

Supporting self-management of gestational diabetes during pregnancy and type 2 diabetes risk reduction after birth



The problem

5% of pregnant women in the UK (around 35,000) are diagnosed with gestational diabetes every year.



Blood sugar needs to be well-controlled to avoid serious problems for mother and child.



Risk of **future type 2 diabetes** is 7 times higher than for women who did not have diabetes in pregnancy.



Risk is greater amongst minority ethnicities and those facing socioeconomic adversity.

How does our research help?

Lifestyle change is the first-line strategy for gestational diabetes self-management and type 2 diabetes risk reduction.

We interviewed 35 women who have had gestational diabetes (66% from minority ethnicities) to explore how we can support them with lifestyle change.



Key challenges for women

During pregnancy



After pregnancy



To support lifestyle change for gestational diabetes During pregnancy

Recommendations for clinicians

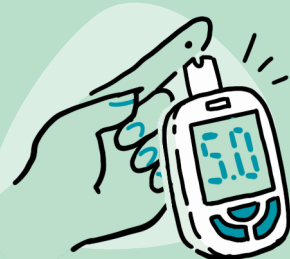
Give women with high risk of GDM lifestyle advice earlier in their pregnancy, so they feel like they've done everything they can if they do get a diagnosis.



Improve supportiveness of clinical interactions, by using encouraging, positive language to reduce anxiety. Consider personal circumstances and tailor advice accordingly.



Encourage the use of GDM management apps to help women gain control and to support behaviour change.



Signposting:

To peer support online and in the community (ideally with trained moderator).

To trustworthy online dietary and lifestyle websites, which provide culturally relevant content and more nuanced detailed information. (eg. gestationaldiabetes.co.uk)

Recommendations for research and service development

Consider development of community delivered support programmes to meet cultural needs of some women, delivering trustworthy advice and support from credible sources.



Further develop trustworthy, NHS endorsed, online lifestyle resources to meet different cultural and health literacy needs.



To improve engagement with type 2 diabetes risk prevention After pregnancy

Recommendations for clinicians

Provide consistent messaging to women about risk levels so they clearly understand the need to take action.

Signpost to clear, simple guidance to reduce type 2 diabetes risk after birth.

Introduce annual reminders of HbA1C screening, including why it's important.



Recommendations for research and service development

Consider development of a post-GDM stratified risk calculator to determine personal T2D risk for women



Whilst some of these recommendations require policy or institutional support we can do the practical things now.

This work is part of the **Exploring The Long-Term Outcomes Following a Pregnancy with Gestational Diabetes Mellitus (ELOPE- GDM) Study**. It is funded by the NIHR School of Primary Care Research.

Find out more about our findings and the wider research project by clicking the link below or scanning the QR code.

[click here](#)

