

**Table 4:** Recommendations/checklist for optimizing Control-IQ use in pregnancy

1)	Use Sleep Activity 24 hours/day throughout pregnancy. Check for ZZZ's on the screen to confirm user is staying in Sleep Activity.
2)	Users may want to exit Sleep Activity for Exercise Activity when exercising, but they need to remember to reenter Sleep Activity or else they will run too high.
3)	Give manual correction bolus before bed if glucose is elevated at that time and the system recommends it.
4)	Try using fewer carbs to treat/prevent lows (i.e., 4 -8 g).
5)	Avoid reduced bolus insulin dosing suggested by the system when glucose < 6.1 mmol/L (110 mg/dL). To give full bolus, click on the "x", not the check mark.
6)	Make aggressive insulin adjustments in comparison to standard pump at ~ 20 weeks gestation (program basal rates much higher than delivered basal insulin i.e., 25% higher total daily basal).
7)	Use an insulin sensitivity factor that is at least as strong as $90 \div$ total daily insulin (mmol/L; $1620 \div$ TDI in mg/dL).
8)	Individualize but consider insulin to carbohydrate ratios that are at least as strong as $400 \div$ total daily insulin dose (units/g).
9)	Individualize, but consider pre-bolusing 10-15 mins prior to meals in 1st trimester, 20-30 min prior in second trimester, and 30 -45 min prior in 3rd trimester, especially for breakfast, whenever this is possible.
10)	Ensure maximum bolus limits are set slightly above expected bolus dosages.
11)	For labour and birth and postpartum: <ol style="list-style-type: none"><li>Program a Postpartum Profile with:<ol style="list-style-type: none"><li>2/3 pre-pregnancy basal rates (or 50% end of end of pregnancy basal rate)</li><li>20% weaker correction factors than pre-pregnancy</li><li>10 – 20% weaker insulin to carb ratios than pre-pregnancy</li></ol></li><li>Switch to Postpartum Profile just before cesarean birth or at the start of pushing</li><li>Run Sleep Activity during labour and birth</li><li>Consider Control-IQ Technology with no Activity enabled if running too low</li><li>If frequent hypoglycemia with breastfeeding, consider switching to Control-IQ technology with no Activity enabled or Exercise Activity.</li></ol>

Source: Wang XS, Dunlop AD, McKeen JA, Feig DS, Donovan LE. Real-world use of Control-IQ™ technology automated insulin delivery in pregnancy: A case series with qualitative interviews. *Diabet Med.* 2023; 40:e15086. doi:10.1111/dme.15086