**Supplementary Appendix S1. Interview and Focus Group Questions**

**Providers/Staff**

**Obstetric providers: Imagine I am a patient that you just diagnosed with gestational diabetes. What would you tell me?**

Prompt: When you diagnose a woman with gestational diabetes in pregnancy, please describe counseling that you provide about diet (or nutritionist referral) and exercise?

Prompt: What do you tell her about weight gain during pregnancy and weight loss after pregnancy?

Prompt: What do you discuss about breastfeeding and contraception?

Prompt: What do you tell her about risk to develop type 2 diabetes in the future and ways to prevent diabetes? When do you usually talk about this?

**Non-obstetric providers:** **Do you routinely ask your female patients about complications of pregnancy, and if so, how does this alter your management?**

Prompt: Imagine you just found out that I had had gestational diabetes in the past. What would you tell me?

Prompt: What do you tell your patients about ways to prevent diabetes?

**Nurses, dieticians: Imagine I am a patient that was just diagnosed with gestational diabetes. What would you tell me?**

Prompt: Please describe counseling that you provide about diet and exercise?

Prompt: How much time do you typically have for counseling?

Prompt: What materials do you typically use for counseling?

Prompt: What do you tell patients with gestational diabetes about weight gain during pregnancy and weight loss after pregnancy?

Prompt: What do you tell her about risk to develop type 2 diabetes in the future and ways to prevent diabetes? When do you usually talk about this?

Prompt: How comfortable do you feel having these conversations? What training/supports have you had (or would you like to have) to provide this counseling?

**Providers: How important do you feel it is for your patients to be screened for type 2 diabetes after a pregnancy with gestational diabetes?**

Prompt: Of all the things you have to tell your patients in a short amount of time, where does this rank? What topics do you prioritize? Obstetric providers: Describe a typical post-partum visit for me.

Prompt: Obstetric providers: On what schedule do you recommend follow-up screening? When do you begin to introduce the idea of post-partum screening? What tests do you recommend?

Prompt: Non-obstetric providers: When you learn that a woman has had gestational diabetes, on what schedule do you recommend she have follow-up screening for diabetes? What tests do you recommend?

Prompt: In your view, what healthcare provider should be responsible for offering diabetes screening to the patient after pregnancy?

**Nurses, dieticians: What do you view as your role in helping patients get screened for diabetes after pregnancy?**

Prompt: If a provider had not mentioned diabetes screening to the patient, would you talk about this with the patient? How would you go about this?

**All: In general, what do you think your patients understand about gestational diabetes and the way it affects their future risk of diabetes?**

Prompt: What emotional response do your patients have to your counseling on diabetes risk?

**Patients**

1. **What did it mean for you to have high blood sugar during your last pregnancy?**

Prompt: When did you find out you had high blood sugar during your pregnancy?

Prompt: What were you told about the effects of high blood sugar on your body?

Prompt: What were you told about the effects of high blood sugar on your baby?

Prompt: Did anything change when you were told about the high blood sugar? How?

1. **Women may get lots of advice from doctors, nurses, and others during pregnancy. Please describe the advice that you remember receiving during your pregnancy.**

Prompt: What did you hear about diet and exercise during pregnancy? Who gave you this information? How much did you believe what you heard?

Prompt: What did you learn about weight change during and after pregnancy? Who gave you this information?

Prompt: Some people say breastfeeding and prevention or delay of another pregnancy may be helpful in diabetes prevention. What did you hear about breastfeeding? Who gave you this information?

Prompt: What were you told about preventing or delaying another pregnancy? Who gave you this information? What did you think when you heard it?

1. **Please describe what you know about how high blood sugar during pregnancy affects your health in the future.**

Prompt: What is diabetes? How do you think high blood sugar during pregnancy relates to your risk of getting diabetes after pregnancy?

Prompt: Were you told about getting tested for diabetes after pregnancy? If so, what do you remember being told and who gave you this information?

Prompt: Do any of your family or close friends have diabetes? If so, what does that mean for you?

1. **Imagine you are telling your friends about ways to lower your risk of getting diabetes – what would you say?**

Prompt:Where did you gain this information?

