UNDERSTANDING BEHAVIOURAL BARRIERS TO PRE-PREGNANCY CARE IN TYPE 2 DIABETES: A COM-B ANALYSIS

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Background
Women with type 2 diabetes (T2D) require pre-pregnancy care (PPC) to optimise outcomes and minimise risk, yet PPC is inconsistently provided. The PREPARED study aimed to improve PPC delivery through a multicomponent primary care-based intervention. This analysis explored women's experiences of receiving reproductive health advice in primary care during the study.

Methods
Semi-structured interviews were conducted with women with T2D. Data were analysed using Framework Analysis and guided by the COM-B model to identify behavioural barriers and enablers to PPC.

Results
The 12 participants interviewed described limited psychological capability to engage in PPC. Most were unaware of the link between diabetes and pregnancy and relied on self-directed online research of uncertain reliability. Some reported receiving brief information about PPC, but delivery was inconsistent. Routine diabetes reviews and contraception appointments rarely addressed pregnancy planning, resulting in missed opportunities for engagement. Social opportunity was constrained by short, medically focused consultations and few proactive discussions by healthcare professionals. Reflective motivation varied with pregnancy intentions; those not planning pregnancy disengaged from PPC information, while others were motivated but lacked support. Women recommended earlier information at diagnosis, routine discussion of reproductive intentions, and dedicated PPC leads or group education to normalise PPC within diabetes care.

Conclusion
Even with targeted intervention and implementation support, PPC was not delivered consistently in primary care. Addressing persistent behavioural and system-level barriers will require an approach that embeds reproductive health within diabetes care and provides structured education, leadership, and proactive discussion of pregnancy intentions for all women with T2D.