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HOW MY PROJECT IS CHANGING CLINICAL PRACTICE: A DEVELOPMENT OF A PATIENT INFORMATIONAL FILE FOR POSTPARTUM WOMEN WITH PRIOR GESTATIONAL DIABETES MELLITUS.

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Background:

Woman with Gestational Diabetes Mellitus (GDM) benefits from structured diabetes follow-up during her pregnancy. This support stops at childbirth.

However, having had GDM puts the woman at risk of developing Type 2 Diabetes Mellitus (T2DM) later in life. Lifestyle interventions have been shown to reduce this risk.

Health professionals must adapt their postpartum practice in order to be able to intervene with these women, who have had GDM, at high risk of progressing to T2DM.

Aim:

Design and develop an information resource on GDM and lifestyle interventions that can help reduce the risk of developing T2DM in the years following a diagnosis of GDM.

Support a care team in its support of the GDM with a view to subsequently creating a postpartum nursing consultation.

Method:

- A systematic review of reviews identified evidence-based postpartum lifestyle interventions resulting in 25% significant improvement in T2DM detection.
 - ✓ Postpartum Lifestyle interventions combine : Healthy diet
 - 30 minutes / day / 5 days /week of moderate physical activity.
 - Limits are located: duration of the interventions which could not be estimated because of its variability.
 impossibility of extracting a convincing program or content.
 - The authors of the SRs show that the more the woman is accompanied by professionals, the more effective the benefit of the interventions.
- A research question was formulated : What effective strategies can we develop in our current practice to support women with GDM at risk of progression to T2DM to integrate postpartum physical activity and healthy diet interventions?

Interviews were conducted:

- ✓ 5 health professionals involved in the GDM consultation to find out their points of view concerning the interventions that can be implemented postpartum to prevent the risk of developing T2DM
- ✓ 3 women with a previous GDM, following by our team, to know their points of view concerning the postpartum preventive T2DM messages.
- Behaviour Change Theories were evaluated for their potential role in informing clinical care.
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The COM-B model serves as the basis for formulating objectives, thus inviting reflection on the possibilities for behaviour change in terms of capacity, motivation and opportunity.

Result:

- Postpartum lifestyle interventions have a beneficial effect in reducing the risk of developing T2DM later in life in women who have had GDM.
- These interventions must be implemented with the support of health professionals.
- Women want more structured information and follow-up for this postpartum period.
- Support should include agreeing goals for behaviour change in terms of capacity, motivation and opportunity.
- ✤ An information booklet has been developed integrating these results.

Conclusion :

 Reinforcing and intensifying the prevention messages of the risk of developing T2DM after GDM is the first step to follow in the GDM consultation.

The postpartum informational file for woman with prior GDM offers the possibility at the health professional to create a personalised support with woman during all her follow pregnancy to prepare her postpartum period.