

# Automated Insulin Delivery in Pregnancy

Suggested settings during labor, delivery, and postpartum

Whenever possible, [experts recommend](#) using an AID system that:

**1)** has been studied in a large randomized controlled trial of pregnant people; **2)** has been shown to increase time in pregnancy range (63–140 mg/dL or 3.5–7.8 mmol/L) by at least 5% daily; and **3)** has ability to adapt to insulin sensitivity changes in pregnancy.

If one of these systems is not accessible, [this guide](#) provides details on available systems and suggested settings during pregnancy. The suggestions below can help people with diabetes and their care teams optimize other AID systems intrapartum and postpartum.

System Name	Adaptable Settings	Suggested Settings Intrapartum	Suggested Settings Postpartum
<b>CamAPS FX</b> (algorithm used with YpsoPump®, DANA Diabecare RS® and DANA-i® insulin pumps)	<ul style="list-style-type: none"> <li>Customizable glucose target as low as 80 mg/dL (4.4 mmol/L)</li> <li>Adjustable insulin-to-carb ratios</li> </ul>	<ul style="list-style-type: none"> <li>Increase glucose target to 99-108 mg/dL (5.5-6.0 mmol/L)</li> <li>Set insulin-to-carb ratios of between 1:12g and 1:15g</li> </ul>	<ul style="list-style-type: none"> <li>Set glucose target to 108 mg/dL (6.0 mmol/L)</li> <li>Utilize ‘Ease off’ as required</li> </ul>
<b>Diabeloop DBLG1</b>	<ul style="list-style-type: none"> <li>Customizable glucose target as low as 99 mg/dL (5.5-mmol/L)</li> <li>Aggressiveness setting (allows algorithm to adjust correction boluses in hyperglycemia, basal when in range, and bolus amounts at meals)</li> </ul>	No recommendation due to lack of information	<ul style="list-style-type: none"> <li>Adapt glucose targets between 99–130 mg/dL (5.5-7.2 mmol/L)</li> <li>Adapt aggressiveness in hyperglycaemia, normoglycaemia and at meals as needed</li> </ul>
<b>iLet</b>	<ul style="list-style-type: none"> <li>Customizable glucose target as low as 110 mg/dL (6.1 mmol/L) (options are listed as “lower”, “usual”, and “higher”)</li> </ul>	No recommendation due to lack of information	<ul style="list-style-type: none"> <li>Adapt glucose targets between 110-130 mg/dL (6.1-7.2 mmol/L) as needed</li> <li>Reset algorithm and update weight</li> </ul>
<b>MiniMed 670 or 770G</b>	<ul style="list-style-type: none"> <li>Non-customizable glucose target of 120 mg/dL (6.7 mmol/L)</li> <li>Can set a temporary target of 150 mg/dL (8.3 mmol/L)</li> <li>Adjustable insulin:carb ratios and active insulin time</li> </ul>	No recommendation due to lack of information	No recommendation due to lack of information

System Name	Adaptable Settings	Suggested Settings Intrapartum	Suggested Settings Postpartum
<b>MiniMed 780G</b>	<ul style="list-style-type: none"> <li>Customizable glucose target as low as 100 mg/dL (5.5 mmol/L)</li> <li>Can set a temporary target of 150 mg/dL (8.3 mmol/L)</li> <li>Adjustable insulin:carb ratios and active insulin time</li> </ul>	<ul style="list-style-type: none"> <li>Glucose target can most frequently remain at 100 mg/dL (5.5 mmol/L), increase as needed to 110 or 120 mg/dL (6.1 or 6.7 mmol/L)</li> <li>Set active insulin time of 2 hours</li> <li>Make insulin-to carb ratios at least 50% less aggressive (i.e. If someone is using a ratio of 1:5g at the end of pregnancy, switch to 1:10g or even 1:12g)</li> </ul>	<ul style="list-style-type: none"> <li>Glucose target can most frequently remain at 99 mg/dL (5.5 mmol/L), increase as needed to 110 or 120 mg/dL (6.1 or 6.7 mmol/L)</li> <li>Rarely, temporary target of 8.3 mmol/L (150 mg/dL) is needed</li> <li>Set active insulin time of 2 hours</li> <li>Increase insulin-to carb ratios by at least 50% (and on average increase by 80% is needed when breastfeeding) (i.e. Switch from 1:5g at the end of pregnancy to 1:13g or 1:15g)</li> </ul>
<b>Omnipod 5</b>	<ul style="list-style-type: none"> <li>Customizable glucose target as low as 110 mg/dL (6.1 mmol/L) <i>(Note: Lower target of 100 mg/dL to become available in the US in the first half of 2026)</i></li> <li>Adjustable insulin:carb ratios, insulin sensitivity/correction factor, and active insulin time</li> </ul>	No recommendation due to lack of information	<ul style="list-style-type: none"> <li>Adapt glucose targets between 6.1-8.3 mmol/L (110-150 mg/dL)</li> <li>May benefit from resetting the pump to prepregnancy settings or spending some time in manual mode before resuming automation</li> </ul>
<b>t:slimX2 or Mobi with Control-IQ or Control-IQ+ technology</b>	<ul style="list-style-type: none"> <li>Target glucose range of 112.5–160 mg/dL (6.25–8.9 mmol/L); corrections calculated based on target of 110 mg/dL</li> <li>Sleep Activity mode, which narrows target glucose range to 112.5–120 mg/dL (6.25–6.7 mmol/L) and strengthens automated basal insulin delivery, but pauses automatic correction boluses</li> <li>Exercise Activity mode, which raises target glucose to 140–160 mg/dL (7.8–8.9 mmol/L)</li> <li>With Control-IQ+, can ‘extend’ bolus up to 8 hours after entry and set temporary basal rates without having to pause automation</li> <li>Adjustable basal rates, insulin:carb ratios, and insulin sensitivity/correction factor</li> </ul>	<ul style="list-style-type: none"> <li>Sleep activity range 6.2-6.7 mmol/L (112-120 mg/dL) during labor and delivery</li> <li>Well in advance of delivery, program a “postpartum profile” with settings at least 20% weaker than pre-pregnancy (consider reducing further if breastfeeding)*</li> <li>Activate “postpartum profile” just before or immediately after delivery</li> </ul>	<ul style="list-style-type: none"> <li>Provided “postpartum profile” is activated, no need to skip bolus for first postpartum meal</li> <li>Sleep activity function can often be continued if postpartum profile is activated</li> <li>If there is frequent hypoglycaemia or fear of postpartum hypoglycaemia then Control-IQ can be used without an activity mode during the day and sleep activity overnight or, if needed, temporary use of the Exercise Activity mode can be used for a higher target range</li> </ul>

