

BARRIERS AND FACILITATORS TO ATTENDING POSTPARTUM DIABETES SCREENING AMONG CHINESE WOMEN WITH PREVIOUS GESTATIONAL DIABETES

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Background:

Gestational diabetes mellitus (GDM) is a common complication of pregnancy. Women with a history of GDM are at a higher risk of developing type 2 diabetes (T2DM). Postpartum diabetes screening is usually recommended to identify glucose intolerance and introduce timely diabetes prevention strategies. However, the uptake of screening is suboptimal, especially in China, where GDM is prevalent. To date, there is scarce evidence on the barriers and facilitators to screening uptake among Chinese women.

Aim:

To explore the barriers and facilitators of postpartum diabetes screening uptake among Chinese women with GDM to inform the development of an intervention to increase screening attendance.

Method:

Online semi-structured interviews were conducted with participants recruited via social network platforms and patient groups. The data were analysed using framework analysis and the Theoretical Domains Framework (TDF).

Result:

Twenty-four women participated, four of whom were pregnant. Of the remaining postpartum women, screening attendance rate was 35%. Four themes regarding the barriers and facilitators to screening uptake were identified: risk awareness, screening-related factors (accessibility and acceptability of the screening method), interactions with healthcare providers (HCPs), and motivation towards personal health. The lack of awareness of the increased long-term risk of future T2DM, in particular T2DM complications, was common among non-attendees. This was closely related to HCP interactions and characterised by HCPs' lack of interest and attention towards future risks and screening importance [include a sentence here to expand screening-related factors]. The psychological determinants of motivation towards personal health, such as fear of knowing about diabetes status, confidence in self-care, childcare responsibilities, and a sense of security with the asymptomatic nature of hyperglycaemia, also influenced screening uptake.

Conclusion:

The findings indicate that postpartum screening uptake among women with previous GDM could be boosted through: raising risk awareness, effective communication with HCPs, increasing the acceptability and accessibility of screening procedure, as well as addressing psychological factors related to attendance. Increased screening could help reduce T2DM onset or delay T2DM complications in this group.