

Insulin pump management in pregnancy whilst inpatient

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Approved by	Maternity Governance Meeting
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Date of next review This is the most current document and is to be used until a revised version is available	16 th May 2028

Aim and scope of Standard Operating Procedure

To provide clarity on the use of insulin pumps during pregnancy whilst an inpatient, in labour and following steroid administration.

Target Staff Categories

Midwives and Doctors providing care where insulin pumps are in use.

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
April 2025	New SOP	MGM

Background

Insulin pumps are used to treat Type 1 DM. Insulin pumps deliver only rapid acting insulin. They replace background insulin by delivering this rapid acting insulin automatically every few minutes. Hybrid Closed Loop (HCL) systems consist of an insulin pump and a continuous glucose monitor (CGM). HCL systems will automatically increase or decrease insulin delivery based on where glucose levels are / are predicted to go. There is only one HCL system licensed for use in pregnancy which is the Ypsomed pump with a Libre 3 or Dexcom G6 sensor. All ladies with Type 1 DM will be offered to use/change to this system during pregnancy. Insulin pumps should only be removed if the patient is no longer able to manage the pump themselves or we suspect the pump has malfunctioned.

Patients on HCL systems should have a plan on Badgernet for their pumps, please check this on admission before proceeding with cares.

Admission to hospital

Patients using HCL systems will need to be able to manage this system themselves. The insulin should be prescribed on the usual insulin prescription chart. For example:

Novorapid via insulin pump continuous subcutaneous infusion.

If a patient was admitted and was unable to continue using their pump, they should be commenced on sliding scale and the insulin pump removed until review by a member of the DSN team. Consider starting long-acting insulin alongside if likely to be on IV insulin > 24hrs.

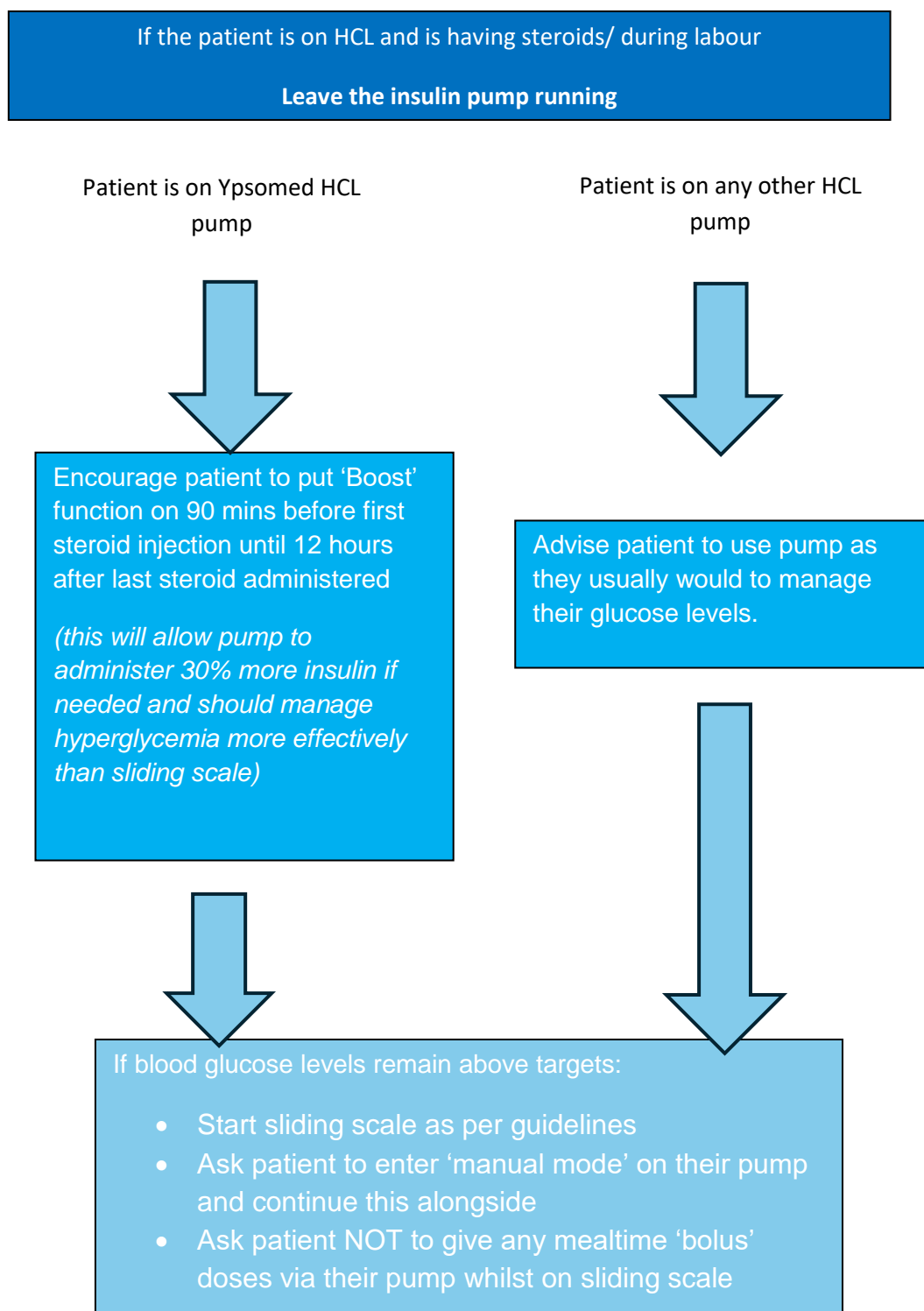
Patients are advised to bring all the necessary equipment for their HCL with them to hospital, the Diabetes team do not have supplies of equipment for all the insulin pumps.

If ordering insulin from pharmacy for patients on HCL you will need to order either insulin vials or pump carts (patients should be able to tell you which they usually use.)

Sudden Elevated readings

If readings become suddenly elevated with no explanation, it is likely either the cannula for the HCL is occluded, or the insulin pump has malfunctioned. Check Blood glucose and blood ketone levels. Encourage the patient to change the cannula for their pump and continue to monitor closely. If we suspect the patients pump is not working, then the patient will need to either switch to sliding scale or s/c insulin injections.

Managing Insulin Pumps and administration of steroids/ during labour



Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Review for management of insulin pumps	Badgernet Notes review for management of insulin pumps	Adhoc	Diabetes Midwife	MGM	As Required