

<opening credits>

Nicole Johnson Baker: Hello, I'm Nicole Johnson Baker.

J. Anthony Brown: Hi, I'm J. Anthony Brown.

Jim Turner: Hi, I'm Jim Turner.

Mother Love: Hello, babies, I'm the even more fabulous Mother Love.

Nicole Johnson Baker: Type 1.

J. Anthony Brown: Type 2.

Mother Love: Type 2.

Jim Turner: Type 1.

J. Anthony Brown: And I'm here to talk about my--

Jim Turner: My--

Mother Love: My--

Nicole Johnson Baker: My dLife.

<beginning of show>

<Preview of show segments>

Mother Love: Today on dLife, an informative show all about pregnancy and diabetes with world-renowned expert Dr. Lois Jovanovic, complete with some big dLife news you

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will not want to miss. And, a special visit from diabetic Chef Chris Smith. And now, please welcome your hosts Nicole Johnson Baker, Jim Turner, J. Anthony Brown and me, Mother Love.

<shot of audience>

J. Anthony Brown: Yeah.

Mother Love: And welcome to dLife everybody. We are so blessed to have several pregnant women and children in the audience with us today. Baby, today it's all about babies.

<Card: Mother Love, Author & TV Personality>

Mother Love: We're going to cover important tips for all women with diabetes who are pregnant or who are even thinking about getting pregnant. We'll talk about type 1, type 2 and gestational diabetes and even answer questions that prospective fathers may have. I tell you, type 1 diabetes and getting pregnant, you have to take extra special care of yourself. Any pregnancy is a labor of love--

Nicole Johnson Baker: Yes.

Mother Love: So then to have diabetes with it--

<Card: Nicole Johnson Baker, Author & Miss America 1999>

Nicole Johnson Baker: It's a challenge for so many people because you have to be so meticulous about keeping those blood sugars in the proper range and making sure you're taking the right amounts of insulin.

<shot of audience>

Nicole Johnson Baker: The other form of diabetes that often confuses people is gestational diabetes and that happens about halfway through pregnancy.

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<Card: Gestational diabetes mellitus (GDM) first appears in pregnancy and typically resolves itself at birth>

Nicole Johnson Baker: And the easiest way that it's been explained to me is it's just when the pancreas doesn't catch up with everything else that's going on in your body and that-- that causes so many people heartache and complication. I think there are about 200,000 women each year.

<Card: GDM requires treatment with dietary changes, exercise and/or insulin>

Mother Love: When I was pregnant, because diabetes runs so rampant in our family, I was like, oh my God, I hope I do not get this and I was fortunate not to get it until my son was 12. Our story of the day is about gestational diabetes -- Jim.

Jim Turner: Our story of the day comes from Vicky Beakley from Seattle, Washington.

<montage of mother and baby>

Jim Turner: When I first became pregnant I was diagnosed with gestational diabetes. It was scary knowing that an innocent baby depended on me. After Taylor was born, I was checked for diabetes and the test was negative. With my second child, Robin, again I had gestational. I kept to my meal plan, went swimming every morning and kept the blood sugars down.

Jim Turner: Six months after the delivery I was tested again but this time I wasn't so lucky. It did not go away. I had type 2 diabetes. At first I just shrugged it off thinking I could keep it under control like when I was pregnant but I was wrong. I needed support, education, and a new lifestyle. I just recently signed up for my first diabetes education class. I'm attending a monthly support group and educating my husband as well. I came across dLife one day while flipping the channels and now I am hooked. Thank you for helping. My life is a little less hectic.

<applause>

Mother Love: Well, thank you for sharing your story with us, Vicky.

Mother Love: Nicole, I understand you have something to show us.

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Nicole Johnson Baker: I do. I do. I brought something very special to share with the entire dLife family. It is one of my first baby pictures!

J. Anthony Brown: Nice.

<applause>

Nicole Johnson Baker: I am so excited. Here, I'll go ahead and....

<passing around sonogram, crosstalk>

Nicole Johnson Baker: Great timing for the show right? What an interesting ride this has been. I'm five months in so just a couple more left. It's been great.

Mother Love: Oh, my God.

Jim Turner: Congratulations.

Mother Love: That's what the glow is.

Nicole Johnson Baker: You know what I brought something to show everybody also from a recent doctor visit. Take a look at this.

