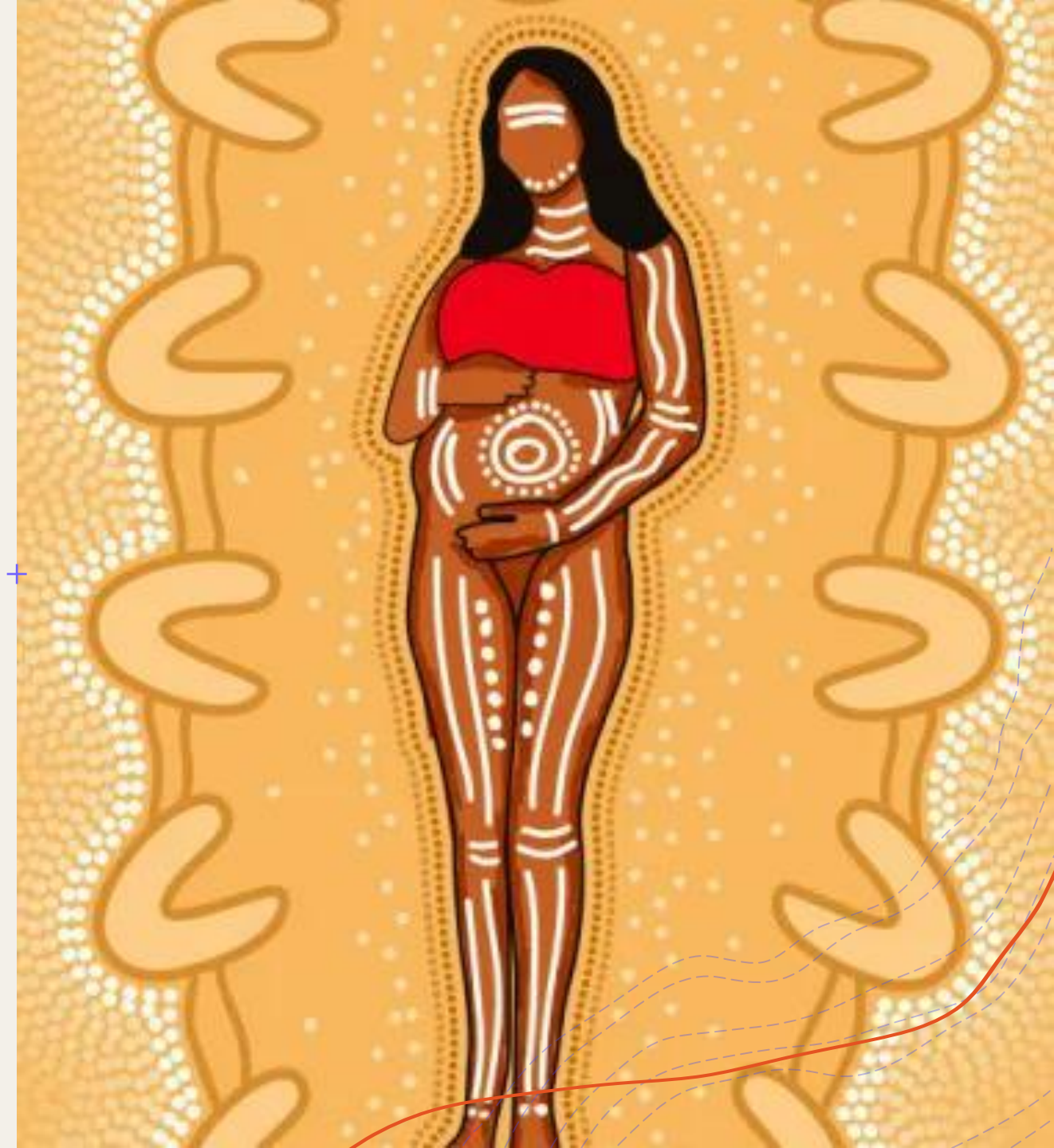


Improving the Outcomes of First Nations Women with Gestational Diabetes

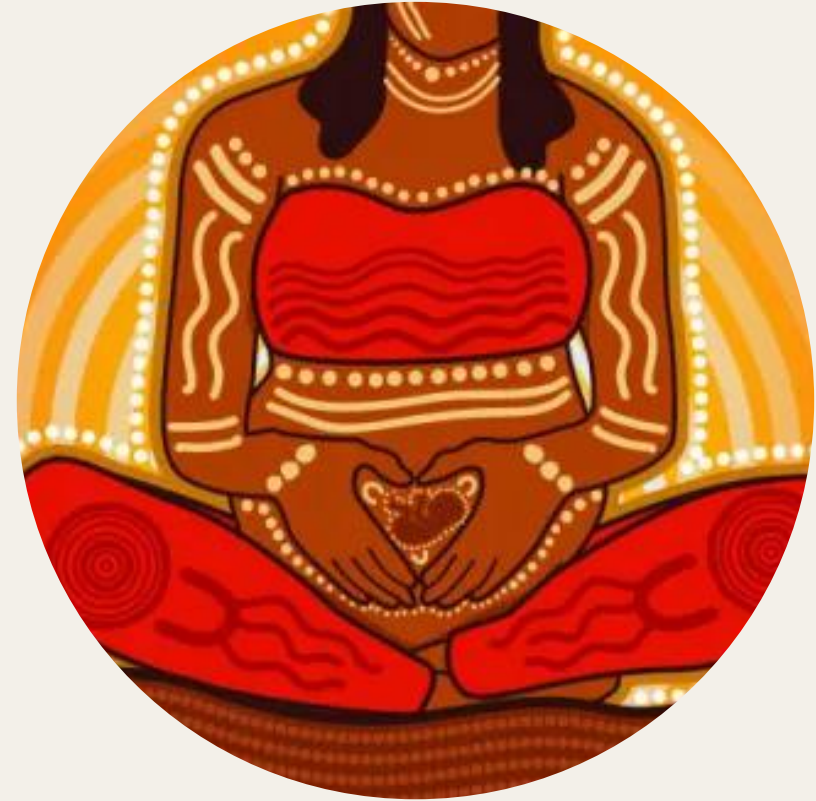
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Background

- + Disparities exist in maternal health between First Nations and non-Indigenous populations
- + The prevalence of gestational diabetes mellitus (GDM) is increasing internationally and is significantly higher in First Nations women



The GDM Threat

- +Poses threat to both mother and baby
- +Increased risk of birth trauma and post-partum haemorrhage
- +Higher likelihood of requiring caesarean deliveries
- +Higher risk of baby developing impaired glucose tolerance and obesity in adulthood
- +Higher risk of mother developing Type 2 Diabetes Mellitus (T2DM) and subsequent complications

Progression is preventable

- + Once diagnosed with GDM, interventions can be implemented to reduce the risk of progression to T2DM
- + However, First Nations women are still developing a preventable illness, as well as the complications associated with it

