 

**Diet, Activity and Screening after gestational diabetes: an Interview Study**

Summary of the findings

The aim of the DAiSIeS study was to explore and develop practical approaches to promote eating a healthy diet, being physically active and attending diabetes screening (also called post-birth or postpartum glucose testing) in women who have had gestational diabetes (GDM) in order to reduce their risk of developing type 2 diabetes (T2D) in the future.

Below are some of the main findings of the study that we intend to publish in an article.

In total, 20 participants were interviewed in Cambridgeshire and Peterborough.

## Healthy diet and physical activity

Most participants were attempting to eat a healthier diet and wanted to continue parts of their diet from GDM pregnancy (but less strictly). Many participants reported doing less exercise than before pregnancy. Some still did quite a lot (such as running) whereas others thought it would be easier to exercise when the children were older, or they had recovered from a caesarean or pregnancy in general.

During the interviews, I asked what would help the participants most to eat a healthy diet and be more active after having the baby. I also asked them to comment on if they thought the suggestions I made would be helpful to them. The following summaries were based on the participants’ ideas and feedback on the suggestion cards.

### Information and understanding

**Most participants wanted more information about the impact of healthy diet and exercise on their T2D risk:** Some participants welcomed any extra information and others were not sure about the long-term effects of GDM. It was important that information was practical and specific to mothers after having had GDM.

**The participants had differing views about more information on the impact of healthy diet and exercise on their wider health:** They found that existing support after pregnancy focused on this (e.g. children’s centres taught them about the benefits of exercise on stress) or they already knew it. Some participants felt that more information would still be helpful.

### Improving diet

**Most participants wanted more advice about how to have a healthy diet:** They had learnt a lot during pregnancy but felt that more advice or tips would help them after the birth, e.g. advice for while they were breastfeeding or if family members had different appetites. Also, a couple of participants commented that some parts of the GDM diet wasn’t a ‘normal’ healthy diet (like eating peanut butter instead of fruit), so wanted to learn more.

### Improving exercise

**Most participants wanted support to exercise with others:** This might make exercising less boring and would be an opportunity to socialise. Parent-friendly or mother-and-baby classes would be most accessible. However, a few participants said they did not like to exercise with others.

**Most participants wanted advice about how to exercise with a busy schedule:** Several participants thought that exercising around the home or with their family would help the most. They suggested postpartum-friendly exercise cards/diagrams, carrying the baby in a baby carrier (that supports your back) and splitting exercise up in the morning and evening.

### Family

**The participants had differing views about more information on the impact of diet and exercise on their family:** Some thought it was important for children to be healthy too and making some changes was something they would do as a family. Others felt they already knew this e.g. from the health visitor, or thought that it wasn’t relevant to the children.

**The participants had differing views about suggestions for being healthier as a family:** Some wanted ideas for activities involving wider family and friends, whereas others did not think this would help them to eat a healthy diet and exercise.

### Money

**The participants had differing views about advice on saving money:** Going to the gym or exercise classes were often thought of as expensive, as was healthier food compared to unhealthy food. Some participants thought that there wasn’t much advice about keeping a diabetes-friendly lifestyle on a budget, whereas others didn’t think cost prevented them from being healthy because cheap or free options were available.

### Monitoring

**Most participants wanted advice about monitoring their progress:** The participants discussed monitoring themselves (recording weight, diet, exercise levels, calories in and out, or ‘nice’ things like going out to the park) or meeting with a health professional. Importantly, it was a way to stay motivated or to get feedback on how they were doing.

### Sustainability

**Most participants wanted advice about sustaining changes to their diet and exercise:** They knew that it would be challenging, but that the things like healthy food that was suitable for the whole family, exercises that could be done around the house, and more monitoring would them to keep going.

**\* Post-birth diabetes testing**

After GDM, the national guidelines in the UK advise women to have a blood test postpartum to check they are clear of diabetes. They also advise that they are tested annually for diabetes following GDM.

If you have any questions or concerns about this, please contact your GP.

More information is available on the Gestational Diabetes UK website: www.gestationaldiabetes.co. uk/post-birth-testing/

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| Please write any comments you have about support to have a healthy diet and physical activity here (the box will expand if you need more space): |

## Attending diabetes screening after pregnancy

The majority of the participants had had a test for diabetes since their GDM pregnancy.\* They attended because they had an appointment booked (sometimes it was booked for them during pregnancy; other times they booked it at the GP themselves), and they wanted to find out if the GDM had gone or if they should take further action. Some but not all of these participants were aware of the advice for an annual test.

A few participants had not had any diabetes test since pregnancy. They didn’t know postpartum testing was possible and thought that no further contact with doctors about GDM was normal.