<shot of doctor's visit>

Doctor: I'm going to have you lie back.

Nicole Johnson Baker: Okay. Oh, this is so cool. I can't believe we get to hear it.

<sound of baby's heartbeat>

Doctor: Can you hear that?

Nicole Johnson Baker: That's his heart.

<shot of sonogram>

W1: That's, like, the heart?

Nicole Johnson Baker: Yeah.

<back to show>

<applause>

J. Anthony Brown: That's great. He's surfing, surfing.

Nicole Johnson Baker: He was turning flips during that doctor visit even though I haven't quite felt it yet.

Mother Love: Congratulations, baby.

J. Anthony Brown: That's great.

Mother Love: Congratulations.

Nicole Johnson Baker: Thank you.

Mother Love: So that means that you're going to really have to watch yourself and you're going to have to monitor your blood glucose so tight to make sure you and that baby stay well and safe.

Nicole Johnson Baker: Exactly.

<Card: Normal blood glucose levels greatly reduce the risk of complications before pregnancy, during, and beyond.>

Nicole Johnson Baker: I'm testing anywhere from ten to 15 times a day right now.

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J. Anthony Brown: Good, good.

Nicole Johnson Baker: Just to make sure that everything stays in the right range and actually I have a very special treat and I'm so delighted to announce this. Later in the show, I'll get to visit with a doctor who just happens to be helping me through my pregnancy, Dr. Lois Jovanovic, and we will talk candidly about what we've experienced so far and what we're in for here in the next couple of months.

Mother Love: Well, Nicole, with you being pregnant, you've got to test more often now.

Nicole Johnson Baker: Yeah.

Mother Love: And as we say here at dLife, test, don't guess!

<Card: Test! Don't Guess!>

Mother Love: So, we're all going to test our blood sugar and we'll be right back after this.

<commercial break>

Mother Love: Managing diabetes is never easy but it's especially difficult for pregnant women. I'm here with Dr. Lois Jovanovic, a recognized leader in the field of diabetes and pregnancy.

<Card: Dr. Lois Jovanovic, Clinical Professor of Medicine, USC>

Mother Love: She's written many books and has won too many awards to list. Dr. Jovanovic, thank you for joining us today.

<Card: Dr. Jovanovic won the ADA's Outstanding Clinician Award for 1995.>

Mother Love: We really appreciate you being here. Now, the first thing that I want to ask you that I'm sure many prospective parents are going to want to know – will my baby get diabetes?

Dr. Lois Jovanovic: Well, the answer to the question is a baby won't be born with diabetes. That's good news but the baby's inherited the tendency to have the gene. Now it's different whether or not the mamma or the poppa has diabetes or whether it's type 1 or type 2.

<Card: Heredity does play a role in type 1, but diabetes is not directly inherited.>

Dr. Lois Jovanovic: But it's less than six percent of all children who are born of parents with diabetes who get diabetes.

<Card: Several genes have been identified with type 1, but a single gene that causes type 1 hasn't been found.>

Dr. Lois Jovanovic: So, actually the rate is pretty low but still it isn't zero.

Mother Love: Would you explain how pregnancy is different for women with diabetes?

Dr. Lois Jovanovic: Well, first of all pregnancy is stress for any woman. The diabetes can be affected by the pregnancy. The hormones rage.

<Card: Hormones produced during pregnancy increase insulin resistance.>

Dr. Lois Jovanovic: The woman needs to eat more. She gets less exercise so the blood sugars have a mind of their own. The baby sees every single blood sugar from moment to moment, so mamma has to check her blood sugar round the clock and balance diet, exercise and other variables to keep the blood sugars on the straight and narrow.

Mother Love: Now you're talking about prepared. How prepared is prepared and what are you looking for?

<Card: A woman with diabetes should consult with her physician several months before conception.>

Dr. Lois Jovanovic: Well, women really should plan pregnancies. That's good advice for any woman but for a woman with diabetes she needs to plan her pregnancy to make sure she's healthy.

<Card: High blood glucose before pregnancy and during the first trimester increases the risk of birth defects.>

Dr. Lois Jovanovic: She needs a checkup from her nose to her toes – her eyes, her teeth, her thyroid function, her heart, her kidneys, whether her blood pressure is in order – to be in perfect health in order to become pregnant.

