

# Improving the experience of women with gestational diabetes from culturally and linguistically diverse backgrounds: a mixed method study

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## Abstract

**Objective:** To compare the experiences of women with gestational diabetes mellitus (GDM) from different culturally and linguistically diverse (CALD) backgrounds. **Design:** Mixed method study. **Setting:** Australia. **Sample:** 37 Australian-born and 43 women from CALD background diagnosed with GDM. **Methods:** Items from the questionnaire were derived from the Diabetes Self-Management Questionnaire (DSMQ), Culturally Based Communication about Health, Eating, and Food (CHEF), and Medical Social Self-efficacy (MSSES) scale. Semi-structured interviews were conducted to investigate participants' experience with diagnosis and management of GDM. **Main Outcome Measures:** Factors affecting the experience of managing GDM. **Results:** Compared to Australian-born women, women from CALD backgrounds perceived healthcare professionals to have poorer knowledge of their cultural foods ( $P < 0.001$ ) and had less confidence in seeking medical information ( $P < 0.006$ ). 20 women partook the semi-structured interviews and 5 themes were identified: (1) Reaction to diagnosis; (2) Management issues; (3) Roles of friends and family; (4) Information access; and (5) Experience with healthcare services. The lack of culturally tailored dietary information, social support and language barriers were the main factors underpinning the differences in GDM experiences among women from CALD backgrounds versus Australian-born. **Conclusions:** Our study supports 5 dimensions of patient-centred care: emotional support, continuity and transition, involvement of friends and family, information and education, and access to care. Implementing models of care with these areas addressed will enhance the experience of GDM for women from all ethnic backgrounds. **Funding:** This study did not receive any funding. **Keywords:** Diabetes, gestational; Pregnancy; Prenatal care; Ethnic groups

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