STRUCTURAL AND ORGANISATIONAL CHALLENGES TO PRE-PREGNANCY CARE FOR WOMEN WITH TYPE 2 DIABETES: "PREPARED" STUDY

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Background
The PREPARED study was a primary care-based intervention designed to enhance pregnancy preparation among women with type 2 diabetes. It included decision-support tools and educational resources to prompt healthcare professionals (HCPs) delivery reproductive healthcare and pre-pregnancy consultations, alongside awareness-raising materials directed at women. Informed by a complex adaptive systems framework, ongoing feedback from HCPs assessed engagement implementation and recommendations for refinement.

Methods
A longitudinal series of interviews with healthcare professionals was conducted at four distinct timepoints over a 30-month observation period. Data were analysed using Framework Analysis, underpinned by Normalisation Process Theory (NPT), which provided a theoretical lens to examine how HCPs conceptualised the intervention, engaged with its components, and collaborated as teams to facilitate implementation.

Findings
Healthcare professionals(n=45) from participating primary care practices were interviewed before and throughout the intervention period. Successful implementation depended on leadership, particularly from senior clinicians or a designated clinical champion. Staff turnover and evolving roles disrupted continuity and reduced engagement with the eLearning component. time constraints and workload pressures hindered implementation, although these were mitigated by proactive clinical leadership. Knowledge sharing within practices was informal often reliant on individual initiative, resulting in inconsistent use of the electronic health record template. Limited financial incentives and a perceived lack of national prioritisation reduced motivation to adopt the intervention more widely.

Conclusion
Implementation of the PREPARED intervention was inconsistent and largely reliant on individual initiative rather than systematic incorporation of the provided resources. This resulted in considerable variability in the extent to which women were exposed to structured pre-pregnancy care.