Mental healthcare and peer support may improve the experience of diabetes self-management during pregnancy

Olga Kozlowska

Carley Moore

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Implications for practice and research:

- Policies are required to support self- management of diabetes during labour and delivery in practice.
- Future research should focus on developing and implementing interventions to support self-management of diabetes during labour and delivery.

Context

Sushko et al[1] highlight the increasing prevalence of pre-existing diabetes in pregnancy, which represents a risk to maternal and child health. Diabetes in pregnancy is associated with an increased risk of adverse perinatal and postnatal outcomes for pregnant people and infants. Thus, maintaining optimal glycaemic control during preconception and pregnancy is associated with a lower risk of complications. Many interventions and activities aim to improve glycaemic control in pregnancy, which are usually advised by healthcare professionals. However, most self- management occurs in between appointments at home. In addition, the prevalence of mental health disorders is higher among people with diabetes. The stressors encountered during pregnancy may increase the risk of poor mental health or mental ill health impacting one's ability to self- manage.

Methods

The study had three objectives: (1) to determine the predictors of glycaemic control during pregnancy; (2) to understand the experience and diabetes self- management support needs during pregnancy among people with pre-existing diabetes and (3) to assess how self- management and support experiences help to explain glycaemic control among women with pre-existing diabetes in pregnancy. A four- phased mixed- methods sequential comparative case study was used. Diverse types of data were integrated to develop enhanced analyses and case descriptions. The study aimed to provide detailed and contextualised data that is beneficial when there is a need to portray and understand complex variation.

Findings

The quantitative results found that participants achieved 'at target' glucose control (mean A1C of the cohort by the third visit: 6.36% (95% CI 6.11% to 6.60%)) and that participants reported high levels of self- efficacy that increased throughout pregnancy. Qualitative data further confirmed that

participants who had worked hard to optimise glycaemia during pregnancy were confident in their self- management. However, the qualitative findings also revealed feelings of fear resulting in an isolating and mentally exhausting pregnancy. These negative feelings were reinforced by a lack of support from the participants' healthcare team, particularly around self- management of diabetes during labour and delivery.

Commentary

On reading this study, the emerging picture of pregnancy while having diabetes is far from maternal happiness; it is a time filled with the fear of pregnancy complications, the feeling of being lonely with one's diabetes and a sense of powerlessness in managing one's diabetes when at most vulnerable—during labour and delivery. Surprisingly, these are experiences of pregnant women confident in diabetes management and with optimal glycaemic control. This finding emphasises the importance of discussing the mental health and emotional needs of those pregnant with pre-existing diabetes independent of the status of their glycaemic control. Indeed, diabetes care for any person living with diabetes needs to explore what matters to them and support their emotional well- being at diagnosis and beyond.[2] This study confirms the importance of peer support in offering individuals a supportive community that helps them to actively manage their health and well- being.[3]

This study also emphasises the need for autonomy in self- management of diabetes in one's mental health. The expectation persists, that on entering a healthcare setting, one's diabetes management should be handed over to clinicians. However, there is a growing evidence to support those pregnant who are able to self-manage.[4] Indeed, there have been calls for much greater emphasis on shared responsibility for improving health and care between patients and the healthcare professionals who care for them.[5] For this to happen, there must be a cultural shift where all involved must fundamentally change their behaviours and attitudes by moving to genuine partnerships in which patients and professionals engage with each other as equals.[5]

References

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