Prompt: Some people say that eating healthy and getting exercise can prevent diabetes? What does that mean to you?

Prompt: Other people say that taking a medicine called metformin can prevent diabetes? What do you think of that?

**Supplementary Appendix S2. Additional quotes by theme from women with gestational diabetes**

|  |  |
| --- | --- |
| **General understanding of gestational diabetes diagnosis with focus on neonatal complications** | |
| Variable disease understanding  They said the placenta becomes an insulin blocker or something like that. So that is why I was thinking okay this is why I have gestational diabetes and when you know I have the baby, I should be cool, but that did not happen. (participant 32, unscreened, delivered > 1 year)  I didn’t know that it was a thing, you know, I thought that I was going to get it for the rest of my life as well. While I was pregnant, she did mention about how the pancreas had to like work extra to process all the carbs that will turn into sugar…on your body. (participant 50, unscreened, delivered > 1 year)  Diabetes is the sugar, like it’s getting enough like energy into the blood system or something like that. (participant 4, screened, delivered > 1 year)  Focus on neonatal complications  What scared me, not really necessarily having the C-section but that the baby could possibly come out with certain problems. Breathing problems, and even death so…It kind of yeah made me afraid. (participant 25, screened, delivered > 1 year)  I was more focused on like the effects on the baby. So they were just telling me things like he could be underweight…or he could be so overweight that he could automatically have diabetes when he came out. Like his sugar could be so high that I can give birth and then it can be so high while I’m pregnant with him that after I gave birth, it could just drop so low that it would cause like problems with him, you know, at birth.. things like him having bigger body parts than normal and…it would be difficult for me to like birth him. (participant 53, screened, delivered < 1 year)  Skepticism among patients  They told me my kid would be huge, but she was 6 pounds, so that was a lie [laughs]. (participant 22, unscreened, delivered > 1 year)  That is all I thought about was how it would affect her and it did. That’s why I did not understand … I changed everything. Everything from the food, the exercise, the everything and she came early. (participant 54, screened, delivered < 1 year)  I think doing it at 5 months, you need to do it a little sooner because I got tested at 5 months pregnant with diabetes and that kind of freaked me out because like what if I had it 4 months ago? And I was sitting here eating all this. I mean I was getting bags of candy. I mean I was going to the store and getting gigantic because I was having cravings for candy. (participant 37, screened, delivered < 1 year)  When they did the test, I warned them I had just had an all you can eat Chinese buffet… each time they tested it, I had just eaten. Right. They were not fasting. (participant 52, unscreened, delivered < 1 year) | |
| **Variable recall in details of diet, exercise and weight recommendations*.*** | |
| Diet  *Foods to eliminate and surprises*  I pulled away from the juice and the potato chips and stuff like the overnight snacks, because that is when my sugar would go up. (participant 2, screened, delivered > 1 year)  Especially in the morning because I had a hard time trying to figure out what to eat…It seemed like everything was carbs, cereal, muffins. (participant 25, screened, delivered > 1 year)  You just grow up eating rice. That’s it. It’s part of our culture, like Mexicans eat tortillas every day. Yuca, that’s something that we eat…plantain. And that, there was the thing that they would always go like nope, don’t eat any of it [laughs]. Like it was rather to eat like a whole dark chicken instead of a bowl of rice. So we like ah we already have the information. It’s just hard for us to do. (participant 50, unscreened, delivered > 1 year)  Like more homecooked meals so you know where everything is coming from…Vegetables were okay, they say the meats as well. They said the meats were okay. So, the meat and the vegetables but limit your fruits and sugars and all that. (participant 3, screened, delivered < 1 year)  I was like every time I eat sweet potatoes, roast and like greens and stuff, I always had a normal blood sugar. But if I go get a White Castle meal, just the double cheeseburger meal and don’t even eat the fries, my blood sugar used to be high. And I just didn’t understand that. (participant 28, unscreened, delivered < 1 year)  *Portion sizes/carb & calorie counting*  You have to learn to portion your food…your food should just fit on a little saucer. Um I do not know why they make plates that big. (participant 11, unscreened, delivered < 1 year).  