Promoting Adherence to Care for Women Diagnosed with Gestational Diabetes Mellitus (GDM)

Research Question
- Does providing diabetic education in the clinical setting influence normal glycemic levels and adherence in women with GDM?

Study Purposes
- Improve adherence to care
- Assess effectiveness of education
- Assess participants’ risk perception

Background
- Reading, Pennsylvania is second poorest city in the nation (U.S. Census Bureau, 2011)
- Reading Hospital (RH) Women’s Health Center (WHC) payer mix: 63% Medical Assistance, 18% self-pay, 14% commercial insurance, and 3% Medicare
- Baseline adherence rates:
  - 38% referred to diabetic education did not attend
  - 34% did not monitor glucose or record diet history

Design
- Prospective interventional design using pretest, posttest, and survey
- IRB Approval: June 10, 2015

Sample and Setting
- 24 pregnant women diagnosed with GDM, receiving prenatal care at RH WHC
- Data Collection: August 2015 to July 2016
  - Risk Perception Survey for Developing Diabetes (RPS-DD)
  - Diabetes Knowledge Survey for GDM
  - Diabetes and Pregnancy Log

Data Analysis
- Descriptive and inferential statistics, frequencies, total and subscale scores, adherence rate, SPSS

Findings:

Risk Perception Survey
- Risk Perception Assessment (RPA) - What do you think your risk or chance is for getting diabetes over the next 10 years?
- Modified Risk Perception Assessment (MRPA) - If you do not change your lifestyle behaviors, such as diet or exercise, what is your risk or chance of getting diabetes over the next 10 years?
- All of the participants responded yes to the following questions:
  - Are you planning to make changes in lifestyle behaviors to lower your risk of developing DM?
  - Have you recently made changes in lifestyle behaviors that will lower your risk of developing DM?

Limitations
- Small sample size
- Three participants lost to follow up
- Six participants received diabetic education prior to taking the pretest

Conclusions:
- There was an improvement in adherence to care and a significant increase in knowledge scores.
- Having a better understanding of our patient’s comprehension of GDM and its impact on maternal and fetal outcomes, and offering education in the clinical setting may improve adherence with GDM treatment.
- According to the American Diabetes Association (2014), subsequent diabetes risk after a history of GDM was significantly lower in women who followed healthy eating patterns.

References