

TWIIST IN PREGNANCY

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CASES

Case #1: sudden ketones and hyperglycemia

- 32 year old woman with type 1 diabetes
- Diagnosed age 2
- Prior CSII with Animas → Omnipod 5
- No complications
- Visit 12/2025 noted considering pregnancy in future: some variability with meals (highs and lows), tried manual mode, found it challenging. Discussed change to Twiist for pregnancy.
- OP5: TIR (70-140) 55%, High (141-250) 38%, Very High (>250) 4%; low (54-69) 2%, Very low (<54) 1%

Case #1: Two Weeks after Starting Twiist

- Changed to Twiist 1/2026 in anticipation of pregnancy
 - Correction range 87-110
 - Pre-meal preset 80-100
- Follow-up visit two weeks later
- TIR **Twiist** (70-180) 76%, low 1%, very low 0%, CV 33% vs in **OP5** 77% TIR (70-180), low 3 %, very low <1%, CV 36.3%
- Basal:Bolus%: **Twiist** 55:44% vs **OP5** 44:56%
- Positive pregnancy test 2/3/26

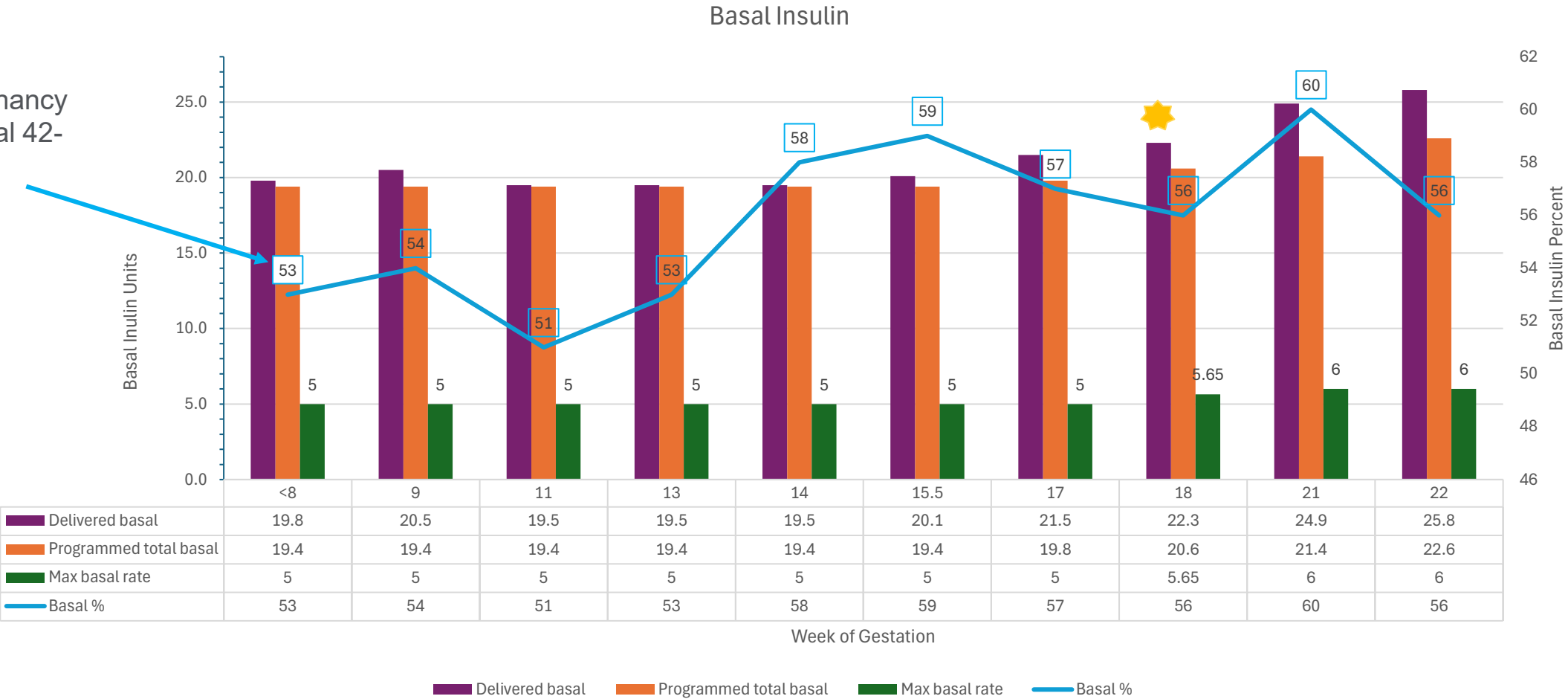
All insulin settings impact the algorithm performance:

