

## PERSPECTIVES IN PRACTICE

# Health Behaviours of Postpartum Women with a History of Gestational Diabetes

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## ABSTRACT

**OBJECTIVES:** 1) To explore the health behaviours of women with recent gestational diabetes mellitus in the first year postpartum; and 2) to compare their perceived health status with their actual experiences in establishing and maintaining healthy lifestyle changes.

**METHODS:** A concurrent mixed method design using semi-structured interviews, supplemented by the Short-Form 36 (SF-36) Health Survey, diet recall and activity-level records collected at multiple intervals.

**RESULTS:** A total of 16 women rated their general health (SF-36) as good or very good, but diets rarely met *Canada's Food Guide* recommendations. Narratives revealed initial experiences of abandonment and uncertainty with respect to staying healthy and moving on at 1 year. Continuing support and education postpartum were identified as being needed to maintain changes made during pregnancy.

**CONCLUSIONS:** Participants acknowledged their increased risk for type 2 diabetes and were cognizant of health behaviours that might prevent diabetes; however, sustaining lifestyle changes in diet and activity were described as difficult.

**KEYWORDS:** diabetes prevention, gestational diabetes, health behaviours, postpartum, pregnancy

## RÉSUMÉ

**OBJECTIFS :** 1) Examiner, au cours de l'année suivant un accouchement, les comportements liés à la santé de femmes ayant présenté un diabète gestationnel; et 2) faire un rapprochement entre la façon dont elles perçoivent leur état de santé et leurs expériences en ce qui a trait à l'adoption et au maintien de saines habitudes de vie.

**MÉTHODES :** Méthodes concurrentes mixtes avec entrevues semi-structurées et utilisation, à plusieurs reprises, du ques-

tionnaire sur la santé SF-36 et de journaux sur l'alimentation et les activités physiques.

**RÉSULTATS :** Un total de 16 femmes ont qualifié leur état général de santé (questionnaire SF-36) de bon ou très bon, mais leur alimentation correspondait rarement aux recommandations du *Guide alimentaire canadien*. Les entrevues ont révélé que les femmes s'étaient au départ senties laissées à elles-mêmes et incertaines pour ce qui est du maintien d'une bonne santé et des nouvelles habitudes de vie après un an. On a déterminé qu'un soutien et une éducation continus pendant le postpartum étaient nécessaires pour assurer le maintien des changements apportés pendant la grossesse.

**CONCLUSIONS :** Les participantes savaient qu'elles étaient plus exposées au diabète de type 2 et connaissaient les comportements liés à la santé susceptibles de prévenir le diabète. Elles ont toutefois dit qu'il était difficile de maintenir les changements apportés à leur alimentation et de continuer de faire de l'activité physique.

**MOTS CLÉS :** prévention du diabète, diabète gestationnel, comportements liés à la santé, postpartum, grossesse

## INTRODUCTION

A population-based study of Canadian women with a history of gestational diabetes mellitus indicated there was a rapid increase in the development of diabetes within the first year postpartum (3.7%), with almost 20% of women developing type 2 diabetes by 9 years postpartum (1). In a prospective study conducted in Germany, researchers reported a 52.7% risk for progression to type 2 diabetes for women with a history of gestational diabetes by 8 years after delivery (2). Others have noted an increased prevalence of insulin resistance syndrome in women with previous gestational diabetes (3,4).

Weight management, diet and physical activity are reported to have a profound effect on the prevention of

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type 2 diabetes in at-risk populations (5-7). Education, diet, exercise and self-care management for women with gestational diabetes is highly emphasized during pregnancy, but health-promotion interventions after childbirth have been less well developed. Fatigue, depression, change in health status and demands of motherhood may limit women's ability or willingness to maintain lifestyle modifications after delivery (8,9). Findings from a qualitative study indicated gestational diabetes was a catalyst for women to consider making healthy lifestyle changes and prevent diabetes in the future (10). Other research suggests that experiencing gestational diabetes has a long-term effect on women's perception of their general health status and that of their child (11,12).

This study followed women with a history of gestational diabetes for the first year postpartum to determine their perceived health status and experiences in establishing and maintaining healthy lifestyle changes.

## METHODS

Following ethics approval, participants were recruited using purposive sampling based on criteria for qualitative inquiry (13) from 2 separate geographic areas located in south-western Ontario (Table 1). During scheduled clinic visits, English-speaking women in their final trimester of pregnancy who had gestational diabetes and access to a phone were invited to participate. Sixteen women began the study, and 13 women completed all 4 interviews. Most women worked outside the home before their pregnancy, and the majority had returned to work within 1 year after delivery. Thirteen women were married, 1 was in a common-law relationship, 1 was separated and 1 was single. Most were white, although 1 woman was Latino. Three women developed glucose intolerance within the first year postpartum. Most women breastfed their infants exclusively for at least 3 months postpartum.

A concurrent mixed method, qualitatively driven design (14) was used to provide an in-depth description of postpartum women's experience of health behaviours through a convergence of quantitative and qualitative data (Figure 1). Participants engaged in semi-structured interviews with the researchers 4 times during the postpartum period (6 weeks and 3, 6 and 12 months). The interviews were designed to elicit information regarding the women's thoughts about their general health, role, function, family life, daily living activities, work and health. Each interview was audiotaped and transcribed verbatim.

The women also completed the Short-Form 36 Health Survey to identify their perception of their general health. The women were given a diary to record a 3-day recall of their diet and activity levels prior to each scheduled data collection point. Diaries were assessed for caloric and nutrient intake by a registered dietitian. Activity level included

**Table 1. Demographics of participants**

Variable	Results
Mean age, y (range)	33 (19-42)
Obstetrical history, n	
Primigravida	5
Multigravida	11
Mean pre-pregnant weight, kg (range)	70.7 (45.3-94.8)
Mean pregnancy weight gain, kg (range)	14.1 (2.3-27.7)
Mean week of diagnosis of GDM (range)	27.9 (10-37)
Treatment of GDM,* n	
Diet only	5
Insulin	10
Mode of delivery	
Vaginal	13
Cesarian	3
Mean infant birth weight, g (range)	3360 (2550-4803)
Breastfeeding, n	
<3 months	13
3-6 months	3
>6 months	8
>6 months	2
Education level, n	
Elementary school	
High school	4
Postsecondary	12
Employment,* n	
Full-time	6
Part-time	6
Not employed	3

GDM = gestational diabetes mellitus

\*Missing data on 1 woman

type, intensity and duration. The quantitative data served to enhance the qualitative results and interpretation.

A descriptive interpretative analytic approach was used to analyze the textual data. The analysis of transcripts included systematically classifying textual data into categories and common themes. Establishing rigour from this study involved being consistent with the assumptions of interpretative inquiry. Feedback from the participants confirmed the interpretation of the results. Descriptive statistics were used to analyze the women's responses about their general health, diet and level of activity at the various intervals postpartum.

## RESULTS

### General health status

At 6 weeks postpartum, more than half of the women (53.3%) rated their general health status as good, while 33.3% rated their general health as very good. Interestingly, almost half of the women (46.7%) indicated their health was somewhat worse compared to a year ago. A majority of the women (60%) did not expect their health to get worse.

By 6 months postpartum, all the women rated their general health status as either good or very good. Almost half

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