

# The Diabetes in Pregnancy Story: The experiences of Aboriginal women in the NT

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# Diabetes in pregnancy

- Increasing prevalence of diabetes globally

*(Chen, Magliano, & Zimmet, 2012)*

- High rates for Australian Aboriginal and Torres Strait Islander populations
- Diabetes in pregnancy:
  - 10 times the rate of type 2 diabetes
  - 1.5 times the rate of gestational diabetes

*(Australian Bureau of Statistics, 2014)*



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# Consequences of diabetes in pregnancy

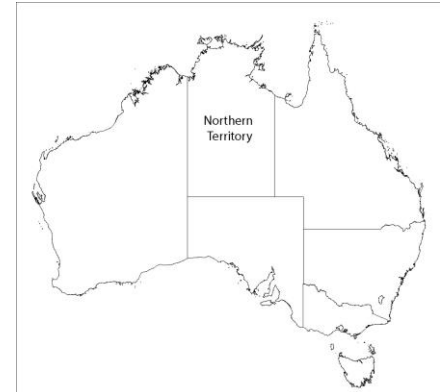
- Serious complications of diabetes in pregnancy:
  - Congenital malformations
  - Pre-eclampsia
  - Macrosomia
  - Increased perinatal mortality
- These children are at an increased risk of:
  - Early-onset type 2 diabetes
  - Cardiovascular disease



# Challenges in remote Australia: Systems & Settings

## Health care in remote Australia

- High staff turnover
- Limited resources
- Limited specialist support



## Setting of socio-economic disadvantage

- Poverty
- Over-crowding
- Food insecurity





# NT & FNQ DIP Partnership

- To improve models of care & health outcomes by reducing risk *as early as possible in life course*
- Partners:
  - NT Department of Health, Queensland Health
  - Menzies School of Health Research
  - Baker IDI, SAHMRI
  - Aboriginal Medical Service Alliance NT
  - Apunipima Cape York Health Council
- Chief Investigators: Louise Maple-Brown, Alex Brown, Mark Wenitong, Ashim Sinha, Christine Connors, Jeremy Oats, David McIntyre, Paul Zimmet, Jonathan Shaw, Kerin O'Dea



# Aims of the research

- To explore Aboriginal women's experiences and understanding of their diabetes in pregnancy.
- To explore health professionals experiences of caring for women who have had a pregnancy complicated by diabetes



# Methods

Semi-structured in-depth interviews with:

- 35 Aboriginal women who have experiences of diabetes in pregnancy  
(2 antenates; 33 post-partum)  
(10 Type 2; 25 Gestational Diabetes Mellitus)
- 7 Health Professionals  
(2 Midwives; 1 Aboriginal Health Practitioners; 4 Strong Women Workers)

Location

- Top End and Central Australia



# Understanding diabetes

*"I'll usually ask them if they know what that means. A lot of the time they'll nod and then I sort of say, "What do you think that is?" And then they say, "I don't know" – most of them."*

Remote Midwife

*"... a lot of women, when you ask them, they go "no I'm not diabetic, only when I'm pregnant". And then you look, and yeah [they] are an actual type 2 diabetic."*

Strong Women Worker





# Understanding diabetes

*"I stopped drinking Coke [...] and started drinking Sprite."*

Type 2, Postnatal, Top End

*"[health professional's] spoke to me about what food to eat and that, and exercise and everything. But I really didn't take notice you know. [...]. I thought these diabetics just come, and when you, I don't know, eat tablet or something, it just goes away. And it doesn't."*

Type 2, Postnatal, Central Australia

*"[...] you don't want to end up on the machine [it's important to] "look after your health"."*

GDM, Postnatal, Central Australia



# Medication Compliance

*“[medications] make me feel weak, like not strong enough, and make me feel headache and can’t sleep.”*

Type 2, Postnatal, Top End

*“Yeah, [women] don’t like a big tablet. You can break it in half, but that is one of the reasons they say, you know, “We don’t like it. It’s too big.” And some of them say it makes them sick. [...] But a lot of people say that, not just the women, you know, like in my experience as a remote area nurse, a lot of people who are diabetics won’t take Metformin because it makes them sick, makes them feel sick, nauseous...”*

Remote Midwife, Top End



# Shame and worries

*“I feel ashamed [...] I don’t know why, but [...] it’s hard hey.”*

GDM, Postnatal, Central Australia

*“I was feeling sad. Worried. [...] I was worried for my older [child].”*

GDM, Postnatal, Top End



# Doing it for the baby

*"[...] you have to stop, you know all the sweets. It's not about you, it's about the baby too. So I go "OK then I will". So I had to stop."*

*GDM ,Postnatal, Top End*

*".. [women] sometimes ask "what's going to happen if I don't like take my medicine?"[...] that's normally the important thing. I try to focus on the health of the baby [...] that tends to make a lot of women go "oh I don't want to hurt my baby"."*



*Strong Woman Worker*

# Supports are important

Clinic staff and family are sources of support

*“[Being told that she had diabetes] made me feel worried [...] I had to tell the doctor to tell my partner so he’d understand, and [...] know my condition.”*

*GDM, Postnatal, Top End*





# Suggestions for improved communication

*“Bring it out in the media, bring it out in our language. Telling our people that it is wrong to eat hot food all the time, like food made in the shop, try to cook your own food to help be healthier. Start living off the land, bush food...”*

Type 2, Postpartum, Top End

*“...if we had some sort of video that was spoken in their language with Indigenous women explaining it, that might be better. More visual things...”*

Remote Midwife



# Summary of findings

- Limited understanding of *what* diabetes in pregnancy is
- Impacts on medication compliance
- Diabetes in pregnancy is often not the main priority
- Social determinants of health, including social and emotional wellbeing, impact health behaviours
- Supports are important



# Recommendations

Ensure the right health messages are reaching the right people

- Develop appropriate educational resources
- Deliver messages in appropriate ways
  - Ensuring they are culturally appropriate for *each* community
  - Engaging elders in the community to share messages

Provide additional support to health professionals

- Additional education and formalised support networks
- Support the Aboriginal Health Workforce



*“Because our children,  
they are – our children’s future.  
They’re the ones that gotta look  
after our land, our language, our  
culture. It’s important.”*

*Strong Woman Worker*



# Thank you

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