1. **Basal Rates** – Used as the baseline for the basal modulation.
2. **Max Basal Rate** – Ceiling on automated basal adjustments for the algorithm. Consider programming at 4x the highest basal rate and increasing up to 6.4x basal rate as needed to help reduce hyperglycemia.
3. **I:C Ratios** – Used for user-initiated meal boluses.
4. **Sensitivity** – This impacts basal modulation and user-initiated correction doses.
5. **Correction Ranges** – Programmed from 87-180 mg/dL. Algorithm aims for the middle of the range in its calculations. Can program different targets for different times of day.

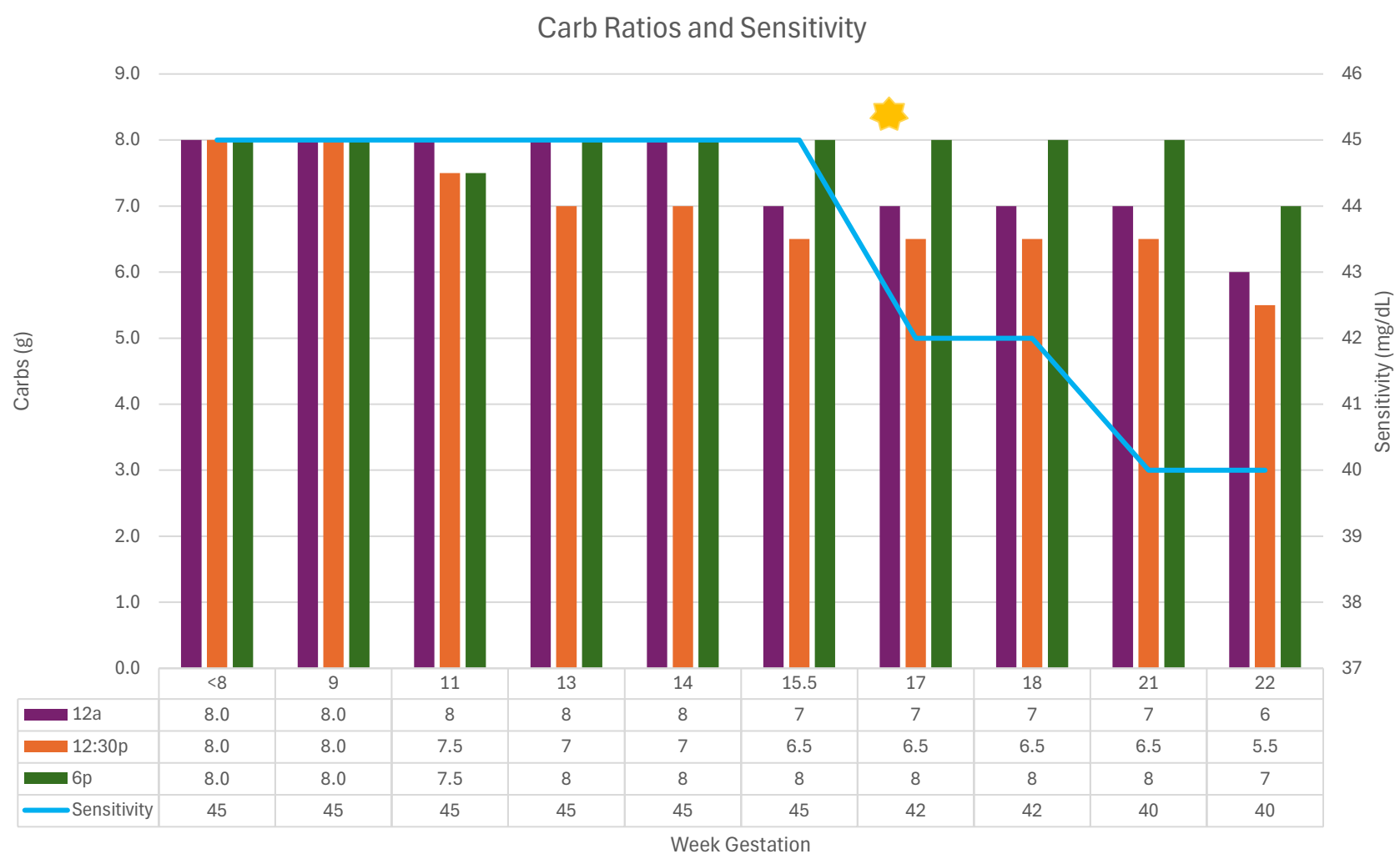
To change settings, tap the **Settings** icon in the twiist app and select **Therapy Settings**

