

A Gestational Diabetes (GDM) Risk Reduction Program for American Indian/Alaska Native (AIAN) Girls: Perspectives from AIAN Women With a History of GDM

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Introduction

- Gestational diabetes mellitus (GDM) is the most common complication of pregnancy, affecting 7-18% of all U.S. pregnancies, and obesity increases the risk of GDM
- American Indian/ Alaska Native (AIAN) women have twice the rate of GDM and are 50% more likely to be obese than non-Hispanic whites
- GDM and/or obesity complications include large babies, birth defects, high blood pressure, preeclampsia, and a high maternal and offspring risk of developing type 2 diabetes in the future
- It is imperative to raise awareness of the relationship between body weight and GDM, and modifiable risk factors of GDM in AIAN adolescent females and their mothers/caregivers as a means to increase perceived susceptibility and self efficacy
- A validated preconception counseling (PC) program for teens with diabetes, called READY-Girls, aims to raise awareness, prevent unplanned pregnancies and pregnancy complications
- Phase 1 of this multi-year, multi-site project is developing a new cultural understanding of GDM from the perspectives of key stakeholders such as AIAN women with a history of GDM or who are currently diagnosed with type 2 diabetes.

Purpose

To present the perspectives of AIAN women with self reported history of GDM to inform the cultural tailoring of READY-Girls to meet the unique needs of AIAN adolescents at risk for GDM.

Methods

Design

- Qualitative focus group and individual interviews facilitated by a trained qualitative methods researcher and note-takers
- Moderator guide with primary questions and probes was developed by several qualitative methods experts and 2 principal investigators
- Moderator guide was broken into three primary sections: 1) overall understanding of GDM, 2) reactions to excerpts from READY-Girls booklet, 3) reactions to clips from READY-Girls video

Sample

- Recruitment in Denver, CO and Portland, OR
- One focus group (n=2) and individual interviews (n=3)
- AIAN adult women with self reported history of GDM (1 currently dx with T2D, 80% of participants currently have adolescent daughter)

Analysis

- Interviews digitally recorded and transcribed verbatim
- Transcripts coded using inductive and deductive constant comparison techniques to develop codebook (Figure 1)
- Used Atlas.ti (Mac version 1.0) to organize transcripts and coding