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<b>twiist (with Loop algorithm)</b>	<ul style="list-style-type: none"> <li>• Customizable target glucose between 87–180 mg/dL (4.8–10.0 mmol/L); can set schedule of various targets</li> <li>• “Premeal Preset” increases insulin delivery before meals to help with postprandial glucose rises</li> <li>• Customizable “Workout Preset” adjusts insulin before workouts to help prevent lows</li> <li>• Choose emoji with meal bolus to prompt algorithm to adjust for carb absorption rates</li> <li>• Adjustable basal rates, insulin:carb ratios, and sensitivity/correction factor</li> </ul>	<ul style="list-style-type: none"> <li>• Set Correction Range to 99–108 mg/dL (5.5–6.0 mmol/L)</li> </ul>	<ul style="list-style-type: none"> <li>• Change target to 6.1–7.5 mmol/L (110–135 mg/dL) postpartum</li> </ul>
<b>Open-source systems (such as AndroidAPS and Loop)</b>	<p>See twiist features above (uses version of Loop algorithm)</p> <ul style="list-style-type: none"> <li>• Fully customizable glucose targets</li> <li>• Programmable custom temporary override settings for future use. For example post-meal high of 120-130% for 2-3 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Set up two Custom Presets/profiles for delivery (50% and 75% of insulin needs with a target of 100–108 mg/dL [5.5–6.0 mmol/L])</li> <li>• Activate these Custom Presets as needed based on glucose, stage of labour and mode of childbirth</li> <li>• Ensure temporary override of at least 50% of end-of-pregnancy insulin needs is activated just prior to delivery</li> </ul>	<p>See twiist settings above (uses version of Loop algorithm)</p> <ul style="list-style-type: none"> <li>• Continue temporary overrides until postpartum settings* are activated.</li> <li>• With Android APS and TRIO-Experience, consider the follow setting adjustments: <ul style="list-style-type: none"> <li>◦ Stop dynamic insulin sensitivity factor</li> <li>◦ Lower the max units/hour and max total insulin on board by around 25-50% compared to the pregnancy values</li> <li>◦ Reduce ‘max allowed bolus’ by 25-50%</li> </ul> </li> </ul>

**\* For systems with setting-based algorithms (ie, Control-IQ, open source), an individualized postpartum profile with weakened basal rate, insulin-to-carb ratio, and sensitivity/correction factor settings should be activated before or immediately after delivery (whichever is practical and possible with the given system). The general principles for calculating a postpartum profile are as follows: If pre-pregnancy pump settings were optimized and are known, then adjust all settings to be at least 20% weaker than the pre-pregnancy setting (more for breastfeeding). Alternatively, use settings that are at least 50% less aggressive than end-of-pregnancy pump settings.**

Updated 3.20.26. System availability and algorithm features differ across regions, due to differing regulatory systems and other regional factors. Information adapted from [Benhalima & Polsky \(2025\)](#) and subject to change.

For more detailed information, please reference the international consensus statement on CGM + AID in pregnancy ([Benhalima et al. 2026](#))

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