Basal insulin

Pre-pregnancy
OP5 basal 42-
44%



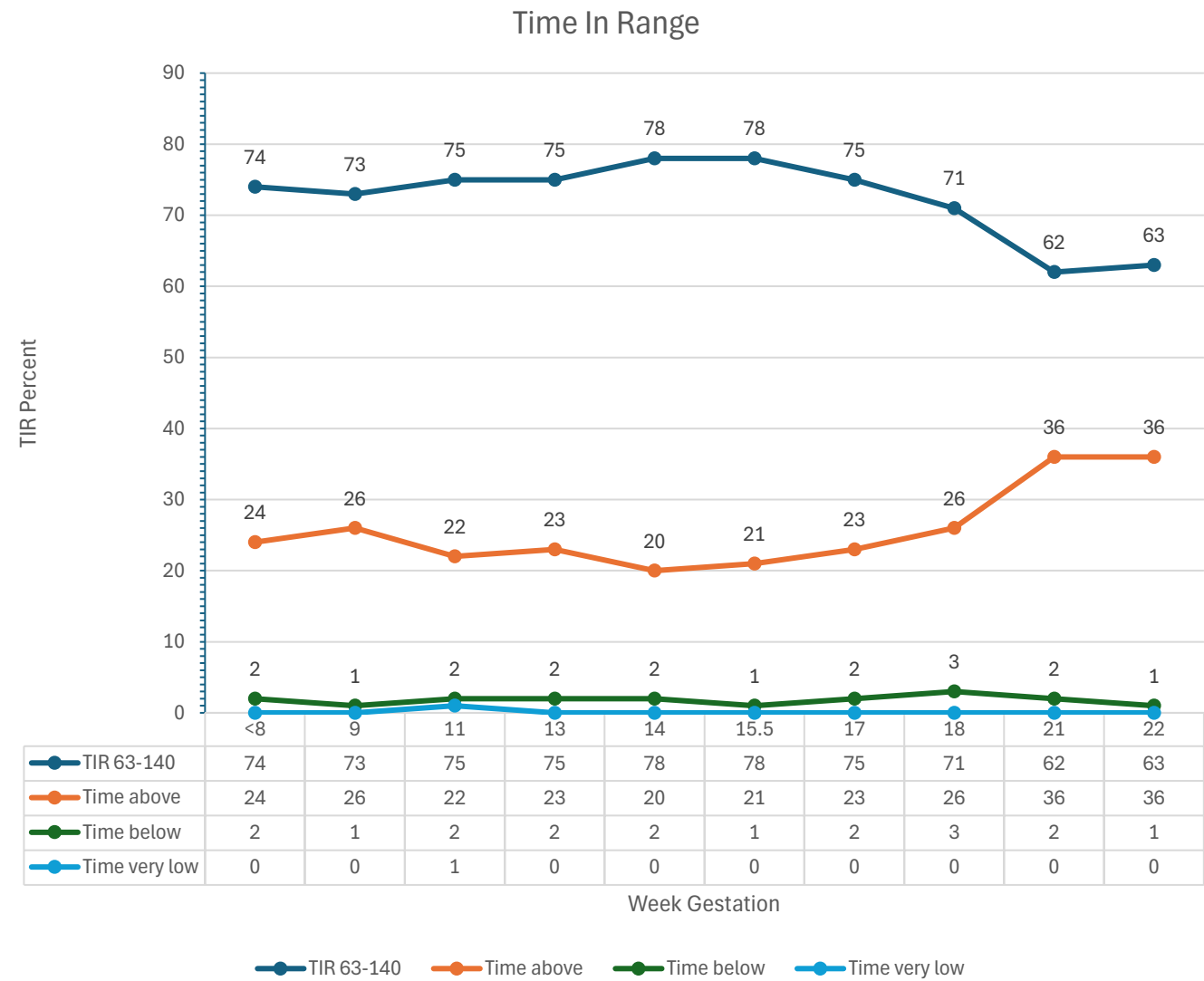
Carb Ratios and Sensitivity



12a 12:30p 6p Sensitivity

Time in Range

Pre-pregnancy
TIR OP5: 55%



Sudden Ketones and Hyperglycemia

- Around 22 weeks started noting hyperglycemia, thought possible site issues, rotated sites
- ER visit for hyperglycemia (>250) with ketones → no DKA → discharged
- 1 week later presented with hyperglycemia (BG 170's), mod-large ketones, persisted despite site change, manual injection → referred for admission
- Diagnosed with mastitis → changed to MDI in the hospital
- Remains on MDI

