Increasing Adherence and Self-Management Among Hispanic Pregnant Women with Gestational Diabetes

Author(s):

Shelby M. Pitts, MSN, RN, WHNP-BC Rutgers University School of Nursing

Phyllis Sharps, PhD, RN, FAAN Johns Hopkins University School of Nursing

Conflicts of Interest and Source of Funding: none declared by listed authors.

Keywords: Gestational Diabetes, pregnant, Hispanic, patient education

Callouts: Hispanic pregnant women with gestational diabetes benefit from culturally appropriate diabetes education to improve overall health outcomes for mother and infant.

Abstract

Background: Gestational diabetes mellitus (GDM) is associated with adverse pregnancy outcomes if untreated or poorly controlled. Hispanic women are at an increased risk of developing GDM and would benefit from culturally appropriate care aimed at increasing adherence and achieving glycemic control. Hispanic women may also benefit from culturally tailored education focused on increasing knowledge and self-management strategies to improve overall health outcomes. The purpose of this project was to implement a culturally tailored educational model to improve adherence and self-management among Hispanic women with gestational diabetes mellitus (GDM).

Methods: Women that self-identified as Hispanic origin with diagnosis of gestational diabetes participated in (3) 1-hour group education session focused on topics for gestational diabetes self-management education (GDSME). A retrospective chart review of women that were diagnosed with gestational diabetes during their pregnancy and received 'usual care' for GDM was used to compare women that received usual care and additional group education sessions. Data from both groups were compared and analyzed.

Results: Findings indicated women that participated in the GDSME education in group sessions showed increased adherence and self-management behavior including number of visits to provider (11.65 v. 9.50; p<0.05), number of nutrition consults (3.71 v. 2.95; p<0.05), number of daily blood sugar readings (3.80 v. 3.48; p<0.05) versus women that received usual care. Additionally, GDSME participants were more likely to return for follow up postpartum visit (100%) versus usual care group (60%).

Conclusions: Implications for future research should include diabetes self-management education models' specific to gestational diabetes mellitus among vulnerable Hispanic populations.