Mother Love: Now, I gained a great deal of weight when I was pregnant. Fortunately, I didn't develop diabetes. What's a normal weight gain for somebody with diabetes?

Dr. Lois Jovanovic: Well, the total amount of weight that is necessary to gain is about 22 to 25 pounds. Anything else is extra fat for the mom.

Mother Love: What I wanted to know is why do women with diabetes have a tendency to have larger babies?

Dr. Lois Jovanovic: Well, they shouldn't. The problem is that sugar is too much food for the baby, so if the blood sugar is high on the mother's side the baby sees every morsel of that sugar and it becomes over nutrition.

<Card: Elevated blood glucose levels in the mother can cause macrosomia, or high birth weight.>

Dr. Lois Jovanovic: Well, you can understand if you force feed the baby, the baby is going to become too fat. But, on the other side of the coin, if the blood sugars are absolutely normal, the baby will be absolutely normal, including normal birth weight.

<Card: Keeping blood glucose levels normal is the most important part of a healthy pregnancy.>

Mother Love: Now what about gestational diabetes? Will you touch on that for us?

Dr. Lois Jovanovic: Gestational diabetes happens to women during pregnancy because they were born to be a small person.

<When it occurs, gestational diabetes usually develops at 24-28 weeks into pregnancy.>

Dr. Lois Jovanovic: And as they gain weight during pregnancy, they outgrow their own pancreas, so right at the point where the pancreas really fails they develop diabetes during pregnancy or gestational diabetes.

<Card: An estimated 200,000 American women, or 5% of total pregnancies, are diagnosed with GDM annually.>

Dr. Lois Jovanovic: And at that point in time, it really is because their hormones are high. Their weight is starting to achieve an optimal level and the stress of the pregnancy really brings out their diabetes trait.

<Card: Risk factors for GDM include advanced maternal age, obesity, previous GDM, and current infections.>

Mother Love: Now can it lead to -- gestational -- lead to someone developing diabetes full blown after the pregnancy?

Dr. Lois Jovanovic: Yes, ten percent of women per year will develop type 2 diabetes after they've had gestational diabetes.

<Card: Proper postpartum weight management reduces the occurrence of type 2 following GDM.>

Dr. Lois Jovanovic: So, five years after that pregnancy, 50 percent of women who have had gestational diabetes have type 2 diabetes.

Mother Love: Finally, I'd like to ask about the delivery room. Is the labor and delivery different for women with diabetes than women who don't have it?

Dr. Lois Jovanovic: Well, if the baby grows too big for the woman to push out the birth canal, of course, it's dangerous for the baby. The baby could get injured if the woman is

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small and the baby is big. So, certainly the obstetrician needs to guide the delivery and make decisions. If the baby's just the right size for the mother, yes, she can have a natural delivery but, if the baby is too big, the decision would be to have a C-section.

Mother Love: Dr. Jovanovic, thank you so much for clarifying all of these points and thank you for all the wonderful work you do for all of us women who are dealing with diabetes. Thank you very, very much.

Dr. Lois Jovanovic: My pleasure.

Mother Love: Now, dLife will be back in a moment with a one-on-one conversation with our very own Nicole Johnson Baker who will talk about her pregnancy with Dr. Jovanovic. Don't go away.

<Card: For more information about gestational diabetes visit dlife.com.>

<commercial break>

Nicole Johnson Baker: Well, welcome back everyone.

<Card: Nicole Johnson Baker, Author & Miss America 1999>

Nicole Johnson Baker: I'm so excited to be here with Dr. Lois Jovanovic, who is helping me with my pregnancy,, and to be sharing this memorable experience with the dLife community. The decision to get pregnant was a hard one for me. I did a lot of research and I was trying to find out all of the information and determine what my risks were for all the different kinds of birth defects and the complications that could happen because of my diabetes and it was a struggle. I'm assuming it's like that for a lot of women who have diabetes.

Dr. Lois Jovanovic: Well, it certainly should be.

<Card: Dr. Lois Jovanovic, Diabetes & Pregnancy Expert>

Dr. Lois Jovanovic: Every woman should really have the knowledge and understanding of what the risks are and how hard she has to work in order to minimize the risks for her own body and for her unborn child.

Nicole Johnson Baker: And there's oftentimes some conflicting information about statistics, so that kind of threw a wrench in the process as well. But I did go and consult with a high-risk professional about nine months before I got pregnant just to figure out, you know, what the situation was and what would lie ahead should I make that decision.