Methods Continued

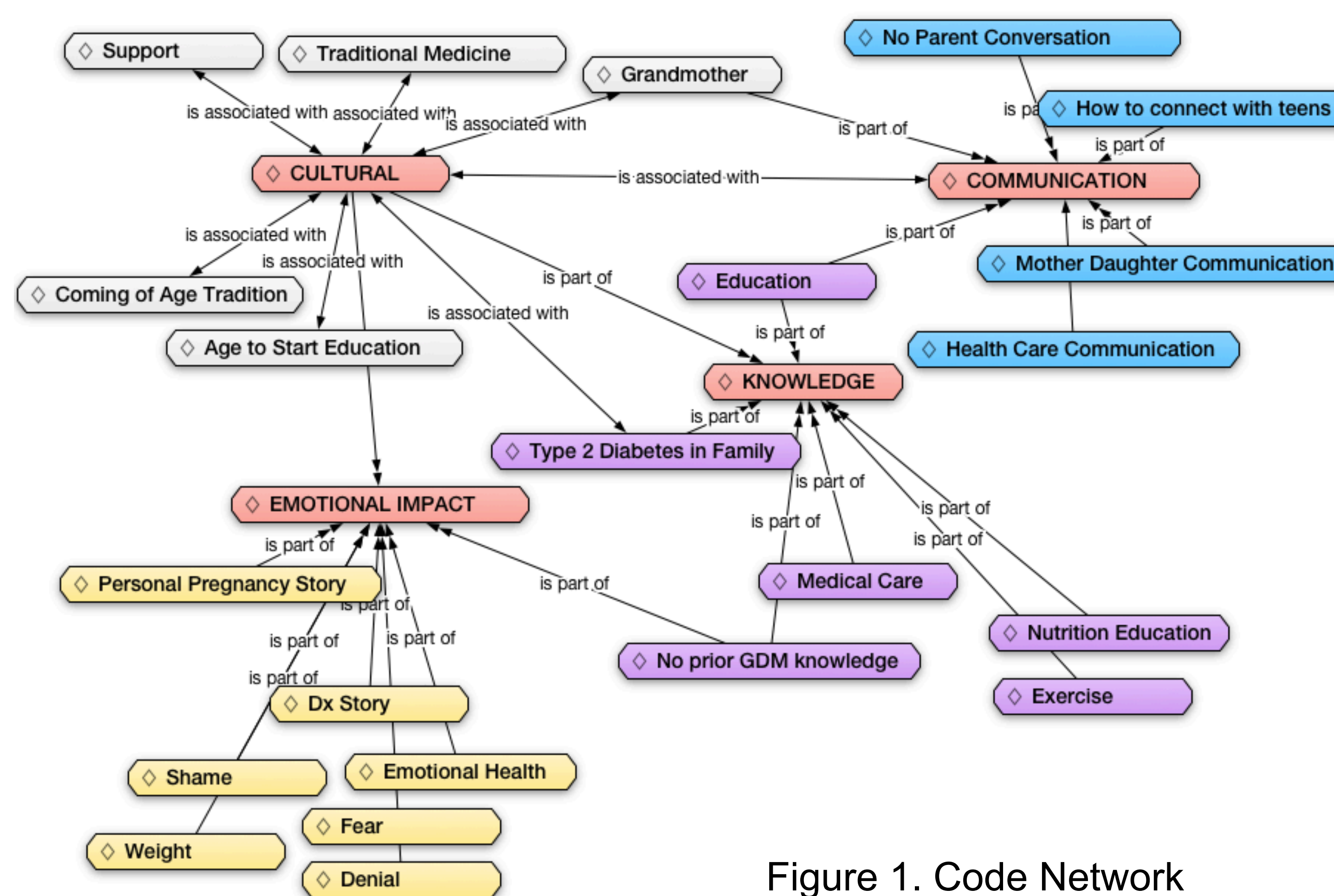


Figure 1. Code Network

Findings

Four primary themes were constructed including: lack of knowledge, importance of culture, better communication skills, and emotional impact of diabetes diagnosis.

Theme Quotations

Theme	Quotations
Lack of knowledge	I didn't know anything about it. I had no idea what it was. I knew that my grandma was diabetic and my mom was diabetic, but that was all I knew. I didn't know that you could be diabetic during pregnancy, or that it could come on with a pregnancy. I had no idea.
Importance of culture	But like I said, there's always the generations, the family, the traditional stuff, the cultural – we're different. It could be a grandma and a teenager and a newborn baby, all right there. And Just make it family-focused. You know, If you had grandma, and a teenager, and a baby. It would capture their attention and make a huge statement, like about womanhood. And make it about womanhood and motherhood. Because the girls that are taught really value that a lot, about being a female. Girls who are taught that when they're young, kept in ceremony, raised on the red road and stuff like that. Mhm, and talking about their moons, and what that medicine is and what that medicine means. They become creators of life. Moon time. And so, if you're going to make a Native book for Native girls, just say, "Puberty means starting your moon time." I just think it's awesome, because I know when we get something that's made for us and that looks like us, and has tribal stuff like us, then it's not only very attractive to us, but it feels like it's for us. It feels like it's exclusive to us.

Findings Continued

Theme Quotations

Theme	Quotations
Better Communication Skills	Well, I think now – there's more now than there was when I was younger. Nobody wanted to talk about it. They didn't talk to us about anything when we were young. So yeah, me and my cousins - we didn't know much about it. What I learned, I learned at school or from friends. And I went to school with a lot of other Native girls, but they were kind of in the same boat as me. We kind of all winged it. But now, Oh, I think it's completely different. I talked to them. I'm really open with them. They're open with me. My daughter was 12 – my youngest daughter – was 12 when she started menstruating. And she came to me, and we went over tampons, pads, and she's tried both.
Emotional Impact	No, I was just – like I said – really disappointed that they told me – because I cried when I found out I had it. I was like, "No!" because I thought back to my grandma and watching her take her medicines and get really sick. I think for me, I just shared that it was embarrassing for me to tell people that I had gestational diabetes, because I felt that they were already blaming me, like, "How did you do – what did you eat? What were you doing? How were you taking care of yourself, how did you get that?"

Discussion and Implications

- AIAN women participants shared their general lack of knowledge of GDM prior to their diagnosis, and lack of information/education resources to help them reduce their risk for GDM
- AIAN women participants would like GDM risk reduction education to start early (9-12 yo) and to focus on healthy weight
- AIAN women participants emphasized the need for Native-friendly images and stories including a family-centered approach to education
- Culture is intimately tied to emotional impact of diagnosis, and attention to decrease shame, stigma, and fear around GDM diagnosis should be included in a GDM risk reduction education program
- Diabetes educators should collaborate with AIAN health professionals and health professionals with expertise in caring for AIAN patients, as well as AIAN community members, to ensure educational programming and messages for AIAN adolescent women are culturally-tailored to meet their unique needs

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