

A pregnant woman with dark skin and curly hair, wearing a tan dress and a yellow headband, is sitting on a grey couch. She is smiling broadly and holding a yellow mug. Another woman with light skin and curly hair, wearing a white top and a black and white patterned headband, is leaning in and kissing her on the cheek. The background shows a modern living room with a wooden shelf and a window with blinds.

myLoop

powered by CamAPS | FX

Staying Safe with Type 1 Diabetes in Pregnancy

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DiabetesCare

What to watch for during pregnancy with type 1 diabetes

This leaflet explains how to recognise, prevent, and act on diabetic ketoacidosis (DKA) when using the YpsoPump or the myLoop (YpsoPump + CamAPS FX + compatible CGM) during pregnancy.

Why extra care is needed

During pregnancy, your body is more likely to produce ketones. This means that even small interruptions in insulin (1–2 hours) or illness can make blood glucose rise quickly and increase the risk of DKA.

If your body does not get enough insulin, glucose cannot be used for energy. Fat starts to be broken down instead, producing ketones. During pregnancy, this process can happen faster and at lower glucose levels, which means DKA can develop more quickly.

Outside of pregnancy DKA is a medical emergency, but during pregnancy DKA can have very serious consequences for both mother and baby, potentially leading to stillbirth if not managed promptly and properly.

Common triggers

- Illness or infection (fever, flu, urinary tract infection, etc.)
- Vomiting or not eating well (e.g. morning sickness, stomach bugs)
- Infusion set issues (occlusion (blockage), kink, leaking, or dislodged cannula)
- Missed or delayed insulin doses (bolus or basal)
- Dehydration (not drinking enough, hot weather, or sickness)

Warning signs to look out for

- Feeling sick (nausea, vomiting, tummy pain)
- Extreme thirst, needing to pee more often
- Tiredness that feels unusual
- Breathing faster or deeper than normal
- Blood glucose that stays above target despite corrections
- Leaking insulin at the infusion site (wet patch, drops around cannula, or damp tubing)
- Presence of ketones in your blood or urine

Ketone Traffic Light for Pregnancy

Blood ketone level	What it means	What to do
Less than 0.6 mmol/L (11 mg/dL)	Safe zone. No sign of ketones.	Carry on as usual. Keep checking regularly.
0.6 to 1.5 mmol/L (11 to 27 mg/dL)	Early warning. Ketones are starting to appear.	Act quickly: replace infusion set, give pen correction, check glucose, drink fluids, and follow your team's advice.
More than 1.5 mmol/L (27 mg/dL)	High risk of DKA in pregnancy.	Act immediately: this is urgent. Seek urgent medical help or contact your diabetes team straight away.



What helps keep you safe

- **Act quickly** if your set looks damaged, glucose isn't correcting, or ketones are present.
- **Replace the Infusion set** if you suspect a failure.
- **Always carry a backup** insulin pen or syringe for emergencies.
- **Follow your sick-day plan:** follow the guidance from your diabetes maternity team on when and how to check your glucose and ketones, give extra insulin if needed, and when to seek medical advice.
- **Check regularly:** Glucose and ketones when you feel unwell or when glucose stays higher than expected.
- **Trust your feelings:** If your CGM reading does not match how you feel, always confirm your glucose with a finger-prick test.
- **React to the YpsoPump or CamAPS FX alerts:** If your YpsoPump or CamAPS FX app shows alerts such as "No Delivery", "No Insulin", "Cartridge empty", "Occlusion", check your infusion set, tubing, and cartridge, and change them when required.
- **Stay hydrated:** Keep sipping fluids, especially when unwell, as dehydration increases the risk of DKA
- **Carry spare supplies:** Always have spare infusion sets, insulin, test materials, and your phone charger or power bank.
- **Review your basal rates regularly:** Work with your diabetes team to check that your pre-programmed basal settings are adjusted to meet the changing insulin needs of your pregnancy.
- **Know your support:** Your diabetes team is there to help. Contact them if you are worried, and don't hesitate in urgent situations.

i In pregnancy, DKA can develop at lower glucose and ketone levels than usual. If you feel unwell or are unsure, act early and seek for medical help.

Most women with type 1 diabetes have healthy pregnancies. Being aware of risks and acting quickly if something seems wrong can help protect both you and your baby.

When to ask for help

- You have elevated or rising ketones.
- Your glucose stays high despite correction doses or pump adjustments.
- You feel sick, vomit, or have breathing difficulties.
- You feel unusually tired, drowsy, or short of breath.

i Seek urgent medical advice or emergency care if these occur.

The ACT Reminder

A Act Fast

Don't wait if you see signs of trouble.

C Check BG

Test your blood glucose to see what's happening

T Test Ketones

Confirm if ketones are present and take action

This leaflet provides general education and does not replace individual medical advice. Always follow the recommendations of your diabetes and obstetric care team.



Sources

- American Diabetes Association Professional Practice Committee for Diabetes. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes-2026. Diabetes Care. 2026 Jan 1;49(Supplement_1):S321-S338.
- Dhanasekaran M et al. Diabetic Ketoacidosis in Pregnancy: Clinical Risk Factors, Presentation, and Outcomes. J Clin Endocrinol Metab. 2022;107(11):3137–3143.
- Coetzee A et al. Pregnancy and diabetic ketoacidosis: fetal jeopardy and windows of opportunity. Front Clin Diabetes Healthc. 2023;4:1266017.
- Morrison FJR et al. Fetal Outcomes After Diabetic Ketoacidosis During Pregnancy. Diabetes Care. 2017 Jul;40(7):e77-e79.
- Heinemann L et al. Insulin pump risks and benefits: a clinical appraisal of pump safety standards, adverse event reporting, and research needs: a joint statement of the European Association for the Study of Diabetes and the American Diabetes Association Diabetes Technology Working Group. Diabetes Care. 2015 Apr;38(4):716-22.

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