<Card: A woman with diabetes should always consult with a high-risk OB/GYN before, during, and after pregnancy.>

Dr. Lois Jovanovic: Of course. I think every women should ask her physician, "How many women have you taken care of with type 1 diabetes and who have been pregnant over the last year?"

<Card: To find a high-risk OB/GYN near you, visit dlife.com/locator>

Dr. Lois Jovanovic: If the answer is less than five, there's no way the physician could be keeping up with the new knowledge.

Nicole Johnson Baker: And that was the first thing that you taught me in our first conversation. I went to the obstetrician that I was seeing and asked that very question and thankfully got the answer that I wanted. What type of doctor, what type of professional, should women with diabetes who become pregnant should they be seeing?

Dr. Lois Jovanovic: A woman with diabetes needs an entire community of professional support.

Nicole Johnson Baker: Exactly.

Dr. Lois Jovanovic: Besides a physician she trusts who will deliver her baby, she also needs a complement of diabetes care professionals to teach her nutrition, diet, exercise, and moment-to-moment adjustments of her insulin doses.

<Card: A diabetes care team may consist of a certified diabetes educator, registered dietitian, and others.>

Dr. Lois Jovanovic: As you know, it's very difficult unless you know what to do.

Nicole Johnson Baker: It really is, and we've seen so many changes over the last four to five months in my body. My insulin demands have flipped from what I was used to. I was used to having higher basal rates with my pump overnight and now it's much lower and I'm higher during the day.

Dr. Lois Jovanovic: That's exactly correct. The baby really is growing and developing with spurts so every once in a while we need adjustments that are instantaneous and then every once in a while there's kind of some resting period of time where we need to dial down the insulin doses.

Nicole Johnson Baker: And the frequency of testing, and now we're changing my insulin every week, you and I, which is so fantastic because we're meeting the needs of that little baby.

<Card: High blood glucose can result in hypertension, preeclampsia, macrosomia, and premature delivery.>

Nicole Johnson Baker: But one of the things that I am most excited about in the course of this pregnancy so far is research that you've allowed me to be part of right in your lab. It's stunning! 25 percent of women with type 1 diabetes start regenerating and creating their own insulin again.

Dr. Lois Jovanovic: Right, right.

<Card: Type 1 diabetes occurs when the immune system attacks insulin producing beta cells.>

Dr. Lois Jovanovic: Well, actually probably every pregnant woman is trying to make more pancreatic beta cells because she has to increase her insulin production fourfold to keep up with the weight and the hormones and the food and lack of exercise. So, type 1 diabetic women are trying to grow their pancreas too. It's a normal response in pregnancy.

<Card: These hormones may increase the success of islet transplants by slowing immune response and increasing islet mass.>

Dr. Lois Jovanovic: But about 25 percent of type 1's do not have the immunologic response to kill off the new beta cells. They really have sufficient immunosuppression from their own pregnancy to allow their pancreases to grow and that's why I know it's not easy, but actually diabetes care becomes easier when you're pregnant just because you have the buffer systems and the increased insulin contributing from your own pancreas.

Nicole Johnson Baker: What lies ahead here with us in the next couple of months?

Dr. Lois Jovanovic: Now growth and development really is dependent on your blood sugars and if there's too much sugar in the mother's bloodstream, the baby can become overgrown. We call it the big, bad baby syndrome because the baby grows very large without having any energy to mature the brain and the heart and the lungs. So, we need to keep the nutrition perfect to make your baby perfect.

Nicole Johnson Baker: Is there more research going on with diabetes in pregnancy that you can share with us?

Dr. Lois Jovanovic: Oh, absolutely. Wouldn't it be wonderful if we could take a pill instead?

Nicole Johnson Baker: Yes.

Dr. Lois Jovanovic: I know Mother Love asked me that question. It would be spectacular if we knew the pills for diabetes care were safe and now we're starting to get the literature and the proof that some of the pills might be safe for certain types of diabetes. That would make it a whole lot easier. Continuous glucose monitoring so we could have the blood sugars automatically appear just by looking at our watch or on our belt buckle that would make it a lot easier.

Nicole Johnson Baker: And is there research going on about gestational diabetes that could change the way we treat the gestation period?