Well I knew that coming in, you know, you have to watch what you eat…And she kind of helped me like put a visual to portion size. I didn’t know, they always just explain to you what a fist full is. You know what it means to um eat, you know, like a piece of meat that was the size of a deck of cards. (participant 31, screened, delivered > 1 year)  Yes um so like getting pregnant I thought you can eat everything like off of Look Who’s Talking, I’m thinking burgers, McDonald’s, all that stuff. No matter. They were like no you can’t …It’s not healthy. (participant 36, unscreened, delivered < 1 year)  I know it’s really bad and I don’t make the best choices but I still look [laughs] at the label. And um the serving sizes was the main thing, like how come a can of soda will tell you this many carbs that, you know, you need to check how many servings are in the can. (participant 50, unscreened, delivered > 1 year)  I did not know that high fiber will control blood sugar. No I did not after seeing dietitian that she recommend me to eat more fiber, And then she, she told me about um have, that you have to mix a lot of protein…With the carbs, that will lower your blood sugar yeah I didn’t know that so yeah think it is helpful. (participant 6, screened, delivered > 1 year)  Really they wanted you to eat like toddler size portions of everything. (participant 5, unscreened, delivered > 1 year)  Exercise  She told me that I needed to walk more, get up and get out and do stuff more. (participant 47, screened, delivered < 1 year)  Try to do 30 minutes a day and walk and, you know, after meals…if I have a heavy meal, try to walk it off, you know, something. (participant 33, screened, delivered < 1 year)  So um they said that it was a good idea to always walk after you ate at least 10 minutes and that would help with your levels. (participant 34, unscreened, delivered < 1 year)  Um not a lot of like lifting…to make sure it was safe for the baby. (participant 45, screened, delivered < 1 year)  They mentioned…activity is important…in general but I don’t remember like um related with the diabetes. (participant 50, unscreened, delivered > 1 year)  Weight  By the time I had her they wanted me to gain like 50 pounds. (participant 54, screened, delivered < 1 year)  It is important to stay within the healthy range, to keep your BMI at a level that, you know, doesn’t put too much exertion on your organs or on your body. (participant 3, screened, delivered < 1 year)  I forgot the weight. It was like I forgot the exactly weight. The amount they wanted me staying there. But they wanted me to be a certain kind of weight. (participant 37, screened, delivered < 1 year) | |
| **Overwhelming medication and self-monitoring routines*.*** | |
| Fear of hurting the baby  It was real irritating, nerve-wracking, having to keep sticking yourself in the stomach and thinking that you could be poking your baby…and they keep boosting the dose of the medicine…It made me uncomfortable and it made me not wanna do it because I felt like they were giving me too much, but at the same time I knew that it was for the better of my health. (participant 1, screened, delivered > 1 year)  I really didn’t like sticking myself every morning to check my sugar. I was like really scared to take the pill because I was pregnant with her and I didn’t know what kind of effect it would be on her. (participant 13, unscreened, delivered <1 year)  Fear of future  I was thinking like I hope I don’t have to do this forever. (participant 10, unscreened, delivered > 1 year)  Don’t get those shots, the injections. They are going to make you have diabetes. I’m going to tell everybody that. (participant 8, unscreened, delivered > 1 year)  Pain or discomfort with needles  It’s hard to get used to, especially just sticking yourself in the stomach. Then it burned and then it’s by the needles being so short, if you jerk and it just come out and then now you got to stab yourself again. So that was the bad part about it. (participant 28, unscreened, delivered < 1 year)  So it was like I had to keep checking them, so I think it was five in a row. Just for that day, five or six. There were so many. That is something that I don’t want, so when I was shooting myself in the finger, it was not right [laughs]. Them little shots hurt. (participant 42, unscreened, delivered < 1 year)  Labor intensive logging process  I was not really good at remembering. And writing it down every time. And they needed all that stuff. Every time I would see appointment and like half of it be filled out. (participant 24, unscreened, delivered > 1 year)  I basically had to do a log basically stating what I eat that morning, evening, night, snack and then I had to do the insulin shots with the gestational diabetes and I had to do the insulin shots in the morning and at night, so it’s basically I had to eat something. I had to check my blood sugars and stick my finger in the morning. And keep the numbers with the sugars low because it was like certain foods that I ate made the sugars go higher than what it was. (participant 29, screened, delivered > 1 year)  It was very time consuming having to take your blood sugars before you eat, after you eat and just constantly having to, you know, eat snacks. (participant 12, screened, delivered > 1 year).  