

ABSTRACT SUBMISSION AIC 2016: #127

ABSTRACT

1. Title

Paths to improving care of Aboriginal Australian and Torres Strait Islander women following gestational diabetes

2. Author(s)

Sandra Campbell¹, Nicolette Roux², Cilla Preece², Eileen Rafter², Bronwyn Davis¹, Jackie Mein³, Jacqueline Boyle⁴, Bronwyn Fredericks⁵, Catherine Chamberlain^{6,7}.

1. James Cook University
2. Wuchopperen Health Service
3. Apunipima Cape York Health Council
4. Monash University
5. CQUniversity
6. University of Melbourne
7. Baker IDI Heart and Diabetes Institute

3. **Keywords:** Qualitative, translational, Indigenous, gestational diabetes

4. Abstract Text:

- a) **Background:** Indigenous women in far north Queensland are less likely than non-Indigenous women to present for post-partum screening after gestational diabetes mellitus (GDM) despite a fourfold increased risk of type 2 diabetes within eight years of the pregnancy.
Aim: To understand barriers and enablers to post-natal follow-up, and develop context-relevant feasible strategies to improve postpartum care for Aboriginal and Torres Strait islander women.
- b) **Methods:** We conducted interviews with Indigenous women with previous GDM, focus groups with Indigenous healthworkers and workshops with other health professionals. Data collection included brainstorming, visualisation, sorting and prioritising activities. Data was analysed thematically using the Theoretical Domains Framework. Barriers are presented under the headings of 'capability', 'motivation' and 'opportunity'. Enabling strategies are presented under 'intervention' and 'policy' headings.
- c) **Results:** Participants generated twenty-eight enabling environmental, educational and incentive interventions, and service provision, communication, guideline, persuasive and fiscal policies to address barriers to screening and improve postpartum support for women. The highest priorities included providing holistic social support, culturally appropriate resources, improving Indigenous workforce involvement and establishing structured follow-up systems.
- d) **Conclusions:** Understanding Indigenous women's perspectives, developing strategies with healthworkers, and action planning with other health professionals can generate context-relevant feasible strategies to improve postpartum care after GDM. However, we need to better understand how to effectively support Indigenous women and communities during the postpartum period.