Abstract

It is crucial for gestational diabetic patients to receive insulin, by either injection of long-acting insulin or by continuous infusion of short-acting insulin. Left untreated or improperly controlled, gestational diabetes leads to morbidity and possible mortality in both mother and baby. A reliable indicator of inadequate control of gestational diabetes is hypoglycemia, which may be severe in postpartum mothers if insulin dosage has not been reduced immediately after delivery. Continuous subcutaneous insulin infusion is a way to tightly control blood glucose for patients who present with unique glucose regulation challenges. Evidence-based policy for using new health technologies associated with obstetrics helps prevent adverse events for both mother and baby. The need for diabetes management begins with healthcare professionals advocating, educating, leading, and collaborating with other health care disciplines to develop and implement best practices. The purpose of the project is to identify the need for change in protocol and practice to prevent postpartum hypoglycemia in new mothers on CSII protocol. The DNP project assesses compliance with protocol for administration of insulin at an acute care hospital that uses insulin pumps, both pre- and post-intervention. The project will use the Middle Range Theory of Unpleasant Symptoms and Lewin's Change Theory as theoretical frameworks. These selected theories support health care professionals in the education and advocacy for patients. In addition, the theories support and encourage health care professionals to advocate for policy change and implement evidence-based protocol change.

Keywords: Insulin pump, gestational diabetes, type 1 diabetes mellitus, type 2 diabetes mellitus, pregnancy