Title:
Pregnant Women with Diabetes: Health Problems, APN Interventions in 2 Models of APN Transitional Care

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Session Title:
Advanced Practice Initiatives for Vulnerable Adults
Slot:
H 06: Tuesday, 1 November 2011: 10:00 AM-11:15 AM
Scheduled Time:
10:40 AM

Target Audience:
The target audience for this presentation consists of APNs, educators of APNs, and clinicians at all levels who care for pregnant women with diabetes.

Keywords:
APN Transitional care, diabetes in pregnancy and prenatal care

Abstract Text:
Purpose: To examine differences in type and frequency of health problems and advanced practice nurse (APN) interventions between 2 models of APN provided prenatal care in pregnant women with diabetes. In one model, APN care was added to physician prenatal care (additive). In the second, half of physician prenatal care was substituted with APN prenatal care in women’s homes (substitution).

For pregnant women with diabetes, maintaining diets and blood sugar levels is challenging. The literature lacks data on health problems from the women’s perspectives and if provider responses differ by model of care delivery.

Methods: Content analysis of 41 interaction logs containing process of APN care in 2 clinical trials: 1) APN care added to physician care; 2) half of physician care substituted with APN care. Health problems and APN interventions were classified using the Omaha System.

Sample: The 41 women with diabetes in the APN care group of the 2 RCTs had a mean age of 30, and were predominantly Black, high school graduates, and low income.

Results: 61,004 health problems and 61,007 APN interventions were identified with 70% of these occurring prenatally. The Substitution group had significantly more problems identified than the Additive group (M =2642 vs M = 491) and received significantly more APN interventions. Categories of health
problems and APN interventions were the same in both groups; surveillance, health teaching and counseling were the predominant APN functions.

**Discussion & Conclusions:** APNs’ broad range of skills and depth of understanding in personal, family, clinical and system issues allowed APNs to intervene early and effectively. When APNs shared care more equally with physicians, they intervened differently in type and number of interventions but maintained improved patient outcomes and health care cost savings even when assuming half of routine physician care.

Funded by NIH, NINR R01 NR02867, NIGMS S06 GM008205-210029