I was working with kindergarteners at that time. So it was challenging to try to check the numbers…  throughout the day because I had to check up to 6 times so. Um there were times in which during the day I was not able to check them .. lunchtime I was able to check it before, not so much after…because you only get like 30 minutes to eat. (participant 25, screened, delivered > 1 year)  I didn’t really know what it meant until I got diagnosed with it and I didn’t really understand…But then when I personalize it and I had it I was like oh, it’s a lot [of] work too [Laughs]. You know its’ a lot of work. You really have to watch it. (participant 53, screened, delivered < 1 year)  Practical/saw benefit  It was simple. Prick your finger, get a little blood, put it on the test strip and read it, and write it down. I was doing it 4 times a day so, right when you wake up in the morning, after lunch, no after breakfast, after dinner, and before bed. (participant 3, screened, delivered >1 year)  At first I was scared of needles but after that, nothing. Uh-uh. I just knew that I had to take it and that is what it was. I took it with me so. That was that was not an issue. I did not really let it affect my daily life, you know. (participant 7, unscreened, delivered > 1 year) | |
| **Short term focus of type 2 diabetes risk and screening recommendations.** | |
| Recall of initial screening  I think it was something with your hormones are why you get it but once I had him and they checked it and it was gone. (participant 1, screened, delivered >1 year)  She ah she told me that after my delivery that I will have to come in again. And do another glucose test. To make sure that I do not still have the diabetes but it was negative so thank you….it was a big relief. (participant 43, screened, delivered < 1 year)  They test you after to make sure…You don’t have it and you take the sugar test … with all my kids, it went right away. Like it wasn’t a risk for me. (participant 46, screened, delivered >1 year)  Long-term risk discounted  When we leave hospital, they give us a booklet on the baby. What about us? They don’t give us nothing on us. They give us our discharge papers and that’s about it. (participant 11, unscreened, delivered <1 year)  As far as like future appointments go, um I don’t know if they’re going to test me unless well, I’m pretty sure they’ll bring it to my attention if I do have like health issues in that area…I would say you fall back to where you’re comfortable … after you have the baby, like it’s back to normal, I don’t need all that special treatment. (participant 36, unscreened, delivered < 1 year)  They did not, they was not concerned that I would have it after….They said as soon as you have him and the placenta is out and detached that you should be fine and then they said some people still have it after they deliver so do not be alarmed, and I said well we need to make sure that I am not going to have it. You know after and um they did not take my sugar, nothing after. (participant 11, unscreened, delivered < 1 year)  I am just kind of got mad nobody told me I was supposed to do a glucose test. Um because I feel like I should have. (participant 22, unscreened, delivered > 1 year)  I have to do a follow-up, ah supposed to do in the following 4 weeks but I didn’t go back. So [that’s] kind my problem with it. I think it’s okay, it’ll go away. I blamed it mostly on the pregnancy. So in my mind I’ll be like well, after I have the baby. I won’t have diabetes. I’ll be fine. (participant 30, unscreened, delivered <1 year)  It was like they were basically saying it was temporary and it was just only because of the baby. But I mean like they did say it was a chance but. You know it really did not sound like too important to yeah come in. (participant 32, unscreened, delivered > 1 year)  Role of family history and genetics  I would possibly have it…in the future if I didn’t take care of myself, which I still not 100% clear on how, if you get it no matter what then or is it just...I don’t think that was very totally clear to me. It’s like does that mean genetically you will have it or not? (participant 