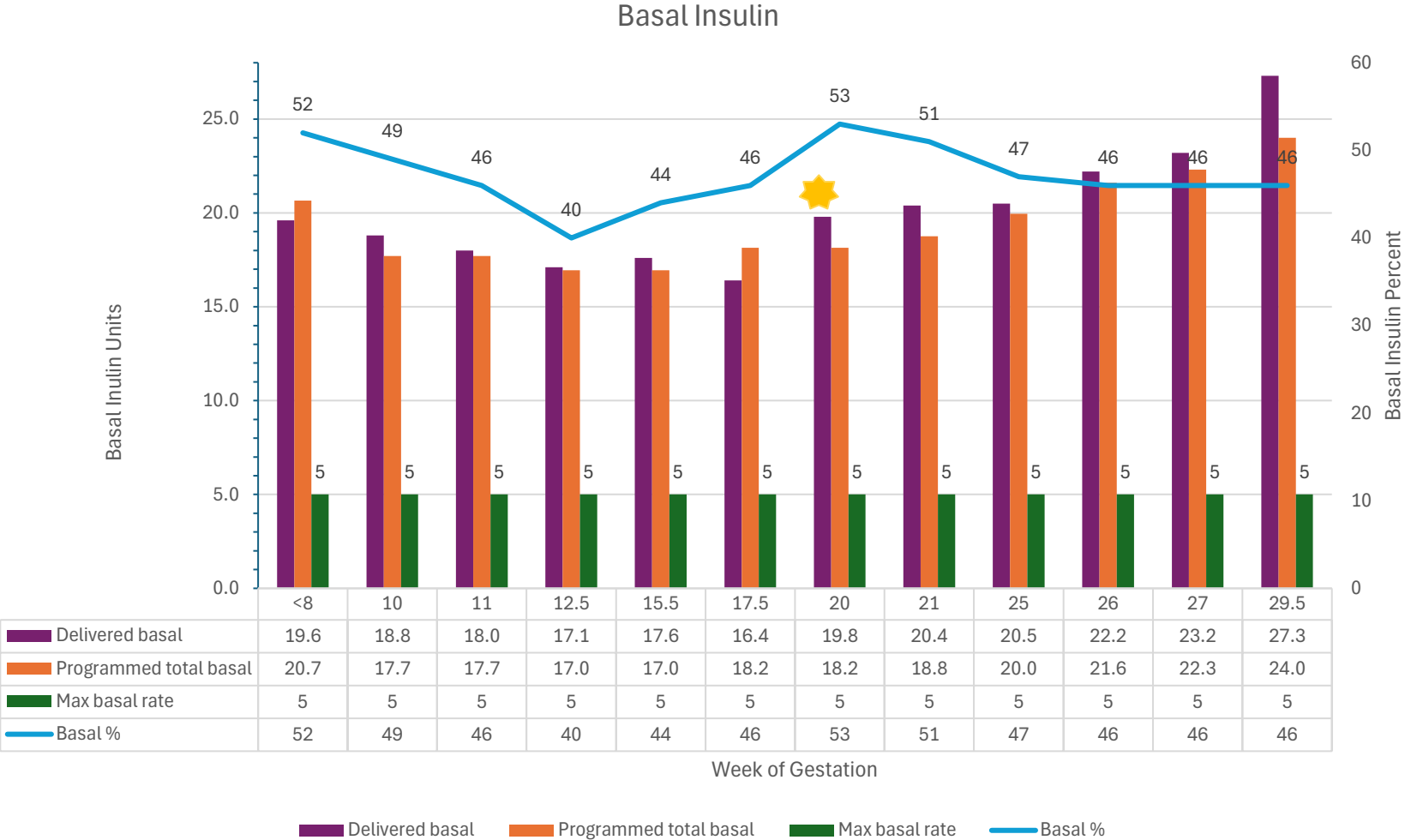
Case #2: more recent onset

- 37 year old woman, diagnosed T1DM age 34
- Initially treated with MDI + Ozempic 0.25mg → 1 year later transitioned to OP5 in advance of getting married
- Did well, TIR 75-80%
- 11/2025 starting to think about pregnancy
- Was using OP5 in manual mode, TIR 77%
- When tightening up dosing, had more lows (15% low, 6% very low)
- 12/2025 discussed changing to Twiist
- Changed early Jan 2026
 - Correction range 87-95
 - Pre-meal preset 70-85

