

# **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**

A 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 gestational diabetes mellitus and lifestyle interventions that can help reduce the risk of developing type 2 diabetes mellitus 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**

Four approaches were adopted to inform this project. A systematic review of reviews identified evidence-based postpartum lifestyle interventions resulting in 25% significant improvement in T2DM detection. An interview was conducted among 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. Three women with a previous GDM were interviewed. Behaviour change theories were evaluated for their potential role in informing clinical care. 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 messages of prevention of the risk of developing T2DM after GDM is the first step to follow in the GDM consultation.