24, unscreened, delivered >1 year)  I think it is genetic sometimes but I think you can beat genetics with exercising and with eating healthy because my mother, she does not eat like any bread. She stays away from sweets, so she’s more like ah a go green person. (participant 12, screened, delivered > 1 year)  If it’s hereditary and you did all that you can do and you still end up with it, then that’s the only, you know, downside to that. (participant 33, screened, delivered < 1 year)  They basically said if I don’t eat healthy and, and I don’t start losing weight and exercising, that I can possibly get it when I get older, and it runs um real high on my mother’s side. And then my father, he just got it so I guess it’s on both sides now. (participant 4, screened, delivered > 1 year)  Long term risk recall  They did say even if you don’t have it afterward, in the long run, you still can develop and it’s like I am kind of on that verge now. (participant 1, screened, delivered > 1 year)  I know that you can end up with I believe type 1, type 2 diabetes and you can, it, it might go away and it might um be a lifetime ah situation. I believe it’s a high risk… maybe go for more testing because I’m pretty sure it might happen. You might end up with actual diabetes after the gestational period is over. (participant 33, screened, delivered < 1 year)  I don’t know how people think but how I thought was you know I’m back to normal, I don’t need to go…make sure you stay, because just because the baby is born doesn’t mean that you go back to being perfect. No. You should take care of yourself and make sure you go back and get checked. (participant 36, unscreened, delivered < 1 year)  It’s not very high and like if you ask me, I will say probably less than 10%. I don’t recall, but I don’t think it’s like a high percentage but it’s still a thing that’s a risk. (participant 50, unscreened, delivered > 1 year)  Well I was just informed that if you have gestational diabetes that you’re more at risk to have diabetes after your pregnancy so…it might not just disappear because you have your baby, so you can have it still after that and you could have it in the future, far future or near future after that. You’re just more susceptible down the road. (participant 53, screened, delivered < 1 year)  You have a high chance to develop type 2 diabetes in the future. They, what they say is 10 to 15 years later. (participant 6, screened, delivered > 1 year)  Continued screening recommended  Everything was you know pretty much fine but she did say that I had to be checked every, not just this second year, like it is approaching for me to take it she say every, you know because I, uh, because I experienced that during my pregnancy. (participant 2, screened, delivered > 1 year) | |
| **Limitations in understanding full options for diabetes prevention.** | |
| Diet/Exercise  *General*  Well, it’s a whole lifestyle change so to go from being and doing something one way your whole entire life and still to think that’s okay during pregnancy and after you have to completely, you know, change your lifestyle, your eating, your working, your exercise and you know with that I feel like all of that, that goes in humans, you know, being important so they don’t contract this illness or disease or whatever you may call it for the rest of your life. (participant 3, screened, delivered < 1 year)  That I couldn’t, if I didn’t do it while I was pregnant, eat healthy and, you know, stick with the diet, really um meal plans and the portions that I could have it the rest of my life and it could possibly maybe kill me eventually. (participant 4, screened, delivered > 1 year)  Sometimes it is hard for people to try to change their diet because it was hard for me and it is hard for like anybody even if they are not pregnant you know to stick to something that is new. (participant 43, screened, delivered <1 year)  They were telling me that I kind of had to keep an eye on my diet and on my weight so that I wouldn’t develop type 2 diabetes later on in life. (participant 5, unscreened, delivered > 1 year)  *Specific*  Staying away from the white things, as they say, bread, sugars… things that have hidden sugars… you think fruit is good but they have a lot of heavy sugars. (participant 45, screened, delivered < 1 year)  The portions. This is, this is what I’m working on now. I’m going to take a spoonful of peas, I’m going to take a spoonful of mashed potatoes, and I’m going to take 1 piece of chicken. And that’s going to be my portion and that’s how I’m starting to feed my children also. (participant 30, unscreened, delivered < 1 year)  Um to exercise and eat right um. Um a lot of vegetables, green leafy vegetables, lean meat, stay away from a lot of fat foods, drink lots of