**Psychosocial Wellbeing among New Mothers with Diabetes: Analysis of the Postnatal Wellbeing in Transition Questionnaire**

Karen Wynter1,2, Alison Nankervis3, Helen Skouteris4, Catharine McNamara1,5, Cate Nagle6,7, Cheryl Steele8, Lauren Bruce4, Sara Holton1,2, Bodil Rasmussen1,2

1. Centre for Patient Safety and Quality Research, School of Nursing and Midwifery, Deakin University, Melbourne, Australia
2. Western Health, Melbourne, Australia
3. Departments of Diabetes and Endocrinology, Royal Melbourne and Women's Hospitals, Melbourne, Australia
4. Monash Centre for Health Research & Implementation, School of Public Health & Preventive Medicine, Monash University, Melbourne, Australia
5. Diabetes Education, Mercy Hospital for Women, Melbourne, Australia
6. James Cook University, Townsville, Australia
7. Townsville Hospital and Health Service, Townsville, Australia
8. Diabetes Education Services, Sunshine Hospital, Melbourne, Australia

[k.wynter@deakin.edu.au](mailto:k.wynter@deakin.edu.au)

Background and Aims: Women with Type 1 or Type 2 diabetes face considerable challenges during the transition to motherhood as they manage their blood glucose levels while simultaneously caring for their newborn. The Postnatal Wellbeing in Transition Questionnaire was developed in order to assess the wellbeing of these women. Face and content validity have been previously reported; however the questionnaire has 51 items which imposes a substantial burden on respondents. The aims of this study was to conduct exploratory analysis of the Postnatal Wellbeing in Transition Questionnaire to investigate whether (a) a reduction in the number of items was statistically supported, and (b) clinically meaningful subscales could be derived.

Methods: A prospective cohort of women with Type 1 or Type 2 diabetes was recruited from three metropolitan hospitals in Melbourne, Australia. Women completed surveys across three postnatal time points. Data were pooled for the analysis. Suitability for factor analysis was confirmed and exploratory Principal Components Analysis with oblique rotation was conducted.

Results: The number of responses was 117. Iterative factor analysis of the Postnatal Wellbeing in Transition Questionnaire scale items resulted in 27 items and six factors, which together explained 68.7% of the variance. The subscales assess: feeling as if one is coping with diabetes and the newborn; feeling anxious and guilty about diabetes; feeling supported by family; sensitivity to the opinions of others; prioritising self-care; and health care professional support.

Conclusion: The number of items in the Postnatal Wellbeing in Transition Questionnaire was reduced from 51 to 27 items. Six meaningful subscales emerged, which may help health professionals identify and address areas in which women with diabetes are experiencing psychosocial difficulties. The revised scale provides a feasible instrument to be tested for psychometric properties in a larger sample.

*Ethical compliance statement: This presentation reports on research using human participants with approval from Institutional Human Research Ethics Committees*