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Review

Women's views and knowledge regarding healthcare seeking for gestational diabetes in the postpartum period: A systematic review of qualitative/survey studies



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ABSTRACT

Aim: To identify factors influencing postpartum healthcare seeking, from the perspective of women who have experienced gestational diabetes mellitus (GDM).

Methods: Systematic review that searched PubMed, Web of Science, EMBASE and CINAHL on 27th February 2013. Qualitative studies and surveys, with women as participants, which reported pre-specified outcomes, including barriers and facilitators to healthcare seeking for GDM after birth, were included. Two authors independently extracted data and assessed quality. Results were thematically synthesised.

Results: Forty-two studies were included, with data from 7949 women in several countries. The diagnosis of GDM was sometimes a concerning or upsetting experience. A need for more specific information about GDM to be available around the time of diagnosis was identified. Women had varied experiences of antenatal GDM care and management, ranging from very positive to difficult and confusing. Non-judgemental and positively focussed care was preferred.

While women were often knowledgeable about type 2 diabetes risk and prevention, they faced multiple barriers to undertaking preventive behaviours. A need for lifestyle change support and more pro-active postpartum care was identified.

Conclusions: Provision of improved GDM education, as well as positive and pro-active care from diagnosis until postpartum follow-up may increase healthcare seeking by women with recent GDM.

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1. Introduction

Gestational diabetes mellitus (GDM) is strongly associated with future risk of type 2 diabetes mellitus (T2DM) [1,2]. The risk of development of T2DM in the first 10 years for women after GDM has been reported to be between 20% and 50%, and the lifetime risk may be greater than 70% [2–4]. Therefore, clinical practice guidelines recommend postpartum screening following GDM [5–7]. Previous research shows that many women who have experienced GDM do not complete, or are not offered, adequate follow up for their GDM, particularly postpartum diabetes screening [8–10]. This deficiency in postpartum follow-up for women with GDM has been recognised by clinicians and researchers, with calls for improvements in the United States [11] and Australia, with researchers highlighting fragmentation and inconsistencies in postpartum care and the need for a professional group to take responsibility for care of women who have had GDM [12].

Considerable research has been conducted into factors influencing healthcare seeking and preventive behaviour from the perspective of women with a history of GDM, although only a fraction of this research has been systematically synthesised. A previous meta-synthesis of 16 qualitative studies relating to women's experiences of GDM, their

perception of their risk of T2DM and their views on T2DM prevention reported on several themes. These included an emotional response to their GDM diagnosis, loss of a “normal” pregnancy experience, the importance of “personal control” in relation to GDM management, a motivation to have the best possible glucose control or GDM management in order to do their best for the baby, as well as the importance of adequate information relating to GDM and healthcare support [13].

The objective of this systematic review is to identify factors that influence postpartum healthcare seeking for women who have experienced GDM through synthesis of results from qualitative and survey studies.

2. Materials and methods

The protocol for this review is registered with the international systematic review register PROSPERO 2013: CRD42013003599.

2.1. Search strategy

PubMed, EMBASE, Web of Science, and CINAHL were searched from inception to 27th February 2013, with no date or language restrictions. The full search strategy is

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