

Challenges and recommendations for delivering gestational diabetes care: findings from maternity care dietitians in the Republic of Ireland

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Gestational diabetes mellitus (GDM) affects one in eight pregnancies in Ireland annually, with short- and long- term health implications for mother and infant. Pregnancy with GDM confers a nine times increased risk of type 2 diabetes for the mother. Medical nutrition therapy is recommended as first line treatment to optimise glycaemic management during pregnancy, in addition to physical activity and weight management.

Postpartum follow-up affords opportunity for timely type 2 diabetes prevention. While there is compelling evidence for dietetic input playing a central role GDM management ⁽¹⁾, there is a lack of data as to the extent of this service provision in Ireland. This work aimed to capture experiences and views of dietitians around management of GDM, in specialised and general maternity settings in Ireland. Five focus groups and two semi-structured interviews, totaling 16 participants were conducted online in February and March 2021.

Participants were Registered Dietitians whose role included nutritional input to individuals with GDM at maternity settings in Ireland. A semi-structured interview guide consisted of four main sections: dietitians' knowledge and practices of GDM diagnosis, treatment and management, future type 2 diabetes prevention, postpartum care, and integration with primary care services. Focus groups and interviews were digitally recorded and transcribed verbatim. Data were coded using NVivo v.12 and analysed using reflexive thematic analysis. Key themes with illustrative quotes were identified ⁽²⁾. Broadly, dietitians perceived themselves as active agents in supporting women with GDM, offering advice and management strategies within local limitations. Three main themes with sub-themes were generated. Theme one addressed professional practices, highlighting changes in practices adopted due to the COVID-19 pandemic, and suggesting considerable regional variation, with some dietitians reporting protected hours for GDM care, yet others had no defined GDM service as it was included within their overall caseload. Theme two encapsulated several barriers to professional practice, with subthemes highlighting health-system barriers of lack of clarity around professional responsibility and inadequate communication pathways, emotions (of both patients and dietitians), and knowledge gaps. Varying emphasis was placed on factors well-established as protective against future type 2 diabetes such as weight management and breastfeeding. Theme three explored recommendations for the future, emphasising a preference for standardised dietetic input, need for type 2 diabetes prevention in maternity and primary care, and a desire for enhanced communication across care settings. Dietitians are committed to providing continuity of care for women with GDM during pregnancy and the postpartum stage. However, the absence of standardised practice or clearly defined care pathways hinders this process. This study highlights the need to support dietitians to provide evidence-based nutritional recommendations and GDM care in line with international guidelines⁽³⁾.

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References

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