

Safe Driving Diabetes in Pregnancy and Preventing Hypos

- Even If you take insulin for diabetes only during pregnancy, by law **you must** notify the DVLA (Driver and Vehicle Licensing Agency) that you have been advised to take insulin temporarily
- If you lose awareness of hypoglycaemia **you must not drive**
- Do not miss or delay meals; carry quick-acting carbohydrate in the car
- Check your blood glucose before you drive and for long journeys **stop frequently to test!**
- **If you feel hypo whilst driving :**
 - ❖ Move safely to side of the road
 - ❖ Stop the car and remove the keys from the ignition
 - ❖ Move to the passenger seat
 - ❖ **IMMEDIATELY** take quick acting carbohydrate
 - ❖ Follow this with long acting carbohydrate
 - ❖ Recheck blood glucose. Do **NOT** resume driving **until** 45 minutes after your blood glucose has returned to normal (more than 5mmol).

For more information: www.diabetes.org.uk
 'Driving and Diabetes' information sheet

Where to get help:

Your Diabetes team contact-

Name:.....



Your Midwifery Team contact-

Name:.....



Local Hospital Contact No.-

Name:.....

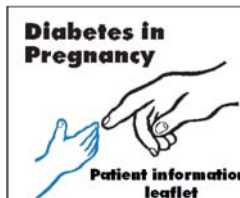


Care Planning: *This leaflet should only be used with the ongoing advice from your Diabetes Team, as part of your plan of care.*

Diabetes in Pregnancy Advisory Group



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 Tel: 0121 687 3400 Email: diabetes@pi.nhs.uk
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Avoiding hypoglycaemia (hypos) in Pregnancy



(Hypo = Blood glucose below 3.5 mmol)

Aim to keep blood glucose (BG) readings in pregnancy near normal, i.e.

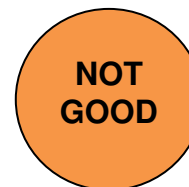
- Before **meals** between **3.5 – 5.9 mmol/L**
- 1 hour after meal less than **7.8 mmol/L**

When you are pregnant:

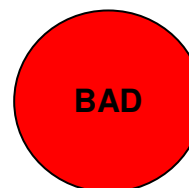
- You are more likely to have a hypo
- Hypos may happen without warning
- You are less likely to realise or recognise the signs
- The signs of hypos may be different
- You might lose the warning signs completely



Before food BG **3.5 – 5.9mmol/L**
 1 hour after food BG less than **7.8mmol/L**
No hypos



BG less than **3.5mmol/L, Hypo!**
 You might experience: sweating, shakiness, dizziness, hunger, blurred vision, tingling hands, lips or tongue, difficulty in concentrating, headache

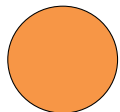


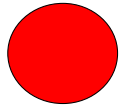

BG less than **2.0mmol/L, Hypo!**
 Others might notice that you are moody, irritable, unreasonable or irrational, extreme confusion or **unconsciousness** can be imminent

Treating a Hypo

NB: It is important you show this leaflet to your partner and family, so you can plan how to deal with serious hypos BEFORE they happen. Act quickly- following this advice:

Severity	ACTION	5-10 minutes after
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 Conscious, Alert, and able to safely swallow food, or drink (BG less than 3.5mmol)	Have 15 – 20g quick acting carbohydrate immediately, e.g. <ul style="list-style-type: none"> • 5-7 glucose tablets • 150ml Lucozade, lemonade, fruit juice or cola (NOT diet drink) • 4-5 Jellied sweets 	Recheck BG. If <u>not</u> returning to normal levels, repeat ACTION with a further 15-20g quick-acting carbohydrate
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 Not able to safely swallow food, or drink, not alert, may be unconscious, (BG less than 2.0mmol)	EMERGENCY SITUATION You need assistance to <ul style="list-style-type: none"> • Assess your conscious level and your ability to self-help. • DO NOT give anything by Mouth • You will need a Glucagon injection given by someone else 	If Glucagon does not quickly restore consciousness, CALL 999 for paramedic assistance 
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What to do next!

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**?

- If 1 to 2 hours till next meal take: 15g of longer acting carbohydrate e.g. slice of bread or a banana
- If more than 2 hours till next meal take 30g of long acting carbohydrate e.g. have a sandwich



- Wait 10mins - if **not confused** and **CONSCIOUS:**
- Give 20g quick acting carbohydrate (Lucozade original 150ml)
- AND**
- 40g slow acting carbohydrate (2 slices of thick bread)
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