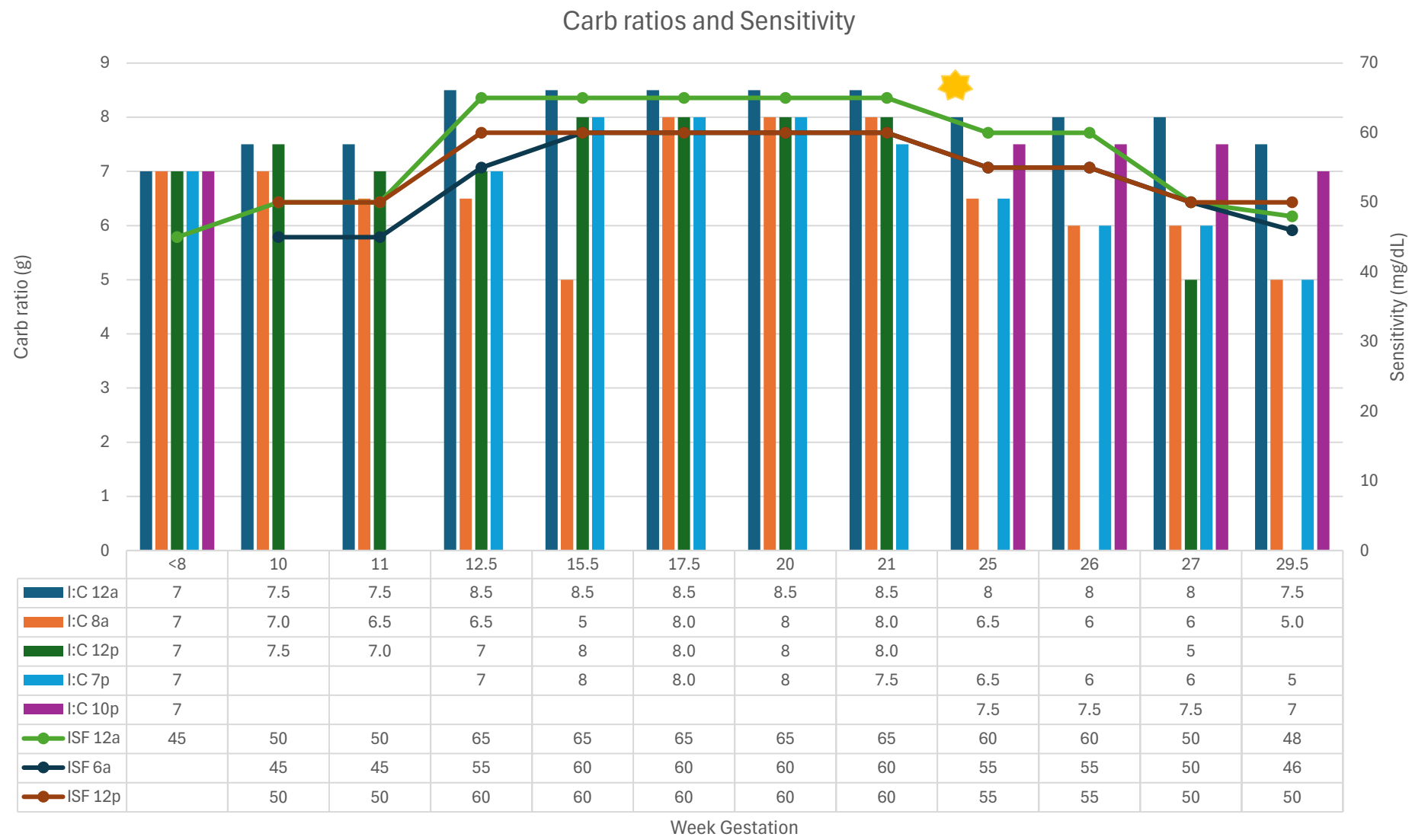
Case #2: 2 weeks after starting Twiist

- First Twiist follow-up visit late Jan 2026: Twiist vs OP5 in manual
- TIR Twiist (70-180) **81%**, **low 7%**, **very low 4%** vs in OP5 manual **69%** time in range, **low 14%**, **very low 5%**
- Patient reported some lows not accurate when starting Twiist
- Twiist Basal: Bolus% **55%:45%** (delivered basal 14 units/TDD 25.7) vs in manual 48% basal:52% bolus (delivered basal 16.9 units/TDD 38.1)
- Pregnant 2/5/26 (4 weeks after starting Twiist)
- Early on had a lot of nausea, no vomiting, some lows
- Overnight lows reported week 10
- A few failed sensors

