



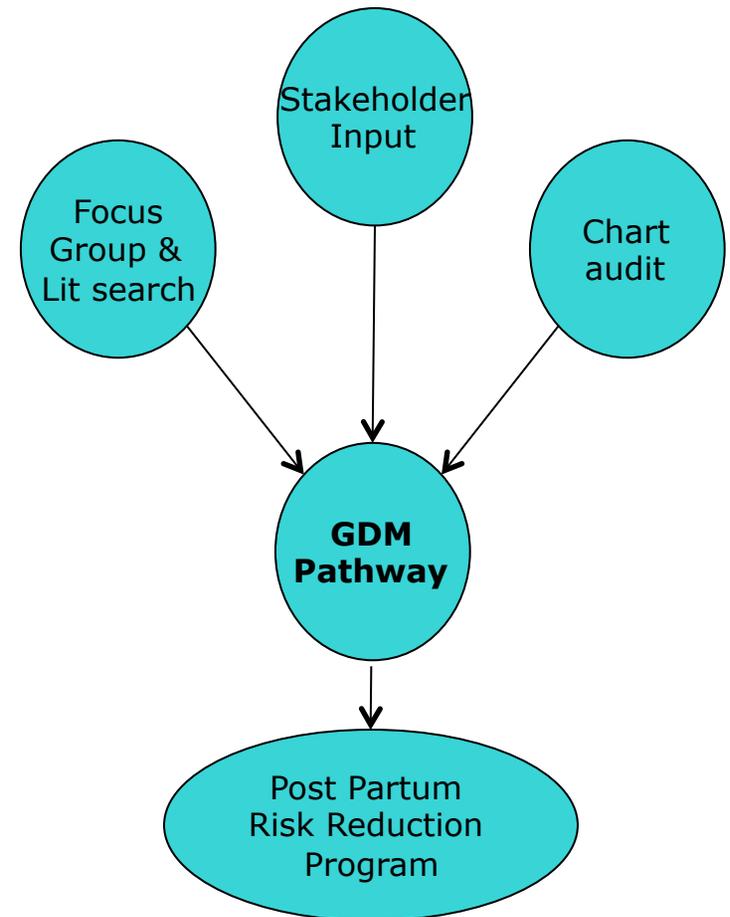
Post-Gestational Diabetes:

Patient perspectives on the
organization of health services

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Gestational Diabetes Project

- Focus group: part of a larger project to develop an evidenced based community pathway for women diagnosed with GDM
- 2 year grant awarded in 2011 from Public Health Agency of Canada





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 to address/promote healthy lifestyle interventions & risk reduction strategies to this at-risk population

Rationale



- Strong emphasis on acute management of women with GDM
- Post-Partum management is far less developed
- New moms face significant barriers to using health services and adopting healthy lifestyle behaviours:
 1. **time availability**
 2. **prioritizing competing life responsibilities and their own health**
 3. **lack of support from family members, friends, and/or coworkers**
 4. **lack of flexibility in the intervention structure**

(Carter-Edwards et al., 200; Ostebye et al., 2008)



Research Objective

To gather information on the thoughts and ideas of women with a previous GDM diagnosis on the organization of health services offered to them following the birth of their child.

Methodology



- Qualitative research design
- Ethics approval by Research Ethics Board - University of Guelph, Groves Hospital
- Used a phenomenological approach
- One 60 minute focus group
- Facilitated by a trained moderator
- 5 pre-determined questions
 - Developed using the Ottawa Model of Research Use

Participants

- 30 participants identified of which **10** participated
- All had a previous diagnosis of GDM
- Over 18 years of age, all were **married** and had a at least a college diploma
- All previous or current patients of Upper Grand FHT or Groves Memorial Diabetes Education Centre



Imagine for a moment...

“You are a woman in your mid 30’s, who is overweight, but otherwise in fair health. You have two children, a daughter who is 2, and your newest child, who is only 6 months old. Your husband works as a financial planner and works very long hours. Both your family and that of your husband live in another city over an hour away. With your last pregnancy, you were diagnosed with gestational diabetes mellitus.”



Data Analysis

- Transcription- Clear Pane Transcription
- Thematic content analysis by 2 analysts
- Summative coding
 - Identified any key processes
 - Assigned data to mutually exclusive categories
 - Identified key themes present

Results

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 know it all but how do I do it...?”

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

Results

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..”

