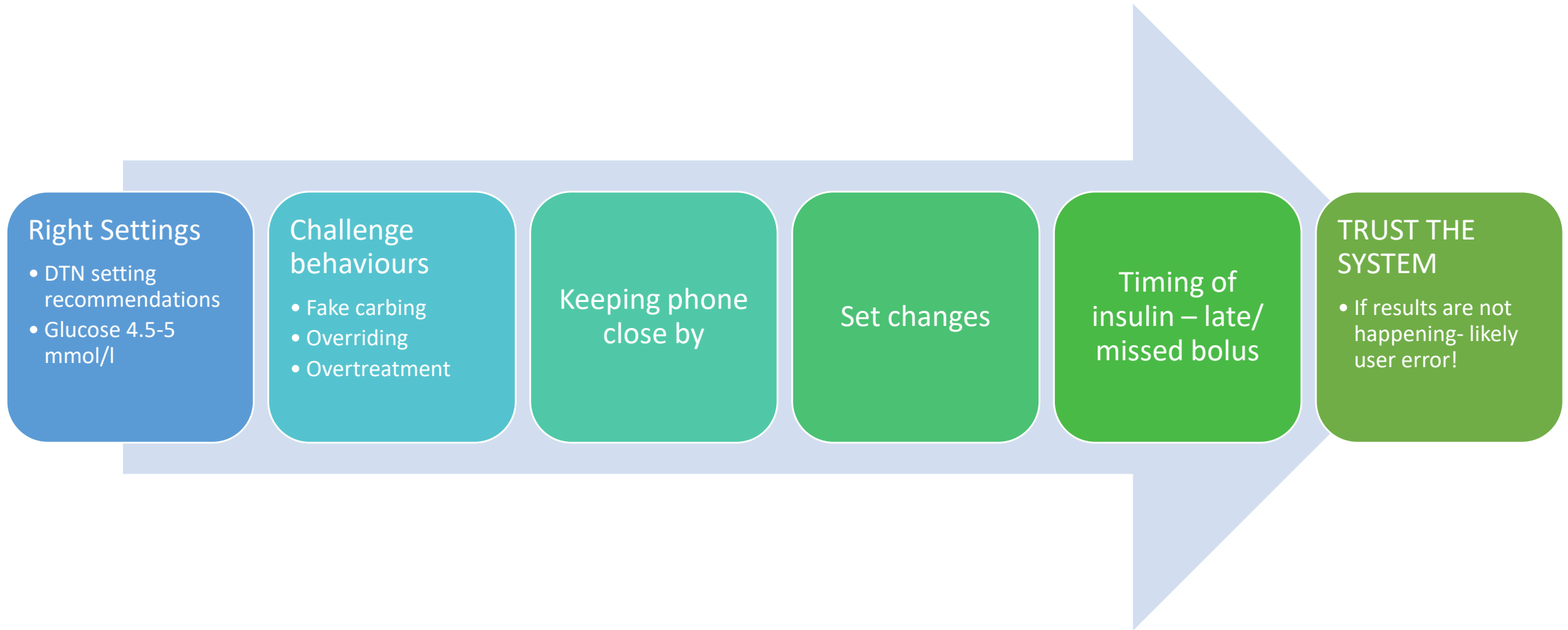
Digital packs available

Groups/ 1-1

Point of contact

Time in Pregnancy range improvements seen within days

Trust the system!

Tips for success (by trimester)

Trimester 1	Trimester 2	Trimester 3	Postnatal
- Nausea & Vomiting common - Hypos common - Use of Slowly absorbed meal function /50:50 split - Sick day rules - Personal Glucose Target $\leq$ 5.5 mmol/l* - **INSULIN SENSITIVE** - Site rotation important at all times!	- Rapidly increasing **INSULIN RESISTANCE-** <u>Tighten ICR</u> - Weight (KG) - Pre-meal bolusing - Use of **BOOST** post meal if required - Tighter AIT (3 hours typical for ultra rapid acting) - Personal Glucose target $\leq$ 5mmol/l*		- Weight (set to booking weight or postnatal weight if weighed in KG) - Personal Glucose target >6 mmol/l - Use of **Ease Off** function (particularly with breastfeeding) - Targets- change to 3.9-10 mmol/l - Just as important as pregnancy with hormone fluctuations and adapting to motherhood - **INSULIN SENSITIVE**

Key points for Success

Right Settings
- DTN setting recommendations
- Glucose 4.5-5 mmol/l

Challenge behaviours
- Fake carbing
- Overriding
- Overtreatment

Keeping phone close by

Set changes

Timing of insulin – late/ missed bolus

TRUST THE SYSTEM
- If results are not happening- likely user error!

Labour & Delivery

- Continue on HCL (current settings & utilise birthing partner)
- Site Selection- Back / Upper abdomen
- Sensor on arm
- Use of Ease off / Boost as required
- UHL use 5-8mmol/l for glucose target in labour
- HCL Passport with clear plan

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