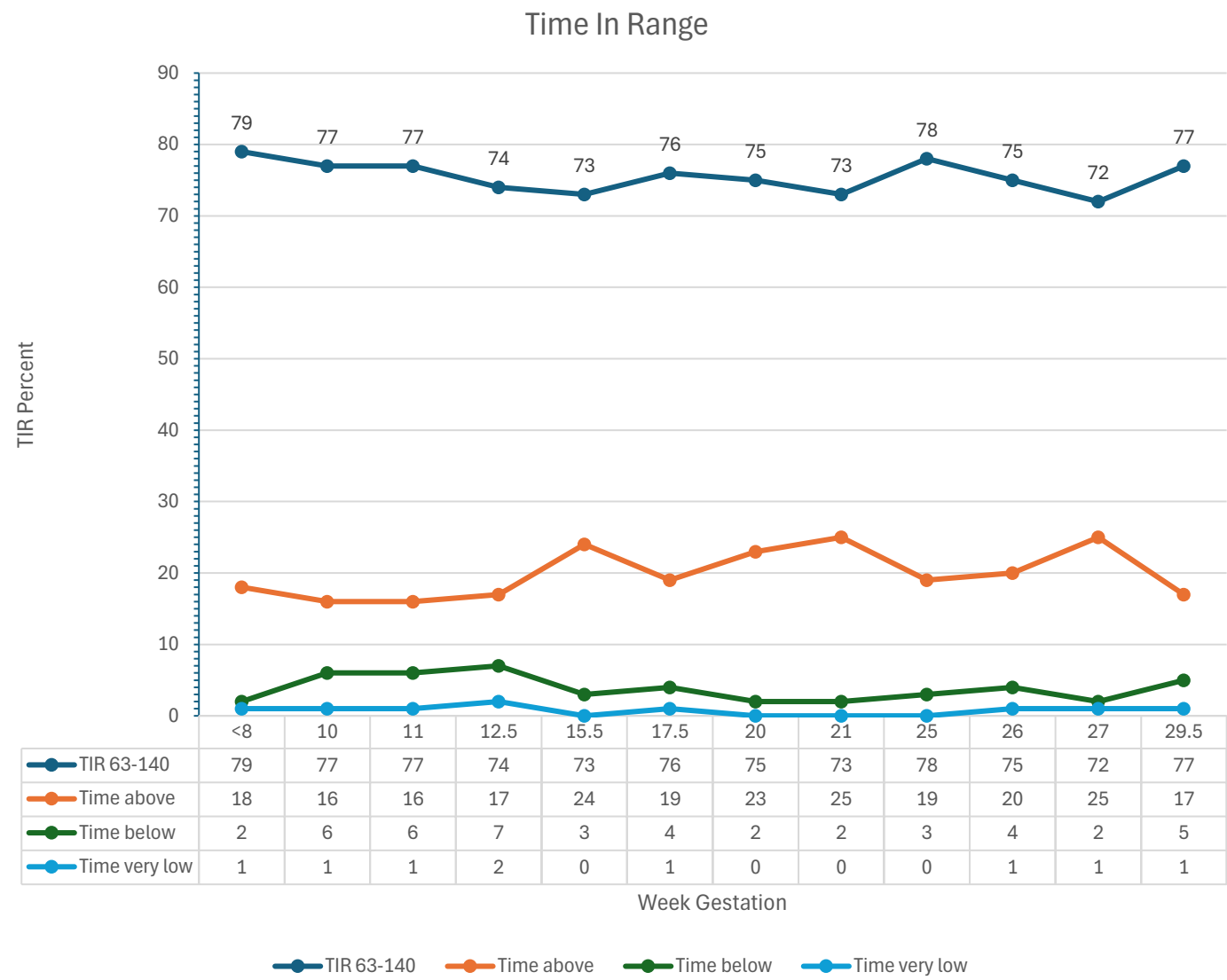
Basal Insulin



Carb Ratios and Sensitivity



Time In Range



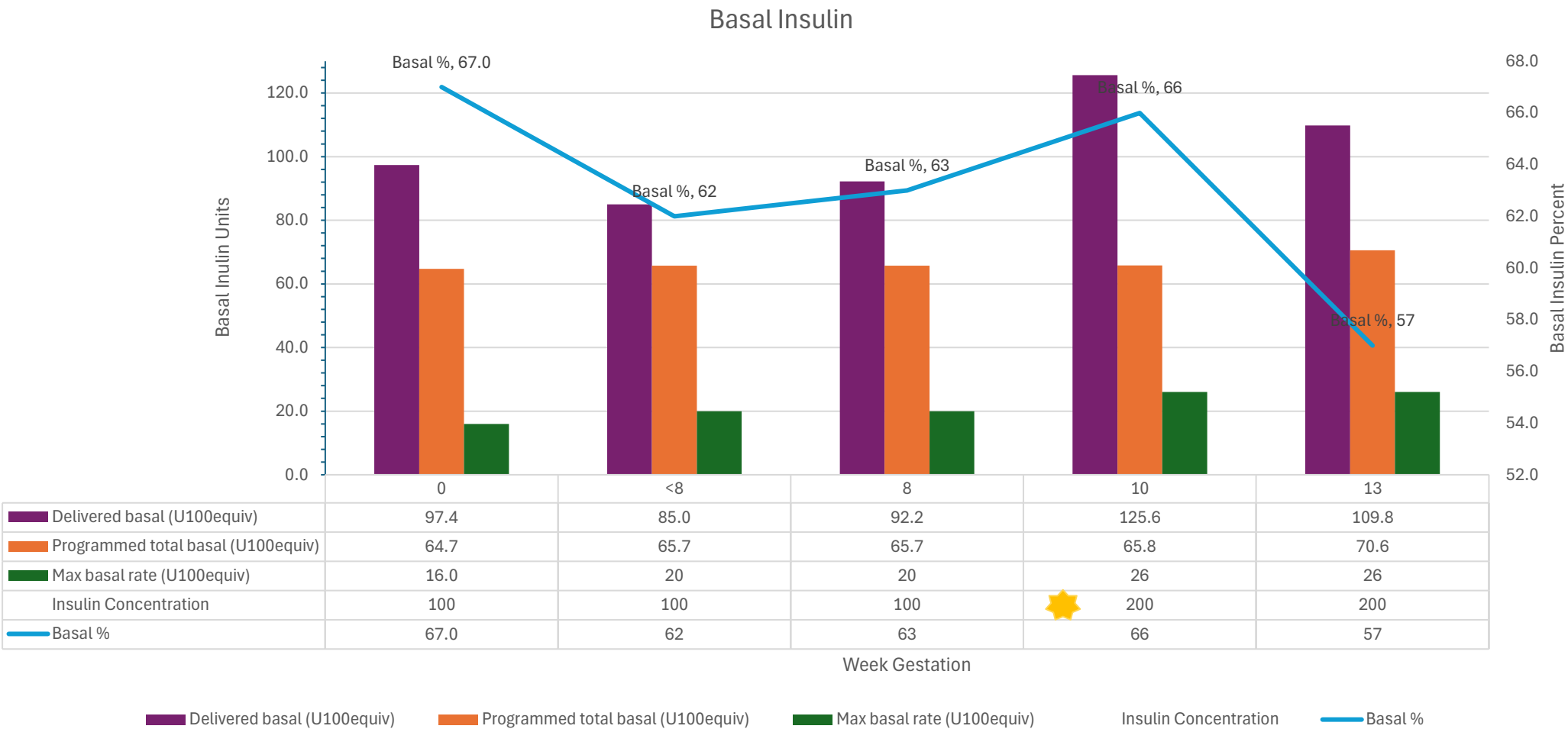
Case #3: more insulin resistant at baseline

- 43 year old woman with T1DM
- Initially diagnosed 2017 with pre-diabetes → T2DM/steroid induced diabetes in the setting of breast cancer treatment/chemo/steroids (age 33)
- Recurrence age 40
- Started Keytruda 2022 → on MDI + metformin + tirzepatide
- Low c-peptide noted 2023, then undetectable in 2024
- Antibody negative 5/2026
- MDI, GLP-1RA → OP5 → Tandem Mobi
- MDI dosing last year: Tresiba 56 units, lispro 8-15 with meals + correction, TDD around 100 units/day
- BMI 34-35
- HbA1c's ranged 7.4-8.6%