water. (participant 34, unscreened, delivered < 1 year)  Stop drinking a lot of Kool-Aid because that is a lot of sugar. But and they do, everybody, I feel like for me personally because I still do eat a lot of small portions of food. But we all just need to really start eating more vegetables because I do not see a lot of people eating their vegetables. (participant 42, unscreened, delivered < 1 year)  I would say calorie count. You know count your calories. Um look at the sugars, the grams of sugar in the products that you’re going to eat. Um try to stick to the portion sizes um that kind do the plate thing where you have so many greens, so many this. Get away from the breads. So try to follow that sugar free things. So there are some sugar free things that are high in fat content so you’ve got to kind of be careful with that. Um I think we just have to do a lot of label reading. (participant 45, screened, delivered < 1 year)  Basically watch what you eat. Basically like more wheat products, more like vegetables, less pasta. Pasta is the main, that’s starch… the more active you are, the more you break down the sugar. (participant 47, screened, delivered < 1 year)  Eat healthy and do exercise and take a lot of care of ourselves…A lot of boiled food. I’ve noticed some people say that worked. With me I don’t like boiled food. So I tended to use, like I said the crockpot, just put water in the crockpot and mix it. Um a lot of fruits and vegetables and exercise and water. (participant 52, unscreened, delivered < 1 year)  Weight  I just know that it’s dangerous. It is not a thing to play with. Just like high blood pressure, it is not something you play with and I know, one of the first I know of being able to get rid of it is, your weight, losing your weight, you have to get your weight under control. It is like your weight plays a big thing in everything. (participant 1, screened, delivered > 1 year)  And like right now, they did tell me that I need to lose weight in order to lower my risk of having diabetes. (participant 31, screened, delivered > 1 year)  Metformin  *Not counseled, would consider*  I haven’t heard about a pill. … if it was to get to the point where I, if I had to take a pill to get rid of it or whatever or keep it down and nice, yeah I would do that. (participant 1, screened, delivered > 1 year)  I’d probably be open to knowing about it [metformin]. But I would want to gather and know as much information as I could. Like I said I question everything medically. (participant 24, unscreened, delivered > 1 year)  *Side effects*  Oh yeah, Metformin. Oh my God. Metformin does nothing but make you use the bathroom. That is all it does. (participant 7, unscreened, delivered > 1 year)  I couldn’t stand those horse pills. They really had me cramping and everything and I told the physician that I just could not take that. (participant 48, unscreened, delivered > 1 year)  *Don’t want to take a pill for prevention*  I do believe metformin is a really good um medicine to prevent diabetes … I would not like to take metformin for the rest of my life. I don’t want to depend on any medicine. I actually just want to have a healthy lifestyle. (participant 12, screened, delivered > 1 year)  I’m a type of person I don’t like taking pills unless it’s absolutely needed. (participant 36, unscreened, delivered < 1 year)  I am 25. I do not want to take medicine up into my 40s you know every day so I do not know if I would take it. (participant 43, screened, delivered < 1 year)  I never heard of it [metformin] and I don’t think it’s a medicine that could prevent diabetes. I think it’s your lifestyle. (participant 46, screened, delivered > 1 year)  I don’t think [metformin] should be taken to prevent. Once you’re diagnosed then I think that’s when you go ahead and take it, but to take it prior so you won’t get it that doesn’t sound like a healthy thing to do. ( participant 3, screened, delivered < 1 year)  Breastfeeding  I breastfed just for the health benefits for my children and…I don’t know, it was just more convenient and when I saw, when my son, my first son who I had gestational diabetes with, I breastfed him and he had a developmental screening and at 18 months he was doing puzzles. He was already saying words. He was so intelligent…I used to always hear breastfeed your baby and you will lost all that stomach. That’s about it. (participant 28, unscreened, delivered < 1 year)  They never told me about that it could help with the diabetes. But they did say that breastfeeding is good for the baby. (participant 54, screened, delivered < 1 year)  I was told about breastfeeding would change the diabetes outcome for my son, not me…so I did breastfeed for about six to seven months. (participant 32, unscreened, delivered > 1 year) |