Discussion

- Chronic Care Model- aims to improve health care delivery by shifting from:

Acute Care
Management

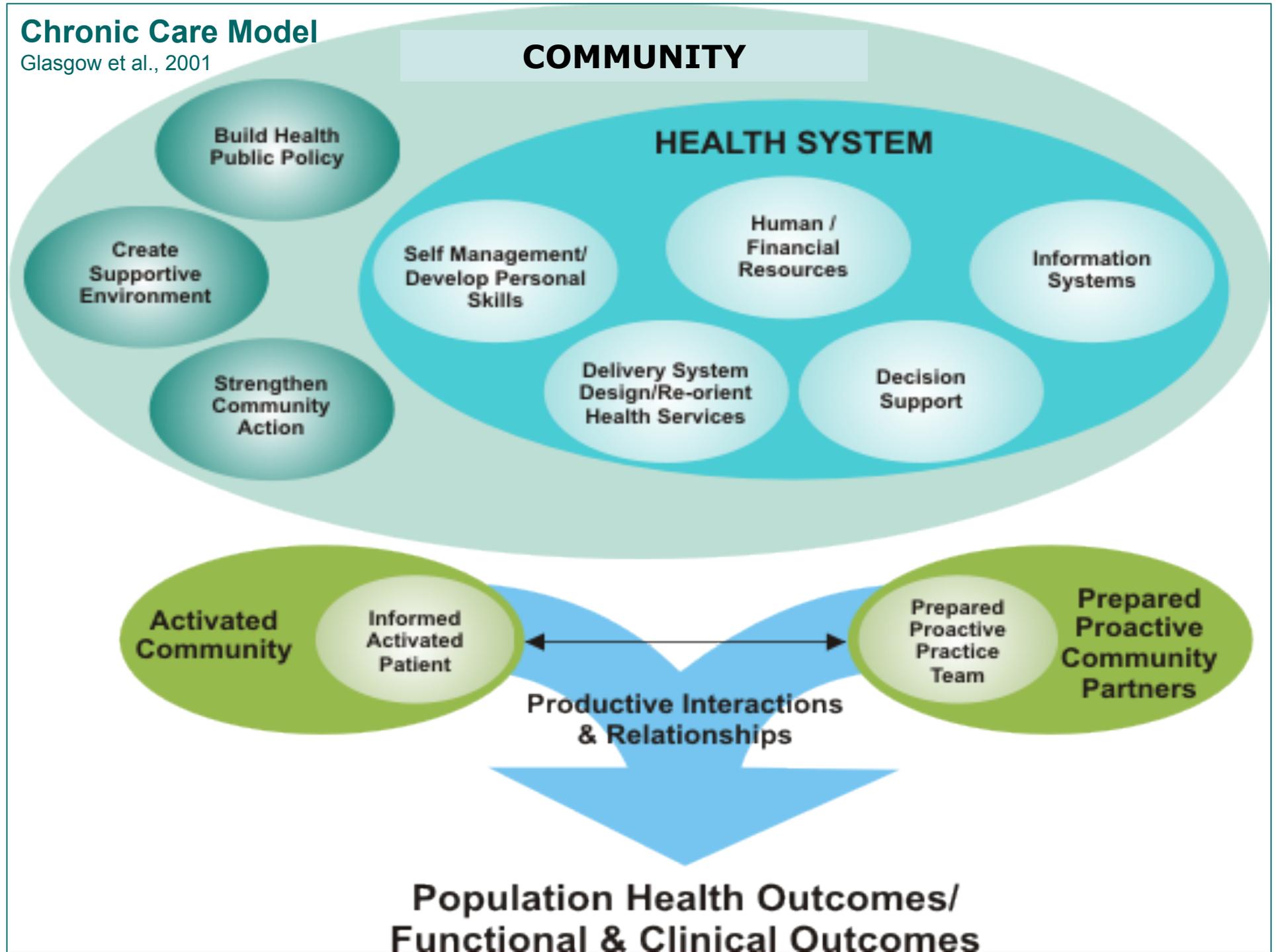


Prevention-
based Services

- Pts with DM may experience improved clinical & behavioural outcomes by applying the CCM to the community health system- 5 practices implemented CCM into their care plans & found ↓ HbA1c, ↓ lipids, and ↑ SBGM (Piatt et al., 2006)

Chronic Care Model

Glasgow et al., 2001





Conclusions

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

Preferred strategies included:

1. **Face to face component; not internet or telephone**
 2. **Techniques to increase motivation/self management (e.g. cognitive behavioural therapy, motivational interviewing)**
 3. **Skill based activities for meal preparation/shopping**
 4. **Peer support, child friendly environment**
 5. **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. There was substantial shame and guilt expressed.



Limitations

- Pilot study- 1 group interaction, needs to be replicated in larger number of groups to verify and identify all themes.
- Lack of participant diversity: highly educated, from a small Ontario town & limited ethnic or cultural diversity
- Broad inclusion criteria: New moms have different needs than moms with multiple children of different ages
- Focus groups affected by group dynamic



Questions





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