

CONTEXTS, TRIGGERS AND IMPACTS OF GESTATIONAL DIABETES STIGMA: INFORMING ANTI-STIGMA INTERVENTIONS

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Background

Stigma is commonly experienced by women during and after pregnancies affected by gestational diabetes mellitus (GDM). Stigma is a multifaceted phenomenon, experienced internally and through interactions with healthcare professionals (HCPs), family and friends, with negative consequences for emotional wellbeing and health behaviours. As part of a co-design study to develop anti-stigma interventions, we explored women's experiences of stigma, focussing on its contexts, triggers and impacts.

Methods

Focus groups (n=7) were conducted with women (n=35) who had experienced GDM in the last five years. Discussions were transcribed and analysed using linguistic analysis.

Results

Analysis identified four key scripts: withholding (women concealed their GDM, thoughts and behaviours to avoid judgement or shame); moralising (women felt judged by HCPs, family or friends about their condition); contestation (women experienced blame by HCPs around diet and blood glucose levels); and difference (women felt alienated from and denied a "normal" pregnancy and described reduced autonomy in care). These experiences affected women's cognitions (embarrassment, guilt, shame, anxiety, fear and frustration) and behaviours (avoidance and concealment). Interactions in GDM care (including communication around screening, blood glucose levels, medication and pregnancy choices) were identified as a major driver of stigma.

Conclusions

Stigma in GDM is pervasive, triggered in both social and healthcare contexts and has significant impacts on emotional health and health behaviours. Anti-stigma strategies are needed to reduce the impact of stigma on women's emotional and physical health and improve engagement with care.