**Supplementary Appendix S3. Additional quotes by theme from providers and staff**

|  |
| --- |
| **General understanding of gestational diabetes diagnosis with focus on neonatal complications** |
| Perception that diagnosis is overwhelming and understanding is cursory  I think most of them just know that they have a problem, controlling what they call their sugar. That’s it. I don’t even think a lot of them would understand how it actually works, you know. (participant 24PS, OB GYN RN)  There is a little bit of fear. I think they are overwhelmed a little bit. Um especially if it is like their first pregnancy…And they were not expecting this and you know…Ah so I that is where you kind of you do not want to give them too much because it is just it is going to go in one ear and out the other because they need time to kind of process this on their own too. (participant 28PS, Registered Dietician)  Perceived extremes of patient reactions  I feel a lot especially like when they are young, a real dichotomy, like some people are very much like yes, I need to stay healthy and some people are very not interested at all and I feel like I don’t have a lot of middle of the road when it comes to this. Some people really care and some don’t. (participant 8PS, Family Practice MD)  It really kind of spans the gamut um I either usually they are like really scared … where they think that, you know, life as they know it is over or it’s really nonchalant and they’re just like Eh…I’ve been having babies for, you know, however long and it’ll be what it’ll be and it’ll be okay and, I see both sides pretty fairly equally. (participant 25PS, Family Practice LPN)  Perception that risk to baby is most motivating  I feel less motivating when we have a conversation when I’m talking with patients about you have diabetes, you can get this, they are like yeah whatever...I’m always shocked at the lack of concern about the seriousness of this. But I think they get a little bit more alarmed when I am talking about the baby rather than the patient (participant 14PS, OB GYN MD) |
| **Variable recall in details of diet, exercise and weight recommendations** |
| Diet  That is something new to people. That there is such a thing as a nutrition label and what it means. They know it’s there. They have no idea of how to read it, so it doesn’t really matter to them. (participant 3PS, OBGYN NP)  Not understanding how their choices are cumulative like…Well, yeah, I have my soda in my exam room with me right now. Um, but yesterday, I only drank water so you know the, the thinking that you know one good choice negates their four or five, maybe less good choices. (participant 8PS, Family Practice MD)  I find it helpful especially finding out what people like because that’s a huge barrier is food preference. (participant 28PS, Registered Dietician)  Most of our prenatals do make those changes. They set a goal. It might not be a perfect goal…You know it may not be I’m not going to drink any more soda, it might be I’m going to switch from the 44 ounce to the 20 ounce soda, um and so I’m going to make small changes . If we can frame their changes for those moms that are overwhelmed into smaller steps, they usually do well and [are] really proud of themselves when they come back and they’ve accomplished it…we do though of course have some moms that, you know, I’ve always eaten this way. My other kids are fine and I ate this way…I’d say that’s a smaller percentage of our clients. (participant 31PS, Registered Dietician)  I talk about diet. You know... not how to count carbs because they cannot really comprehend that, um just about portions and what are better choices, you know, limit this, eat more of this. (participant 23PS, OB GYN BSN)  Exercise  Definitely staying active you know not a time to start running a marathon…while they are pregnant if they weren’t marathon runners prior, but um definitely being active and not sitting on a couch becoming a couch potato and eating for two, that’s not going to help them…you know and then really just focusing on what their goal is and trying to guide that towards a healthy goal without making them feel like a horrible person. (participant 4PS, OB GYN NP)  Aerobic exercise at least 3 times, you know, a week 30 minutes um at a time to get your heart rate up and helping them to understand that all of those things are additive and not one little thing that’s going to help you, it’s the whole picture. (participant 18PS, Internal Medicine PA)  Weight  I don’t specifically talk about obesity, morbid obesity. I kind of talk to them about you know what’s your goal for your weight and just talk to them about you know healthy weight and weight gained during the pregnancy. (participant 4PS, OBGYN NP) |
| **Overwhelming medication and self-monitoring routines** |
| We actually go through how to use their glucometer. I talk about where they need to poke, where not to poke, how to clean, disposal. Just kind of go through all of that. I could give them multiple versions of the same thing, because sometimes just different wording because everybody learns differently. I kind of modify the glucose logs for some of them, very, very simple. (participant 23PS, OB GYN BSN)  I would say mostly it’s fear. They’re scared to stick their fingers. (participant 26PS, OB GYN RN)  We educate them with their specific supplies so that, there’s not like a discrepancy between the glucometer in the office compared…with the glucometer at home because we all know that there’s like 20 million of those….And it’s just stupid stuff and it can be alleviated if you just have somebody who can show them how it works…Um so we have them work with their supplies here in the office. (participant 25PS, Family Practice LPN) |
