

POST-GESTATIONAL DIABETES: PATIENT PERSPECTIVES ON THE ORGANIZATION OF HEALTH SERVICES

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Imagine...

...A woman in her early to mid 30s, who is overweight but otherwise in fair health. She has two children; a 2 year old, and her newest child is only 6 months. Her husband works very long hours. Both her and her husband's family live over an hour away. With her last pregnancy she was diagnosed with gestational diabetes and seems to recall that she needed to follow up with something but can't quite recall and hasn't given it much thought....

BACKGROUND

- Incidence of gestational diabetes mellitus (GDM) is 3-7% (non-aboriginal population); 6-12% in overweight women
- Potential significant increase in GDM prevalence with adoption of new US screening criteria
- Overweight women have 2-fold increased risk of subsequent development of type 2 diabetes (T2DM)
- Perceived gap in compliance/ordering of post-partum oral glucose tolerance test (OGTT) reflects 20-45% screening rates in literature
- Family Health Team (FHT) has opportunity with increased capacity in primary care to address/promote healthy lifestyle interventions & risk reduction strategies to this at-risk population

RATIONALE

- Existing strong emphasis on active GDM management
- Post-partum programs to maintain healthy nutrition, physical activity and self management practices are far less developed
- New moms face significant barriers to using health services and adopting healthy lifestyle behaviour changes
- Chronic care model aims to improve healthcare by switching from:

Acute Care Management



Prevention Based Services

METHODOLOGY

- **Qualitative research design**
- **Used a phenomenological approach**
- **One 60 minute focus group**
- **Participants:**
 - 30 eligible women identified, 10 participated
 - >18 years
 - >= college education
 - All married
 - Rural community
- **Facilitated by a trained moderator**
- **5 pre-determined questions** (Developed using the Ottawa Model of Research Use)
- Used case vignette to generate general discussion
- **Thematic analysis** of verbatim transcript; themes checked by second analyst. Themes were separated into those that were relevant to services and those that reflected feelings, attitudes and knowledge
- **Ethics review** by Research Ethics Board, University of Guelph and Groves Memorial Hospital



Focus Group Discussion Questions

1. Can you relate to the 'Imagine' scenario? Keeping this woman's situation in mind, following the birth of her child, the FHT would like to confirm that she no longer has diabetes and then further support preventing type 2 diabetes.
2. What would be your suggestions for how to make services more accessible to her given her current situation?

For example, we would like your opinions on possible types of programs that could be offered:

- Group programs during the day
- Group programs in the evening
- Child care available
- Individual appointments
- Drop-in programs
- Telephone follow-up
- Mailed self-help materials
- Web-based materials
- Referral to community program

3. Is there any one of these delivery methods that is more appealing to you? Why?
4. Is there any one of these delivery methods that you feel would not be effective?
5. Any other ideas about managing or preventing diabetes or the structure and organization of current services offered by the FHT and Groves Memorial Community Hospital?

Study Limitations

- Pilot study of focus group method; needs to be replicated in larger number of groups to verify and identify all themes.
- Case vignette was only partially successful in helping participants focus on health services issues.

RESULTS / CONCLUSIONS

Current Organization of Health Services

Themes:

- Received conflicting messages
- Experienced competing priorities
- Were apprehensive about completion of test, length, environment (0/10 completed post-partum screening)
- Difficulty making connection between knowledge and behaviour
- * Lacked moral/social support

"I felt really embarrassed...felt like I screwed up"

"I couldn't bring my older kids to that lab...I got asked to leave because my baby was crying"

"The PHU nurse didn't know I had GDM... the last thing on my mind was if my sugar was high..."

"I know it all but how do I do it...?"

Opportunities to Reorganize Health Services

Themes:

- Child-friendly environment
- Variety of formats necessary
- Improved resources
- Optimize use of parents' limited time

"all there with colicky babies...bond for 3 hours..."

"blended services, Mommy & Me, breastfeeding support, drinking orange, yucky stuff..."

- Several key insights/service gaps emerged from the results that were not previously known to health care providers.

Preferred strategies included:

- Face to face component; not internet or telephone
- Techniques to increase motivation/self management (e.g. cognitive behavioural therapy, motivational interviewing)
- Skill based activities for meal preparation/shopping
 - Peer support, child friendly environment
- Variety of service delivery methods available to accommodate different styles/challenges

- Focus group method has promise for bringing in the patient perspective on improving services.
- More work is needed on how to mitigate the identified emotional aspects of GDM diagnosis that emerged from this work. There was substantial shame and guilt expressed.