Screening



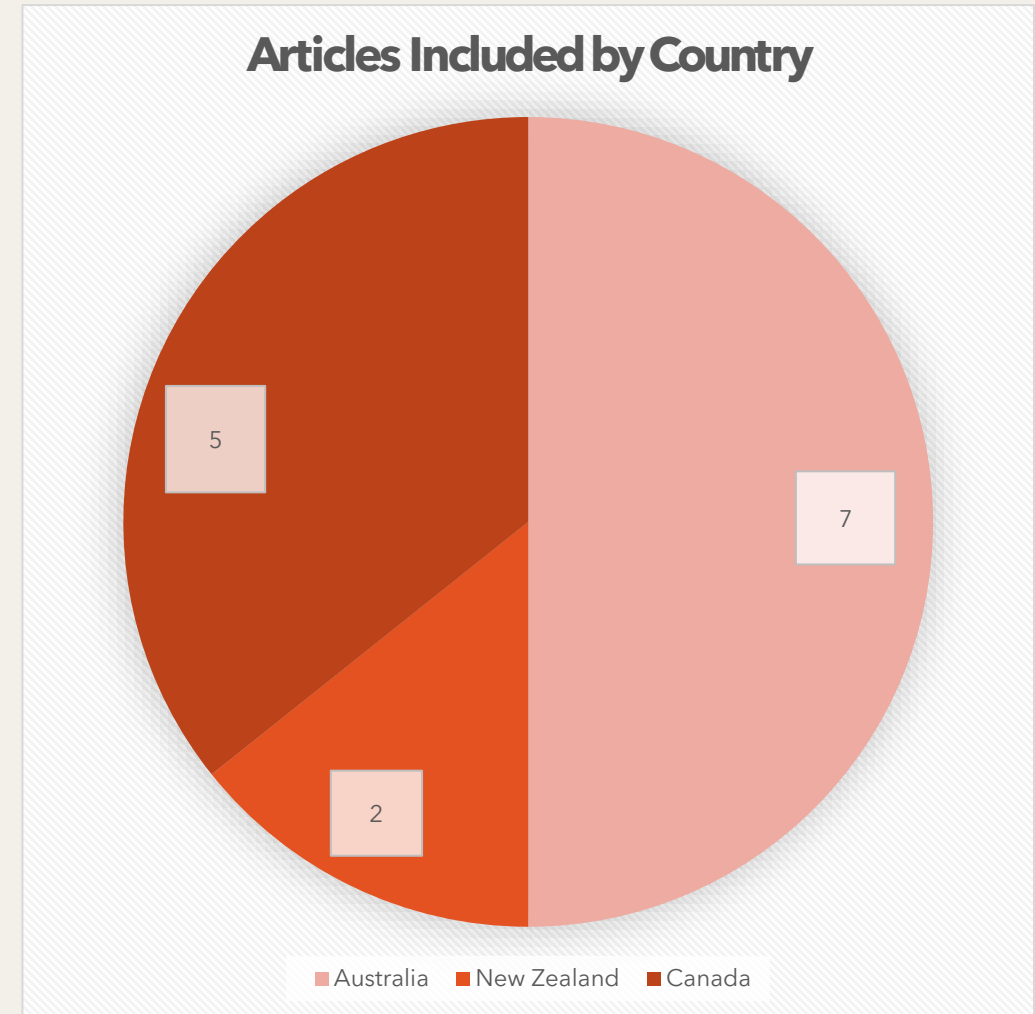
- + Oral Glucose Tolerance Test (OGTT)
- + Barriers include:
 - + Inconvenience of the test
 - + Unawareness of the need to test
 - + Cultural barriers including generational trauma leading to mistrust in the healthcare system

Scoping Review

- + Aimed at identifying interventions that could increase rates of postpartum follow up in First Nations women diagnosed with GDM
- + A comparative study that looks at what is being done in other countries to improve First Nations health and seeing what we can implement in Australia

Methodology

- + Inclusion Criteria = peer reviewed journal articles published in English or French in the last 15 years, full texts only, focusing on First Nations maternal health
- + 14 articles were included in the final review



Results: Effective Interventions

- + Improved health literacy
- + Psychological support
- + Lifestyle interventions that incorporated family
- + Breastfeeding support
- + HbA1c testing > OGTT



Health Literacy

- +Lack of awareness and health literacy was an important barrier to screening
- +Māori women felt powerless over their GDM diagnosis
- +Effective interventions included:
 - +Using consistent healthcare providers
 - +Use of an Aboriginal Liaison Officer
 - +Consultations conducted in plain English
 - +Presence of the father during consultation

Psychological Support

- + Shame and stigma are often associated with a GDM diagnosis
- + Psychological support focused around normalising a GDM diagnosis, delivered in a non-judgmental manner can increase representation to healthcare facilities



Family Involvement in Lifestyle Interventions

- + Lifestyle interventions were found to be more effective and more likely to be implemented when they involved the whole family rather than the individual woman
- + This included exercise or cooking classes
- + Involvement of children was a particularly strong motivator



Breastfeeding support

- + Breastfeeding has been shown to reduce the risk of progression to T2DM
- + In one Canadian study, rates of progression were halved for women who predominately breastfed in hospital
- + Breastfeeding is also beneficial to infants in the long-term - with a 17% lower risk of youth-onset T2DM (independent of GDM diagnosis, First Nation status, rural residence, or family income)

HbA1c

- + Single, non-fasted blood test that can be used to identify GDM early in pregnancy
- + More convenient than the OGTT
- + Lower sensitivity than the OGTT, however can encourage better follow up



Conclusion

- + The key to improving screening rates in First Nations women is culturally appropriate delivery, use of plain language, and accessible modes of testing
- + Future directions should focus on increasing uptake of other preventative screening measures – e.g. self-collected cervical screening
- + This can also include colorectal cancer screening, cognitive screening, and cardiac screening which all have lower uptake in First Nations peoples