**ADEA Abstract**

**Title:** *Family meals to support life-course health promotion following gestational diabetes: a qualitative study*

**Background & Aim:** Gestational diabetes (GDM) affects 17% of pregnancies in Australia and more than doubles maternal and child risk of type 2 diabetes (T2D). Post-GDM, a life-course approach to T2D risk-reduction includes nutrition-focused health promotion for the whole family. This study explores mothers’ perceptions of the role of family meals in T2D risk-reduction post-GDM, as well as brief messages to promote optimal nutrition-related behaviours during family meals.

**Methods:** Qualitative, semi-structured video-interviews (60 minutes) were conducted with 16 mothers aged 18+ years, living in Australia, with prior GDM and at least one child aged <6 years. Participants were recruited via social media. Interviews explored perceptions of family meals and T2D risk. Interviews included cognitive debriefing and iterative refinement of previously developed healthy family mealtime messages*.* Reflexive thematic analysis was applied to transcripts.

**Results:** Mothers indicated an awareness of theirs and their child’s elevated T2D risk. Four themes identified included: High value and expectation of family meals; Difficulty/ease of integrating family meals post-GDM; Opportunity for whole family health, and; Supports required for health-promoting mealtimes. Mothers perceived the messages as relevant, mostly acceptable, and liked how they normalised mealtime challenges. Conflicting with best-practice guidelines, some raised concerns for trusting theirs and their child’s hunger and satiety, followed dietary patterns that conflicted with family meal modelling, and/or suggested “diet” drinks to replace water. Mothers preferred online or physical (e.g., videos, posters) message delivery, via credible sources (e.g., health professionals) and with practical resources (e.g., recipes).

**Conclusions:** Post-GDM, the family meal appears to be a feasible and acceptable context for supporting T2D risk-reduction for families. Acceptability and relevance of family meal messages highlights their potential for supporting family health, though how to ensure best-practice is acceptable remains a challenge. Implementation pathways and ways to action messages may require the inclusion of practical resources.