**Evaluating face-to-face versus telehealth education for insulin initiation in gestational diabetes**

**Background/Aim**

Gestational Diabetes Mellitus (GDM) requires timely and effective insulin initiation to optimise maternal and foetal outcomes. The method of education delivery, face-to-face or via telehealth, may impact patient comprehension, satisfaction, and glycaemic control.

The aim is to compare the effectiveness, efficiency, and acceptability of face-to-face and telehealth education modalities for patients requiring insulin initiation in the GDM clinic from January-April 2025.

**Methods**

Patients with GDM have face-to face follow-up with the Endocrinologist after their initial group diabetes education session. If insulin therapy is indicated at this visit, education and instruction occurs face-to-face with a Diabetes Educator (DE) on the day, but if indicated at a subsequent medical review, the insulin start is facilitated by a DE telephone/telehealth consultation. Both receive links to an instructional video and other resources. Patients are provided with a hard copy or link to an electronic-fill survey, which assesses understanding and confidence to manage insulin administration, diabetes-related distress levels and satisfaction with the care.

**Results**

**All 56 patients were confident managing insulin therapy post education/instruction (48 very confident, 8 somewhat confident). Two of the 9 patients participating via telehealth would have preferred face-to-face instruction, with 7 rating it easy (2 neutral). All of the 47 who attended face-to-face thought the procedure easy, but 4 would have preferred a telehealth insulin start. Blood glucose target achievement and duration of glycaemic control data post-education was collected but not yet analysed. Clinician feedback on efficiency, resource utilisation and perceived effectiveness of program delivery was sought.**

**Discussion/Conclusion**

Results to date indicate telehealth is a viable and effective alternative to face-to-face education for insulin initiation in GDM management. Further feedback will guide future education models for GDM management, potentially optimising care delivery, improving patient experience, and enhancing clinician efficiency. Results may inform broader utilisation of telehealth in diabetes education programs.