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Exploring health professionals' knowledge, practices, and attitudes regarding gestational diabetes: a cross sectional national survey

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Gestational diabetes confers short- and long-term risk of complications for mother and child⁽¹⁾. Gestational diabetes care is provided by healthcare professionals (HCPs) such as endocrinologists, diabetes nurses, dietitians, midwives, and general practitioners⁽²⁾. These HCPs have several opportunities in pregnancy and postpartum to influence a woman's health behaviours and raise their awareness of the protective benefits of breastfeeding, healthy eating, exercise and engaging in future diabetes screening. We sought to explore HCP attitudes, knowledge and practices in gestational diabetes care during pregnancy and postpartum for Irish primary and secondary care settings.

HCPs whose role included gestational diabetes care during pregnancy and/or postpartum were invited to complete an online 20-item survey between June and Sept 2022. Social media, professional organisations and personal networks were used for recruitment. Questions included knowledge of long-term complications associated with gestational diabetes, guideline awareness, postpartum diabetes screening and advice practices. Analyses were performed using SPSS statistical software.

Seventeen healthcare professions completed the survey (n = 127): general practice nurses (n = 28, 23%), general practitioners (n = 24, 20%), midwife, diabetes nurse and diabetes midwife specialists (n = 19, 17%), dietitians (n = 18, 15%), and other (n = 35, 25%). A wide variety of guidelines (n = 14) were used to support gestational diabetes management with 'HSE guidelines' (24.5%), 'local guidelines' (13.2%), and NICE (11.3%) most frequently cited; 12.3% cited uncertainty, and 27.5% of respondents reported not following any named guidelines. While future risk of type 2 diabetes awareness was high at 92% (n = 118) among respondents, 78% (n = 127) either underestimated or were unsure of the risk level. Most HCPs reported feeling a responsibility to discuss future health risks with women (82.2%, n = 122), but only 61% (n = 118) routinely discussed the long-term health risks. For postpartum follow-up, only 31.3% (n = 115) felt there were clear guidelines available to support practice, 23.9% (n = 113) identified systems needed to be in place to support practice, and 18% (n = 117) reported effective communication between primary and secondary care services for women with gestational diabetes. Healthy eating and weight management were seen by HCPs as the most important aspects of postpartum care after gestational diabetes (91.3% and 89.7% respectively), but just 28.6% felt group education was important. To reduce women's future risk of type 2 diabetes, dietary advice was reported to be offered by 95.8% (n = 114) of HCPs, yet only 54.6% (n = 65) stated to refer women to a dietitian.

HCPs reported a wide variety of guidelines are used to support gestational diabetes management as well as significant variation in care practices. System level challenges and ineffective communication across settings appear to impact the provision of appropriate postpartum follow-up. Nationally agreed guidelines for best practice gestational diabetes management and postpartum diabetes prevention with standardised care pathways that include professional roles and responsibilities are needed

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References

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