Improving pregnancy outcomes for women with Type 1 diabetes: supporting mental well-being

Dr Alison Hosie[1], Dr Janice McLaughlin[2], and Dr Gillian Hawthorne[3]

[1] Research Associate, School of Geography, Politics and Sociology, University of Newcastle
[2] Senior Lecturer, School of Geography, Politics and Sociology, University of Newcastle
[3] Head of Clinical Diabetes Service, The Diabetes Centre, Newcastle Primary Care Trust

Aims and Methods

Aims:

- To explore how pregnancy, its associated risks and social and personal contexts influence the mental well-being of a sample of women with Type 1 diabetes.
- To provide recommendations to professionals providing (pre-) conception care in order to improve mental health support for women with Type 1 diabetes considering or experiencing pregnancy.

Methods:

- Qualitative semi-structured interviews were conducted with a purposive sample of 32 women of child-bearing age with Type 1 diabetes recruited from a Diabetes Centre in Northern England.
- In addition, ten of the sample were interviewed twice.
- 3 of the sample had attended a newly set up pre-conception clinic.

Pregnancy patterns within sample

- 24 pregnancies had been experienced between 14 women in this sample. Ten out of the twenty pregnancies were diabetically planned, two were planned (not diabetically) and twelve were unplanned accidents.

- The outcomes of the 24 pregnancies were as follows. Of the ten that were diabetically planned: two were pregnant at the time of the interview; six had healthy outcomes (including one set of twins); and two had miscarried. Of the other 14 pregnancies: one was pregnant at the time of interview; one had terminated due to diabetic concerns, another had terminated due to non-diabetic concerns; one had an ectopic pregnancy; four had miscarried; one had mild spina bifida and five had healthy outcomes.

Miscarriage

- Although some had been offered generic counselling after the loss of a pregnancy, most said it was offered but not really encouraged and none had been offered specialised counselling. This lack of post-loss support had a marked long term impact on the mental well being of some of the participants.

- *I would have done [liked counselling] after the 2nd miscarriage, not the first necessarily, the first was maybe just one of those things and I could accept that, but the 2nd I struggled because, and professor [X] was quite good I spoke to him quite a lot, but nobody offered me anything then when I really could have done with it. Because by then I was really struggling to think you know is there something the matter, is there a problem and we're not going to be able to carry a baby, you know, or is there something wrong with these foetuses is that why it keeps happening. So I did struggle after the second one and it would have been useful but nobody offered me anything.* Alice, 35.

Failure to conceive

- A small number of participants spoke of how failed attempts at pregnancy were a reason for deterioration in management and control.
- *We're still trying but still no success yet… it's just that all me friends have children and I always used to say that I wanted loads of children but now I'd be happy if I just had one, just so I could prove that I could have one.* Susie, 33.

The contexts within which pregnancy occurs

- Managing their diabetes, becoming pregnant or not becoming pregnant was not always easy for the women and something that was complicated by social and personal factors around them
- *Well with this pregnancy knowing things that could impact on this pregnancy that you feel that other people involved don't necessarily know and you don't necessarily want to tell them. It's hard. You know I don't yet know what's going to happen with this pregnancy and I mean, if something went wrong, I don't know if I'd want my husband's family knowing that that could have been down to me really. I would rather they just thought that it was an awful accident, because I would feel responsible and I think that they would feel that I was responsible.* Val, 32.

General clinic provision

- Within general clinic provision respondents felt that there was rarely time to explore the stresses and anxieties they experienced.
- In addition they were unable to build up (in most cases) relationships with care professionals that allowed them to open up and discuss how they felt beyond their physical health.
- Respondents had the closest relationship with diabetes specialist nurses

The preconception clinic

- The clinic runs on a fortnightly basis and after an initial appointment, all women are able to return as often as they like, for as long as they feel that they need the support of the clinic.
- Diabetes specialist nurses are also available on a daily basis over the phone and would often call just to check how patients were doing.

Views of those who had attended a preconception clinic

- All participants highlighted the supportive nature of the consultations and the usefulness of the information that they had so far received, often contrasting these experiences with those of their annual reviews and follow-ups.
- Whilst all participants thought that in principle the woman's health and pre-conception clinic was an important resource, most felt that an important addition to this service would be a professional counsellor who could provide the necessary mental health support during pre-conception and pregnancy.

Discussion

- Many participants felt anxious or under a great deal of stress as a result of issues relating to pregnancy.
- In understanding why women with diabetes struggle with the implications of their diabetes for both wanting to become pregnant and ensuring in other cases that they do not become pregnant, it is important to understand the contexts within which the women struggle with these issues.
- Women with Type 1 diabetes face the dual pressures of managing and living with their diabetes and dealing with the social norms around them that assume they should have a child or judge them as less of a woman if they remain childless, either voluntarily or involuntarily.
- In essence it is not just the risks of pregnancy and diabetes they are managing, they are also managing the social and personal expectations and judgements around them.

Discussion

- What the research suggests is there is a need for space within diabetes care provision to both generate awareness of the social and personal contexts that may inform women's management of their condition and provide advice and support that may reduce the strain on the women.
- The pre-conception clinic needs to be a space where this can occur.
- Diabetes specialist nurses may be best placed to explore personal issues with women.
- However, there is also a need to consider specialist counselling support within provision.