Dr. Lois Jovanovic: Yes, but there diet and exercise is so important that actually that's our mainstay of therapy. And then once diet and exercise is not sufficient to keep the blood sugars normal then we do insulin just like the old-fashioned way with a needle and syringe and basal bolus because after all, it's the metabolism we have to normalize.

Nicole Johnson Baker: Well, one of the greatest blessings of having diabetes during this pregnancy is that it has taught me so much about managing my diabetes and I owe so much of that to you. I had never had an A1C number in the fives before.

Dr. Lois Jovanovic: I'm so proud.

<Card: A hemoglobin A1C test is a measurement of a three-month average of blood glucose control>

Nicole Johnson Baker: But it's taught me that I can do it and after the baby is born I feel a little more confident that I can keep doing it.

Dr. Lois Jovanovic: Absolutely.

Nicole Johnson Baker: And keep having those blood sugars and that very low A1C range that's almost like a normal person without diabetes.

Dr. Lois Jovanovic: And I think what's good for a pregnant woman is good for all of mankind.

Nicole Johnson Baker: Now, I get to ask you questions all the time and I am so grateful for that but J. is in the audience with some questions that are burning in the hearts and the minds of people in our audience.

J. Anthony Brown: Yes, I am. Would you please stand?

Karen: Sure.

J. Anthony Brown: And your name?

Karen: Karen and I'm nine months pregnant and my sugars are running just a little high and I only have two weeks left to delivery. Is insulin still necessary at this point?

Dr. Lois Jovanovic: Your baby has two weeks left to grow and the baby can put on a lot of weight in two weeks. We can put on a lot of weight in two weeks given dietary and

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discretion. So, yes, every blood sugar counts and if your blood sugars aren't perfect with diet and exercise, yes, it is important that your blood sugars are normal even if it means you have to take insulin. Insulin doesn't cross into the baby's bloodstream. It's on your side to fix the blood sugars. But the reason you need perfect blood sugars is to make your baby perfect with its own metabolism, so my answer is yes. The last two weeks are as important as any other weeks in your pregnancy.

Nicole Johnson Baker: Thank you so much for being here with us, Dr. Jovanovic, and thank you so much for helping me with my pregnancy. We're going to be right back with the diabetic Chef Chris Smith and a luscious combination of flavors in our new dLife smoothie.

<Card: Jean Smart is an Emmy-award winning actress...who has been living with diabetes since she was 13.>

<commercial break>

<Card: Jim Turner, Actor Bewitched and HBO's Arliss>

Jim Turner: Our next guest is Chris Smith, also known as the diabetic chef.

<Card: Chris Smith, The Diabetic Chef>

Jim Turner: And he's going to tell us a lot about breakfast smoothies. And, you know, I do a very low carb thing. Are smoothies a good idea?

Chef Chris Smith: Actually, Jim, this is great for the morning and actually for any part of the day but what's great about this smoothie we're going to do now is this is low carb.

Jim Turner: Really?

Chef Chris Smith: Absolutely.

Mother Love: A low-carb smoothie.

Jim Turner: Okay.

Chef Chris Smith: A low-carb smoothie. We're going to start out with a little bit of ice right here. We've got some low-fat yogurt that we're going to add in there.

J. Anthony Brown: Low fat.

Chef Chris Smith: Low fat yogurt. We have got some soy milk in there, excuse me.

Mother Love: That's what I'm liking.

Chef Chris Smith: And I like to add the liquids first because that will help really kind of get it going and going smooth.

J. Anthony Brown: What is that?

Chef Chris Smith: That's some chocolate syrup, go ahead Nicole.

Nicole Johnson Baker: I'll do the syrup. I'll help you out here.

Mother Love: Okay.

Chef Chris Smith: Put that right on in there.

Nicole Johnson Baker: Chocolate syrup.

Chef Chris Smith: How many people here like peanut butter?

Nicole Johnson Baker: Sugar-free right?

Chef Chris Smith: Sugar-free syrup.

Nicole Johnson Baker: Sugar-free chocolate syrup. Okay.

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Chef Chris Smith: Sugar-free, we've also got some peanut butter. How many peanut butter fans we got out there? Yeah, all right. And then we're going to add some chocolate soy protein to that.

Mother Love: Oh, soy protein.

Nicole Johnson Baker: Okay.

Chef Chris Smith: So we've got chocolate and we've got peanut butter. I'm going to add a little bit of Splenda to that.