Case #3: more insulin resistant at baseline

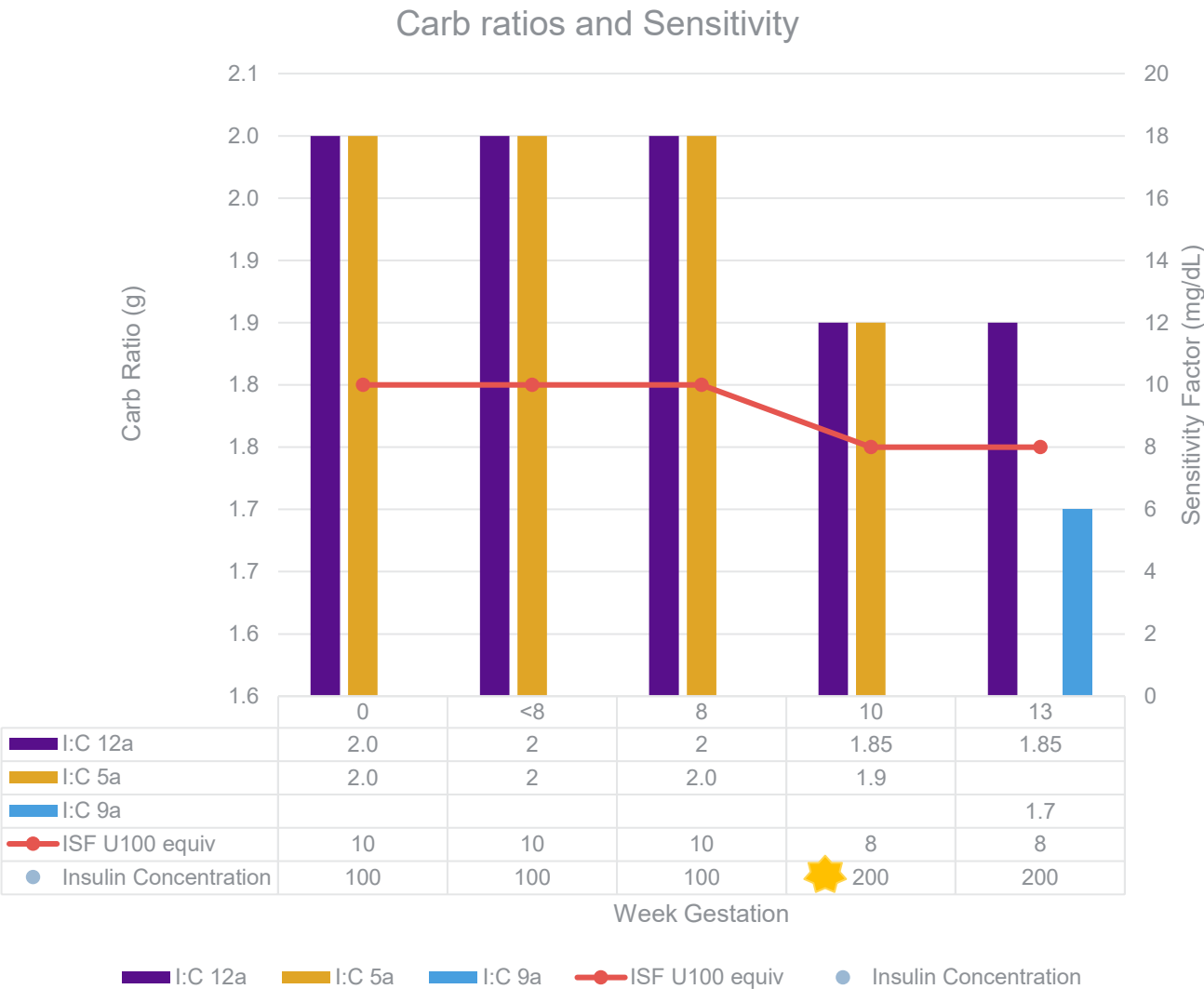
- Transitioned care to our team 10/2025: considering pregnancy. Embryos made age 33.
- TIR 66-7%, TDD 74.38 units when on tirzepatide → 115 units when off x 3 weeks.
- Also higher carb intake off tirzepatide (160g vs 113g per day)
- Recommended transition to Twiist for pregnancy
 - Correction range 87-97
 - Pre-meal preset 67-87
- Reported embryo transfer 5/2026

Basal Insulin



TDD	145.1	138	145.4	191.2	191.2
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Carb Ratios and Insulin Sensitivity



TDD	145.1	138	145.4	191.2	191.2
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Time In Range

