

## **Evaluating a consumer resource about pregnancy for women with pre-existing diabetes, and investigating further information needs.**

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**BACKGROUND:** The lack of printed resources regarding pre-conception planning and pregnancy for women with diabetes (Types 1 and 2) was identified by the Australasian Diabetes in Pregnancy Society (ADiPS), Diabetes Australia-Victoria (DAV) and Reality Check, a consumer group of young adults with diabetes. In 2002, *Can I Have a Healthy Baby?* was jointly published and 16,000 copies have been distributed throughout Australia and New Zealand.

**AIMS:**

1. To investigate the resource's effectiveness; and
2. To investigate women with diabetes' broader information needs around pregnancy.

**METHOD:** An online survey was sent to all members of both Reality Check and ADiPS, and to people who DAV had distributed the resource to.

**RESULTS:** Ninety-four respondents: 70 had diabetes, 18 health professionals (HPs). Of women with diabetes, 11% were <21, 46% 22-30, 41% 31-40, 1% >40 years of age. All Australian states were represented, with a bias towards Victoria (42%).

89% reported the booklet was 'definitely easy to understand', 97% 'not confusing', 76% 'enough to answer your questions', and 35% 'not enough information'. 60% of women with diabetes surveyed and 47% HPs said the booklet should be free.

Nineteen topics were identified as requiring further information, the most common being 'risks, negatives and complications of birth' and 'falling pregnant when blood glucose control is not in desired range'. Eleven types of information were prioritised in terms of helpfulness: 'free printed resources' was rated most highly by both women with diabetes and HPs; otherwise there was considerable variation in reported helpfulness of information types between these two groups.

**CONCLUSION:** The resource is effective and highly-valued. Further investigation into information needs, and effectiveness of this resource, amongst women with Type 2 diabetes and partners of women with diabetes is required. The differences in women's self-reported information needs and perceived information needs amongst HPs warrants further analysis.