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A 33 year old G2 P1 with past medical history of DM1 and islet cell transplant is currently carrying her second pregnancy without complications. Diagnosed with DM1 at age 15, she utilized an insulin pump for many years. Her diabetes was complicated by severe hypoglycemic unawareness and she underwent a successful islet cell transplant in March 2011. She was insulin independent for 3 years post-transplant. In June 2014, she presented with her first pregnancy at 5 weeks gestation and her HbA1C was 5.7%. During her first pregnancy, she required 18 units of insulin detemir two times daily without pre-prandial insulin. Her HbA1C at 36 weeks was 5.9%. At 38 weeks, she had a cesarean section for breech positioning and abnormal fetal heart rate tracings and delivered a female 21 inches long, weight 7lbs 8oz and Apgar scores 8,9. There was no neonatal hypoglycemia, however left hydronephrosis was noted. Detemir insulin was discontinued on the day of delivery. She remained normoglycemic and insulin-independent post-partum. In July 2016, the patient was found to be eight weeks pregnant with an estimated due date of 2/27/17. Her HbA1C on presentation was 5.4% from February 2016. Her most recent HbA1C at 18 weeks is 5.6%. She is currently requiring 11 units glargine two times daily without pre-prandial insulin. Current ultrasounds show normal fetal anatomy and growth without complications.