Like for healthy diet and exercise, I asked what would help the participants to attend diabetes screening. The following summaries were based on the participants’ ideas and feedback on the suggestion cards.

### Booking tests

**Most participants wanted to discuss post-birth testing with a doctor while they were pregnant:** Some of the participants had done this – it was a bit of a surprise when the doctors brought up what they needed to do after having the baby while they were still pregnant, but it wasn’t worrying. Others thought doctors explaining the tests in advance would help them to know what was coming and help people to prioritise going.

**Most participants wanted invitations and reminders for post-birth tests:** They were happy to remember to book the test (e.g. they could set an annual reminder on their phone like for a birthday) but they all felt that a reminder from the GP would be helpful because life was hectic with the baby and it’s easy to forget. They suggested emails, letters, text messages, or a notification in the online GP portal. Several likened it to a cervical smear test, where a letter is sent from the GP.

### Test location

**Most participants wanted to be able to choose where to have their diabetes screening test:** They thought that having blood taken at the GP practice or an another clinic would make it easier to attend – it was closer, easier to get to, and had more appointment times. Some didn’t feel as though the effort required to get to the hospital was worth it.

### Test used

**Most participants did not think more pleasant screening tests would help attendance:** The fasting plasma glucose (FPG) or HbA1c test used after pregnancy was already better than the OGTT that they had during pregnancy, and they were used to needles by the end of pregnancy.

### Combining appointments

**Most participants wanted to be able to combine their diabetes screening test with another appointment:** They thought that having the test at the same time as the six weeks check or children’s vaccinations would be helpful in reducing the number of appointments they needed to go to (as long as it didn’t distract them from talking to the GP).

### Child-friendly clinics

**The participants had differing views about the benefits of more child-friendly clinics and waiting rooms:** Most said that GP surgeries were already suitable, and they valued books and toys that were there. One participant said the parking facilities and a choice of appointment times made the appointment more child-friendly than the waiting room. Other participants were not affected as they didn’t take their children to the appointment.

### GP awareness of pregnancy

**The participants had differing views about the benefits of their GP knowing more about their GDM pregnancy:** Some participants thought that this would improve their healthcare after pregnancy because GDM would be mentioned at other appointments, giving more support. Others disagreed that this would help or thought it would be inappropriate to overload the GP.

### Understanding GDM and postpartum testing

**The participants had differing views about more opportunities to understand GDM:** Half of the participants felt that they already had enough information because they learnt from their clinicians or did their own research. Others wanted more chances to understand the ongoing, long-term effects of GDM.

**The participants had differing views about more opportunities to understand the diabetes screening tests:** Again, some participants already had enough information, but others had questions about the tests like if a FPG test could tell you as much as an OGTT.

### Stopping self-testing

**The participants had differing views about removal of the option to self-monitor their blood glucose:** Some participants didn’t want to do any more finger prick tests: they would prefer someone else to do it for them, or understood that the formal test was more accurate. Others wanted the option to keep monitoring so they could see what their blood glucose was immediately after eating different foods like they had during pregnancy.

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## Delivery of support

Lastly, the participants shared how the support could be delivered.

### In-person support groups

Several participants wanted to be part of a peer support group. It could start during pregnancy and continue after the birth to share experiences from different stages of pregnancy because many women felt alone during GDM.

### Appointments with healthcare professionals

Several participants were helped by receiving quite brief advice about post-birth diet and exercise and long-term diabetes risk during pregnancy, as long as they knew that more information would follow.

In the same way, some participants felt that knowing the “plan of action” should be mentioned, in a casual way, while they were on the delivery ward or when they were discharged from hospital. Lots of other information was given at this time so it was strange that GDM was not mentioned. However, it was also an overwhelming time when they didn’t remember much.

Two thirds of participants wanted an appointment after pregnancy with a clinician (maybe part of the postpartum check). In practice, appointments focused on the baby, which was very important, but mums needed some time with an expert too. They wanted to be asked how they were and how things were going, to have some reassurance, and discuss what to do next. They also wanted feedback on the results of each diabetes test.

### Written information

Many participants looked for diabetes and healthy lifestyle information after pregnancy (e.g. on the NHS website, social media, the Gestational Diabetes UK website, and documentaries). Facebook groups were understanding and supportive, and useful for information. Many participants were open to the possibility of using an app, especially if it was interactive. They thought that written information, in any format, would be most beneficial if it was provided alongside face-to-face care or the doctor suggested it to them.

### Delivery of messages

Six participants felt strongly that the manner in which support was provided was important: information should be shared in an individualised and sensitive way. It should come as part of a gentle chat that is delicately managed, due to hormones and stress. It should also be positive, with a focus on keeping up healthy changes and what they can/should do rather than what they can’t.

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