WHAT TO SAY / NOT TO SAY TO WOMEN WITH GESTATIONAL DIABETES: A CO-DESIGNED ANTI-STIGMA INTERVENTION

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Background
Women with gestational diabetes mellitus (GDM) frequently report feeling stigmatised by family, friends or healthcare professionals (HCPs). Stigmatising comments often imply judgement, blame or a sense of alienation from a 'normal pregnancy'. As part of a co-design study to develop anti-stigma messages, women have identified phrases that they find harmful and suggested alternatives.

Methods
Two co-design workshops were conducted with 15 women who had experienced GDM in the last five years, with discussions transcribed and analysed using Content Analysis.

Results
Stigmatising phrases from family and friends often related to eating, weight, or perceived causes of GDM ("should you be eating that?"; "you must have eaten too much - that's why you have GDM"). Women preferred affirmational, empathetic, non-judgemental and constructive alternatives such as: "tell me what you can eat" or "would you like to go for a walk?". For HCPs, women highlighted several unhelpful practices: fear / threat-based messaging; assumptions about diet, body size or ethnicity; or binary framing of blood glucose values as good or bad. Instead, they wanted communication that: normalised GDM ("this is common, it's not your fault"), promoted autonomy ("you still have choices") and conveyed empathy ("I know this is very difficult"). Women stressed the importance of avoiding judgmental attributions and unnecessarily amplifying risks to their baby.

Conclusions
Common interactions with family, friends, and HCPs can inadvertently drive stigma, undermining women's emotional wellbeing and health behaviours. Women with GDM identified counter-messages and practical communication strategies to reduce stigmatisation and support constructive, compassionate care.