

# **Women's experience of diabetes and diabetes management in pregnancy: A systematic review of qualitative literature**

A thesis submitted as fulfilment for the award of Master of Clinical Science  
(Evidence-based Health Care)

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## **Executive summary**

### **Background**

Pre-existing medical conditions, or medical conditions developing during pregnancy, may have an effect on pregnancy outcome or conversely may be affected by the pregnancy. Pre-existing or gestational diabetes mellitus are such conditions. Generally, convention suggests that good control can assist to mitigate the negative effects of these conditions.

Qualitative research is necessary to better inform health care workers and to help them understand the experience of the pregnant woman with diabetes and how the experience may influence her attitudes to treatment. Some issues identified in the literature include shock at the time of diagnosis (both of gestational diabetes and pregnancy in the woman with pre-existing diabetes), fear for the unborn child and the importance of timely and appropriate professional and personal support. There is a worthwhile qualitative literature base focusing on the patient experience of diabetes in pregnancy. As there is no current qualitative synthesis of the literature it is timely and worthwhile to produce a systematic review to identify and summarise the existing qualitative literature exploring women's experience of diabetes and diabetes management in pregnancy.

### **Objectives**

To identify and describe from the available qualitative literature the experience of pregnant women with pre-existing or gestational diabetes and their experiences of adhering (or not) to prescribed treatment regimes.

### **Inclusion criteria**

Studies that were qualitative in design that included currently pregnant women who had pre-existing diabetes mellitus or gestational diabetes mellitus.

### **Search strategy**

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The search strategy aimed to find both published and unpublished studies and was conducted on 22 and 23 October 2012. No time limits were imposed in this search strategy. A three-step search strategy was utilised in this review.

### **Methodological quality**

All studies that met the inclusion criteria were selected for retrieval. They were subsequently assessed by two independent reviewers for methodological rigor prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument.

### **Data extraction**

Data was extracted from the papers included in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument.

### **Data synthesis**

Research findings were pooled using the Joanna Briggs Institute Qualitative Assessment and Review Instrument.

### **Results**

Following the search and critical appraisal process, 22 studies were identified that were assessed as being of suitable quality to be included in the review, From these 22 studies a total of 172 study findings were included in the categories. A total of six categories were created on the basis of similarities of meaning, and from these, two synthesised findings (meta-synthesis) were produced. These were synthesised finding 1 - Health professionals should be aware that their attitudes and practices in the care of women with diabetes during pregnancy needs to be empathetic and based upon a collaborative model of care and synthesised finding 2 - Women with perceived low adherence need time to adjust and education; these are major factors positively affecting women's motivation for adherence to treatment for diabetes in pregnancy.

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## **Conclusions**

The findings of this review highlight the need for health professionals to recognise that pregnant women's experiences of their medical conditions and treatments can affect their adherence to treatment regimes and therefore their continued health and perinatal outcomes. Health professionals also need to acknowledge that both the medical condition and pregnancy are only part of women's complex lives and that treatment regimes should accommodate this as far as possible. Treatment of the pregnant diabetic involves a number of different health professionals and it is important that these professions work in synchrony and appointments made in a timely and appropriate time frame.

## **Keywords**

qualitative, experience, pregnancy, maternal, maternity, antenatal, prenatal, diabetes, adherence

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## Thesis Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Date \_\_ / \_\_ / \_\_\_\_

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