

## DATA BRIEF

May 2024

### **Patient Opinions about Early Screening for Gestational Diabetes: A Qualitative Study**

Kristine Hopkins, Karen Jimenez, and Lorie M. Harper

#### **Introduction**

In this study, we assessed patient attitudes regarding screening early for gestational diabetes. We interviewed individuals with a lived experience with gestational diabetes and pregnant individuals for whom it is recommended to perform early gestational diabetes screening. In this data brief, we report on the pregnancy outcomes that participants said were important to them and about their willingness to take an early test for gestational diabetes.

#### **Methods**

We conducted semi-structured in-depth interviews with two groups of participants: (1) patient advocates with MoMMA's (Maternal Mortality and Morbidity Advocates) Voices who have a lived experience of gestational diabetes; and (2) currently pregnant individuals for whom it is recommended to perform early gestational diabetes screening. MoMMA's Voices (MV) supplied us with the names and contact information of potential participants; we recruited currently pregnant individuals from a clinic.

We obtained verbal consent from participants. We conducted interviews in the person's preferred language (English or Spanish) via Zoom, which we audio-recorded and transcribed verbatim. Spanish language transcriptions were also translated into English. We conducted one interview with each of the MV participants. For the clinic participants, we conducted an interview during the last trimester of pregnancy and, if they consented, attempted to interview them again postpartum. We provided MV participants with a \$50 incentive and clinic participants with a \$30 incentive for the prenatal interview and \$20 for the shorter postpartum interview.

The University of Texas at Austin Institutional Review Board (HRP-UT902) approved the study.

#### **Results**

To date, we have conducted 14 interviews: 7 MV interviews, 5 prenatal interviews and 2 postpartum interviews.

#### Ranking Maternal Health Outcomes

We asked participants to rank the importance of these pregnancy outcomes for themselves from the most to least important:

- mom has no issues with **high blood pressure** or **preeclampsia**
- mom has a better chance of **delivering a full-term baby** (Note: the wording for MV participants was: mom delivers close to the **due date**)
- mom has a better chance of avoiding having the **labor induced**
- mom has a better chance of having a **vaginal birth** rather than a cesarean
- mom is able to **breastfeed exclusively** (baby does not need a bottle)

Overall, participants ranked their desire to avoid preeclampsia first and to deliver a full-term baby second. For example, when asked why they ranked **avoiding preeclampsia** first, participants noted:

- “Because that can have health implications for both the mom and the fetus, up to death.”
- “Because it’s fatal if it happens to you and possibly the baby.”
- “Also, with preeclampsia, sometimes they deliver the baby in the 32nd week. Even the 29th week. For me, it is essential that they reach 37 weeks - so that they don’t have lung problems and don’t need an incubator.”
- “Just because I know that that’s very risky for mom and baby.”

Reasons that participants ranked their desire to **deliver a full-term baby** as their second-most important outcome said:

- “Because I'd want to make sure that the baby is healthy enough and developed enough to be born and not have a baby that is premature or have to spend time in the NICU.”
- “Because that gives the baby a better chance of all organs being developed and normal and healthy.”
- “Yeah, so I mean, our bodies are meant to have these babies and let them grow to whenever they feel like they're ready and one of the safest places for your baby is inside of you. And so, I feel like that's one of the end goals is always to get to that 37 week mark so you can make sure that your baby's fully developed and so they have less of a chance of needing any additional interventions upon delivery or anything like that..”

Participants ranked the outcome of a better chance of **avoiding having the labor induced** as third most important. They said: “I feel like this is kind of just personal preference where it's like I don't really want to have labor induced and want as long and natural as can be,” and “Induction doesn't really mean much to me that much. If they did, great, if they didn't, fine.”

Participants ranked the outcome to having a better chance of a **vaginal delivery** over cesarean as fourth most important: “Both of mine were C-sections, but I don't think it really matters either way. I planned originally to have vaginal births, but it just didn't happen,” and “It's just because I hear women doing vaginal and cesarean and just as long as the baby comes out and the baby's healthy, then it's okay.”

Finally, participants ranked the outcome of **exclusive breastfeeding** last among the five. They said: “While I loved breastfeeding exclusively for both of my kids, I just know that there's another option available to feed the babies. So it made it feel like it was less of an emergency,” and “Breastfeeding is hard. It is hard for everybody. Even the experienced moms, new moms, some moms get it immediately and that's great for them. Me, I struggled really bad and, granted, I was able to feed my baby. I did exclusively pumping, so she was getting breast milk, but she was also getting a bottle. And, I mean, as long as your baby's fed, I don't think exclusively breastfeeding should be as big of a priority as opposed to making sure you don't have preeclampsia or you're able to have a safe delivery and all this other stuff.”

### Willingness to Take an Early GDM Screening Test

We described for participants that there is currently uncertainty about whether early GDM screening is beneficial. At the beginning of the interview, we explained the following: “Some doctors test early for diabetes, especially for women who might be a higher risk for diabetes, because they think it is important to know early on if a patient has diabetes and they can start to treat it earlier. If the early test is normal, these doctors still recommend doing a test for diabetes later in pregnancy, or between 24 to 28 weeks. Other doctors only do one test later in pregnancy. That’s because they’re sure that finding out and treating diabetes later in pregnancy definitely helps mom and baby have better results. (And they’re not sure yet if testing early helps mom and baby have better results.)”

Later in the interview, we asked participants, “Even though some doctors do an extra test for diabetes early in pregnancy, they don’t know if it helps pregnant women to have better results.” For participants who did not have early testing, we asked: “Knowing that it might not help (but also that it might help – we just don’t know yet), would you have been willing to do an extra test for diabetes? In other words, would you have been willing to take the test twice during pregnancy – once early in pregnancy and again later in pregnancy (at 24 to 28 weeks)?”

We found that all participants who received this question would have been willing to take the glucose challenge test earlier and spend longer being treated for GDM. Their primary motivations to do so included their desire to improve maternal and/or infant outcomes, particularly for those who are at higher risk for developing GDM, as exemplified by these participant quotes:

- “If you have that in your family history, that will make you want to do it. ... It would help mom, baby, and just having a plan in place for the pregnancy. So if we get this early, maybe we can prevent it being, you know, taking a bad turn or the numbers being all over the place like mine's was. I think the extra testing would benefit everyone.”
- “I’m for early testing, because I think some women may have full-blown diabetes at 12 weeks, and you would want to get that under control if it’s going to have an impact for, I guess, for the pregnancy.”
- “I’m willing to do anything that will keep baby safest.”

### **Summary**

In sum, we found that participants ranked avoiding preeclampsia and delivering a full-term baby highly, citing the importance of having a healthy baby when discussing all of the outcomes. Additionally, all interviewed reported that they would have been willing to be tested early for GDM, even knowing that providers still are not sure if early testing is necessary.