Mother Love: Oh, cool.

J. Anthony Brown: Yeah.

Chef Chris Smith: And then the next thing you know is we're going to turn this thing on.

Mother Love: Okay, the chocolate, peanut butter, dLife smoothie happening.

Chef Chris Smith: This is the dLife smoothie. This is chocolate and this is absolutely wonderful. We were tasting it out back. I got to tell you there was a line. There was a line for this stuff. Let me serve some of this up and, J., I'm going to pass this to you.

Mother Love: Wait, so what's going to be left for us?

<Everybody laughs>

Chef Chris Smith: Oh, there will be plenty.

<Card: dLife Peanut Butter and Chocolate Smoothie, 83 calories; 5g protein; 9g carbohydrate; 9g fat>

J. Anthony Brown: We'll tell you about it.

Mother Love: Save me a little tiny bit.

Chef Chris Smith: There we go.

J. Anthony Brown: Good.

Chef Chris Smith: This is absolutely wonderful.

Nicole Johnson Baker: Here we go.

Chef Chris Smith: If you enjoy chocolate, this is the thing for you. But what's also great about this is this is good throughout the day, so if you just want a snack it's got protein in there so it really can be a good filler. What's also great about smoothies is that you can be diverse with that and that's the thing. There's Mother Love, there you go.

Nicole Johnson Baker: She likes that.

Mother Love: Uh huh.

Chef Chris Smith: Diversity is always good, so we go back to a classic smoothie which is with berries, soy milk, tofu, berries and banana, almond extract, flax meal. It's very healthy for you and it just is a great addition to give you some fiber to that.

Mother Love: Uh huh.

Chef Chris Smith: But this is absolutely wonderful too for people that really enjoy that classic berry smoothie. Now this-

Jim Turner: With higher carb.

Chef Chris Smith: It's a higher carb but it's also low in fat.

<Card: dLifeful Berry Smoothie; 165 calories; 24g carbohydrate; 6g fat; 9g protein; 6g fiber>

Chef Chris Smith: So it's a really great alternative. Now what I love about this, you can interchange a lot of different fruits if you like. If you don't like blueberries and don't care for them, add some strawberries.

Jim Turner: Uh huh.

Nicole Johnson Baker: Yeah.

Mother Love: So you can make this any kind of fruit smoothie you want using these ingredients and different fruits and still have a low fat great-tasting... is it going to taste this good?

Chef Chris Smith: Mother Love we are in smoothie heaven right now.

Mother Love: I'm in smoothie heaven.

Chef Chris Smith: I'm telling you.

Jim Turner: Well, thanks Chef Chris. For more great diabetes recipes like the dLife smoothie visit dlife.com. And we'll be right back with a diabetes pregnancy tip from Dr. Lois Jovanovic that you'll really want to know.

<commercial break>

W1: Hi, I'm eight months pregnant. I wanted to know when's the best time to test my blood sugar during the day?

Nicole Johnson Baker: Well, before the break an expectant mother asked when was the best time to test her blood sugar, so here's Dr. Lois Jovanovic with the answer.

<Card: Dr. Lois Jovanovic, Diabetes & Pregnancy Expert>

Dr. Lois Jovanovic: The best time to check your blood sugar is all the time, for the baby sees the blood sugar around the clock, which means we have to check before and after

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every time we eat and every time we think that we might have changed treatment, diet, or exercise.

<Card: Frequent blood glucose testing allows you to determine what causes highs and lows.>

Dr. Lois Jovanovic: Around the clock checking is important for all pregnant women with diabetes.

Nicole Johnson Baker: Hey, how did you guys like those smoothies?

<applause>

Nicole Johnson Baker: They were fantastic. Well, we'd like to thank Dr. Lois Jovanovic, the diabetic Chef Chris Smith and our studio audience and, of course, our viewers watching at home. Thanks so much for being with us and for sharing my exciting news about being pregnant.

J. Anthony Brown: All right.

Nicole Johnson Baker: Remember, as always, it's our dLife. You're responsible for your diabetes life. We'll see you next week.

<closing credits>

Nicole Johnson Baker: Remember we're not role models. We're people living with diabetes just like you. What we do and how we manage may work for us but everyone is different and you have to work with your diabetes care team to find out what works best for you. Remember it's your diabetes life and there's no substitute for getting control of it.

End of Episode 14