

Increasing uptake of type 2 diabetes screening among women with prior gestational diabetes

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Partner organisations: Monash Centre for Health Research and Implementation; Diabetes Australia; University College, Dublin

The challenge

Gestational diabetes is the fastest growing diabetes type in Australia, affecting one in six births.

Women with prior gestational diabetes are at increased risk of type 2 diabetes, with one-third developing the condition within 15 years. National guidelines recommend early and ongoing type 2 diabetes screening after a gestational diabetes pregnancy.

Despite this, only ~50% of Australian women screen. Low type 2 diabetes screening uptake is a significant public health concern. Consequences include missed detection of prediabetes or pre-existing type 2 diabetes, risk of adverse outcomes in future pregnancies and missed opportunity to re-engage mothers with self-care and prevention activities.

Our response

ME-MaGDA (Messaging to Engage Mothers After Gestational Diabetes in Australia) is an international collaboration led by the Institute for Health Transformation's Australian Centre for Behavioural Research in Diabetes.

By identifying and understanding determinants of type 2 diabetes screening, ME-MaGDA aimed to develop and implement evidence-based messaging to improve the screening uptake among women who had previously experienced gestational diabetes.

The results

The ME-MaGDA team conducted two studies exploring factors impacting type 2 diabetes screening from women from the general population (systematic review, qualitative study). They also conducted parallel studies exploring barriers and enablers specific to women from culturally and linguistically diverse backgrounds.

The ME-MaGDA team identified numerous personal-level determinants including knowledge, low risk perception, negative emotions, self-confidence, attitudes and beliefs about screening. While most themes applied across cultural

groups, salient factors included trust in healthcare professionals and identity as a mother.

Using intervention mapping, the multidisciplinary team developed more than 75 messages underpinned by theoretically derived behaviour change techniques. They conducted workshops with healthcare professionals and women with prior gestational diabetes to identify feasible and acceptable implementation pathways.

The impact

ME-MaGDA is addressing four goals of the Australian National Diabetes Strategy: prevent people developing type 2 diabetes, reduce the impact of pre-existing and gestational diabetes in pregnancy, reduce the impact of diabetes among other priority groups, and strengthen prevention and care through research, evidence and data.

In partnership with Diabetes Australia, the ME-MaGDA project have translated research evidence to revise and create resources for the National Diabetes Services Scheme and National Gestational Diabetes Register. The resources will reach more than 220,000 Australian women with prior or current gestational diabetes.

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