A QUALITATIVE STUDY EXPLORING PARTNER INVOLVEMENT IN THE MANAGEMENT OF GESTATIONAL DIABETES MELLITUS

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Background

Pregnancy for women with gestational diabetes mellitus (GDM) is considered high risk due to the increased possibility of adverse maternal, fetal and infant outcomes. GDM requires self-management through dietary control, physical activity, blood glucose monitoring and administering medication. Partner support can be pivotal in women's engagement in GDM self-management behaviours, which can influence pregnancy outcomes. However, no previous studies have explored in-depth how pregnant women and their partners jointly cope with GDM.

Aim

To explore the experiences and expectations of women with GDM and their partners and how these influence couple interaction in GDM management, to inform a targeted couple-based intervention.

Method

We conducted semi-structured interviews with 14 women with current GDM and their partners. Participants were recruited through a convenience sample from a tertiary hospital in Xi'an City, China. Data were analysed using thematic analysis.

Result

Three themes and fourteen subthemes were identified. Theme I: Women's expectations of their partner's involvement in GDM management consisted of practical support, emotional support, and systematic knowledge mastery. Theme II: Partners involvement in GDM management included constructive involvement, unhelpful involvement with good intentions, and insufficient involvement. Theme III: Factors that influence partners involvement in GDM included knowledge of GDM; GDM risk perception; health consciousness; attitudes toward the treatment plan; couple communication; family roles; the appraisal of GDM management responsibility; and perceived family benefit.

Conclusion

There is a dissonance between partners' involvement in GDM management and pregnant women's expectations of it. To overcome this and potentially improve women's ability to attend to the demands of GDM, healthcare professionals need to develop strategies for including partners in GDM care. This study has also highlighted some novel factors that need to be considered in developing couplebased interventions for this population.