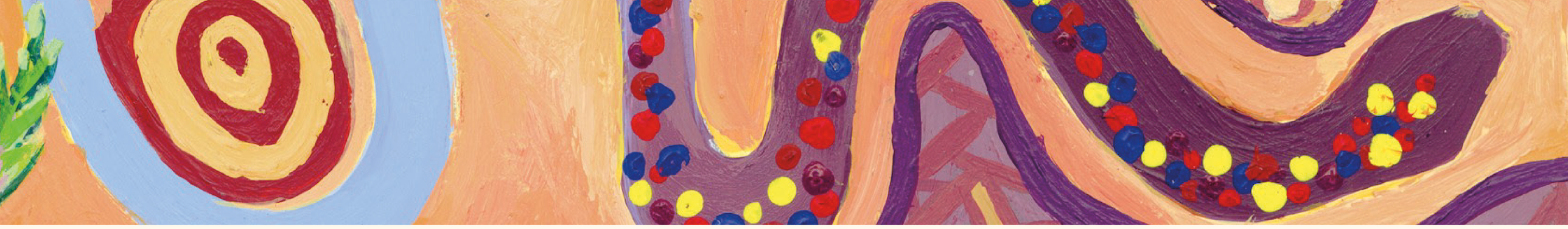

Paths to improving postpartum care among Australian Aboriginal and Torres Strait Islander women after gestational diabetes

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What was this research project about?

We aimed to understand why there are low rates of postpartum screening after gestational diabetes (GDM) among Aboriginal and Torres Strait Islander women, and what might help to improve this.

1. We interviewed seven (7) women who had gestational diabetes to understand barriers and enablers to postpartum screening
2. Twenty (20) Aboriginal and Torres Strait Islander health workers participated in focus groups to identify strategies to improve postpartum screening and care
3. Twenty-four (24) other service professionals (doctors, nurses, midwives) attended workshops to prioritise strategies and how to implement them

Why is postpartum care important?

Aboriginal and Torres Strait Islander women have a very high risk of developing type 2 diabetes after GDM, *with almost 50% developing type 2 diabetes within 7 years* of the affected pregnancy.[1] Risks are lower for women who fully breastfeed and have a healthy weight.[1]

Postpartum screening is recommended every 1-2 years after GDM. *However, less than 40% of Aboriginal and Torres Strait Islander women in North Queensland* (Figure 1) *had the recommended postpartum test.*[2] Screening rates are lower in Cairns than remote areas.

Untreated type 2 diabetes can cause serious complications in future pregnancies, and affect the health of mothers in the longer term.

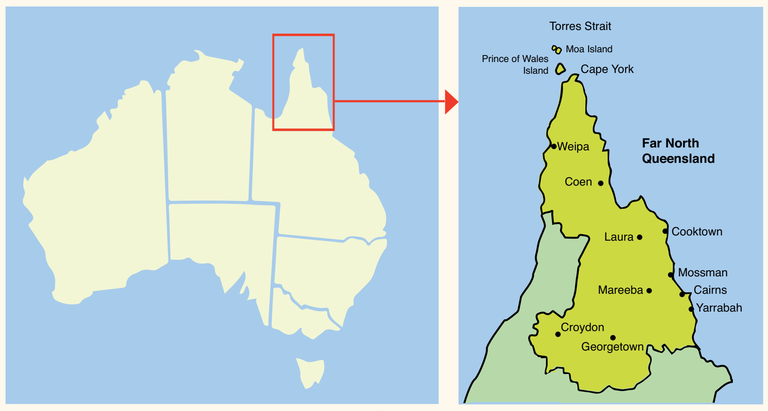

Figure 1: Map of Australia[3] and Far North Queensland

How was data collected?

1. During **interviews with women**, a third person scenario of a woman 'Mary' with GDM was used. The image of Mary at a 'gate' to a health service facilitated discussions (Figure 2). Issues raised that might help or prevent Mary attending the health service were recorded on sticky notes and the women selected five they felt were most important
2. The themes raised by women were presented in **health worker focus groups** (Figure 3). The health workers focused on identifying key goals for improving postpartum screening and how to achieve them. They each selected five enabling strategies they felt were most important
3. In the **workshops with other health professionals** (Figure 4), the main focus was on enabling strategies and how they might be implemented. Participants prioritised ten strategies each

Figure 2: Image of third person scenario

Figure 3: Health worker focus groups

Figure 4: Health professionals workshops

Making sense of the data?

Notes from interviews with women and transcripts from audio recorded focus groups and workshops were coded using the Theoretical Domains Framework (**Behaviour Change Wheel**) headings (Figure 5)[4] including three main headings for barriers (capability, opportunity, motivation) and two for enablers (intervention and policy).

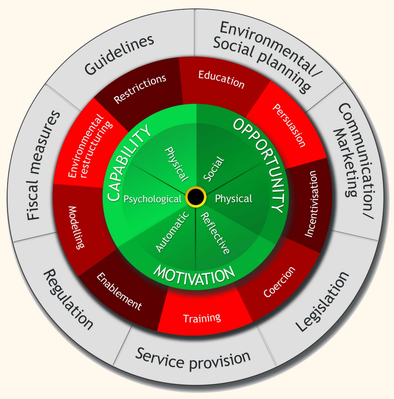

Figure 5: The Behaviour Change Wheel[4]

What did we find?

Barriers to postpartum screening

Capability: conflicting advice, forgetting, lack of clear information, non-personalised information, not knowing who has GDM, acceptance and denial, not understanding risks and tiredness

Motivational: fear, lack of motivation, shame, stress, lack of self-belief, feeling lack of control, putting self last and worry about baby

Opportunity: inconvenience and dislike of test, healthy food expensive, lack of transport, limited clinic hours, limited resources, culturally unfriendly services, humbugging about diabetes, lack of family support and sorry business

GOAL:

"Women with GDM feel strong and care for themselves and their family by:

- ***eating a healthy diet, getting regular exercise and breastfeeding to help prevent type 2 diabetes***
- ***understanding diabetes and receiving regular screening to detect type 2 diabetes early and manage it to prevent long term complications."***

Top 10 strategies for improving postpartum care

1. **Support for mothers, empowerment, social support, community led strategies**
2. **Culturally appropriate health promoting resources and consistent information for families**
3. **Improved engagement and communication with women, more Indigenous health staff**
4. **Structured health service follow-up systems with 'no-gaps'**
5. **Start education about GDM early, well before pregnancy, mass media, public health campaigns**
6. **Continuity models of health care for families**
7. **Acceptable test options for diabetes screening**
8. **Encourage women to prioritise their own health needs, tie care for baby with care for self**
9. **GDM training for workforce, including healthworkers**
10. **Home visiting by midwife/healthworker, including practical support**

*** 28 enabling strategies were prioritised and are available on request**

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