| **Short term focus of type 2 diabetes risk and screening recommendations** |
| Focus on initial postpartum screen  Will I have diabetes? Does this mean I have diabetes and will my baby have diabetes? Those two questions come up almost immediately…And while there’s almost more pressing things to talk about at that first visit. Those are the things that people want to hear about almost immediately. (participant 13PS, OB GYN MD)  I think that the screening is one of the main things we talk about …A lot of times at the two week visit there is not a lot to talk about….. Having them come on a day that is not necessarily their appointment date so then I’ll say great well come before like if you’re scheduled to see me on August 1st, um, then come the week before and do your test I have already ordered and then I’ll have the results by the time you come. (participant 14PS, OB GYN MD)  Different perceptions of risk among patients  I use the A1c a lot as that barometer because even if they’re like 5.7 when I give them the news that you’re a prediabetic, if it then goes to 6.1, it’s like that more objective number and moving in the wrong direction is what is much more motivating than my telling them this is the formula to avoid diabetes. (participant 9PS, Family Practice MD)  They’re the people who are more likely to say, can I be tested for diabetes? When is the last time you checked my blood sugar? I think that we need to look at this. (participant 8PS, Family Practice MD)  I feel like a lot of these really obese young people it’s not a big deal for them, they don’t have that sense of my health at all or at least my health 20 years in the future. (participant 14PS, OB GYN MD)  I don’t know how much the patient comprehends that it can have potentially long-term effects…Um. I think between the education barriers and the other different challenges we have to overcome ah and then trying to just help the patient understand the present…Looking at the future something that’s...Understanding the, the long-term effects, I don’t think are…necessarily high priority because you’re trying to put this too much on the present. (participant 25PS, Family Practice LPN)  People are like I’m fine. I don’t need you. I’m going to be fine. You’re making too big of a deal of this. (participant 27PS, OB GYN RN)  I feel like most patients that I’ve seen with gestational diabetes postpartum, they think it just went away. They don’t really understand that there’s a risk for that to continue and they don’t understand if they have another baby close in age, it increases the risk…There’s just ah a variety of things that they don’t really know. (participant 30PS, Registered Dietician).  I mean it kind of depends on the patient. Some patients have a feeling that they are going to get diabetes because everyone in the family has diabetes or they’re overweight or they have been told before that they have the risk factors so it really depends on the patient and some patients are so nonchalant about it they are like yeah whatever I have diabetes. (participant 4PS, OBGYN NP)  I feel like sometimes people are incredibly alarmed like it is a guarantee they’re going to get diabetes in the future to people who I wonder like do you know what diabetes is and I feel like you should be somewhat more alarmed about the fact that you are at increased risk of that. It’s like the two extremes. At least for me that’s it. (participant 13PS, OB GYN MD)  Counseling on continued risk  I tell them we have got to do it now and then we have to do it in the future, um, to make sure that you are not developing diabetes that needs to be treated.(participant 14PS, OB GYN MD)  Sometimes it depends on like how they’re doing. If they’re doing really well, then it can be a discussion. If they’re doing not so well, sometimes that can be a motivational thing to say, you know, this could be a long-term issue for you. So we really need to focus on it. So it varies. (participant 26PS, OB GYN RN) |
| **Limitations in understanding full options for diabetes prevention** |
| Diet/exercise  We do talk about the prevention of diabetes again, ah it’s briefly mentioned. It’s not detailed mentioned at WIC….but we also really stress healthy eating and weight management especially postpartum um to try just do counseling education to get them back to a healthy weight, especially to prevent further issues with future pregnancies. (participant 30PS, Registered Dietician)  Metformin  I think it’s tough with diabetic therapy because we have no way of rewarding people for being compliant, right? All we are trying to do is ward off the stick. We don’t have a carrot. You know take your metformin and…deal with it…future bad things won’t happen, maybe okay. (participant 19PS, Internal Medicine MD)  Breastfeeding  Breastfeeding can lower a mother’s risk of developing diabetes later on, um it can lower a baby’s risk of developing diabetes, ah so we do encourage moms to breastfeed early and often and to establish breastfeeding well…One of the concerns that I hear from mom is, you know, after that baby is born, if the mom had gestational diabetes and they’re testing that baby’s blood sugar right away…and there’s more likely that that baby is going to have been supplemented with something. (participant 31PS, Registered Dietician). |