Transforming Care: Adapting the Diabetes Prevention Programme for women post gestational diabetes

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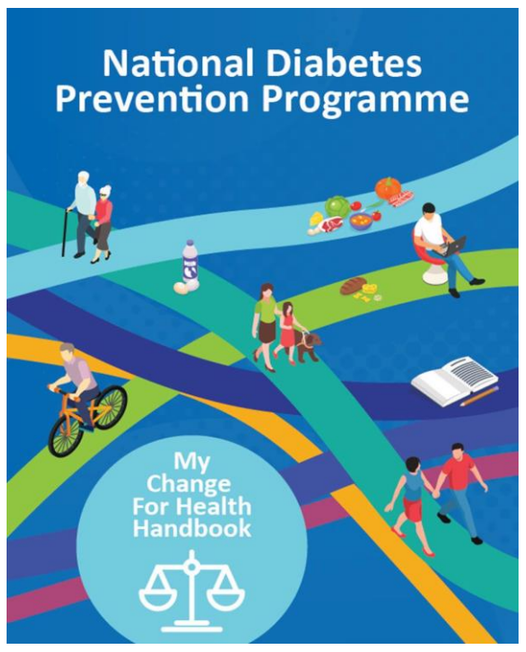
Background

The Diabetes Prevention Programme (DPP) in Ireland is the Health Service Executive's (HSE's) accredited group self-management education (SME) and support programme for people living with pre-diabetes. This clinical and behavioural intervention supports people with pre-diabetes to self-manage their health and lifestyle to prevent progression to type 2 diabetes. The evaluation of the DPP demonstrated that half of all people with pre-diabetes who completed the group intervention returned their blood glucose levels to the normal range. Women who develop gestational diabetes (GDM) are 10 times more likely to develop type 2 diabetes compared to women who do not. Approximately, 50% of women post-GDM will develop type 2 diabetes, with the greatest risk in the first 5 years post-GDM. Since January 2024, women post-GDM in Ireland are offered ongoing free annual screening visits with their General Practitioner (GP) and can be referred to the Diabetes Prevention Programme (DPP).



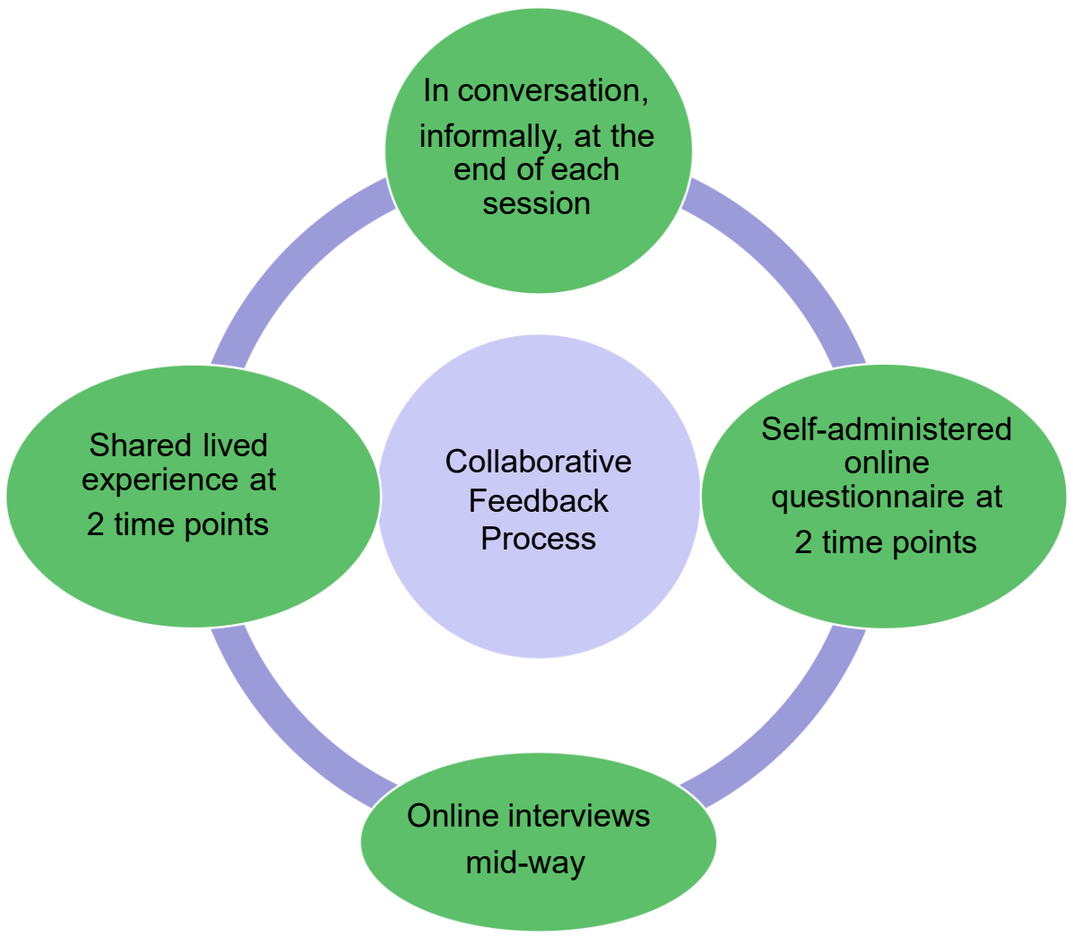
Dietitian Led
Group Intervention
Delivered Online and In person
Self Management Support
Behaviour Change Skills
Eating for Health
Support with Weight Goals
Being Active
6 weekly sessions
8 monthly sessions
12 month block of care
Builds knowledge, skills and confidence
Reduces risk of progressing to type 2 diabetes

Aim

To adapt the existing Diabetes Prevention Programme (DPP) to ensure it met the needs of women post GDM, supporting and empowering these women to feel confident in managing their diabetes risk.

Methods

We engaged with key stakeholders including: academics, health care professionals and women post-GDM to inform the adaptations to the curriculum. We invited a group of women post-GDM to participate in testing the bespoke adapted programme, recruited post-partum via maternity hospital and GP partners . These women attended the group intervention online for 12 months (6 weekly sessions, 8 monthly sessions) and contributed feedback via three processes a) self-administered online questionnaires, b) mid-way interviews and c) sharing lived experiences.



Key Outcomes

- We delivered an adapted DPP curriculum that includes key messages, with language and images tailored to women post-partum and post-GDM.
- The tailored evidence-based messaging on physical activity, mental health and family nutrition were deemed acceptable by these women.
- We developed a training module for dietitian educators to support them to deliver the adapted DPP post-GDM, which included contributions from the lived experience of a patient partner.

Conclusions and Implications

International evidence consistently shows that the best approach to preventing type 2 diabetes is to target high-risk individuals with interventions that focus on lifestyle modification, behaviour change and self-management supports over a long duration. The adapted DPP offers evidence based, transformative and empowering care to women post- GDM. Engaging with women post-GDM as early and as often as possible in the adaptation process ensured that the perspectives of these women were reflected. Engaging with service users to design and develop services transforms how care is delivered. It empowers and supports vulnerable, high-risk groups to engage with services that meet their needs. The learnings from this project will inform further adaptation of the DPP to improve reach and access to other high-risk, hard to reach groups including ethnic minority groups.

References: Available on request from ciara.mcgowan4@hse.ie

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