An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa

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• A big gap between antenatal and postnatal care for women with GDM – similar to elsewhere

• National Strategic Plan for NCD prevention and control
  – commits government to macro-level, legislative and policy interventions re WHO recommendations and
  – Primary health care strengthening (incl identifying people at risk and behaviour change)
  – In context multiple disease burden
Setting
Participants

Women with GDM
MRC Framework for complex interventions

Formative work:
- Key Informant Interviews with health care providers/policy makers
- Focus Groups with women with previously diagnosed GDM
- Documentary review

Exploratory individually randomized phase 2 trial to evaluate the uptake and outcomes of postpartum screening and prevention of T2DM among women with recent GDM

Participants followed up for 12 months. Qualitative and quantitative data analysis

Qualitative and quantitative process evaluation of implementation and economic evaluation of the intervention
Trial

Intervention package vs usual care

Primary outcomes

• Proportion women attending for postpartum OGTT

• Diabetes risk profile (fasting plasma glucose, weight, waist circumference)
Key findings formative phase 1

- Lack of follow-up care for GDM women is significant problem
- Poor communication between tertiary hospitals and primary care services where women are referred postpartum
- Absence of standardised but contextually tailored approach to post-GDM care.
- Continuation of lifestyle changes in postpartum period desired but difficult for most participants
- Participants expressed need for;
  - educational resources on GDM
  - compassion from health care workers
  - social support from health system (counselling & group activities for GDM women)
- Significant rate of progression to T2DM 5yr postpartum (45%)
Key findings formative phase 1

**Integrating** screening and care for GDM and prevention of type 2 diabetes: *lessons from PMTCT*

- GDM screening and interventions to prevent or delay T2D not included in PMTCT services.
- Policy makers, researchers, clinic staff and CHWs: GDM and T2D integration could be feasible if more staff, training, managerial support and infrastructure expansion.
- Women more concerned/worried about diabetes than HIV.
- Women supported integrated management GDM and lifestyle interventions at their PHC
- CHWs would include chronic diseases beyond TB/HIV in their targets if trained
What could possibly go wrong?
REALITIES AND CHALLENGES OF HEALTH SYSTEMS

- Big differences between Cape Town and Soweto
  - Organizational cultures in the health system: trust
  - Links between research team and health system
- failure of "blinding"
  - Women talk to each other and talk to teams
- Recruitment - very slow
  - Women are not detected/ staff afraid of being overwhelmed;
- Soweto and CT clinics don’t want to accept women from other neighborhoods
- non-communication / coordination between levels
What happened...

• **Socio-political and environmental realities:**
  – Drought and water crisis in Cape Town
  – Risk of social chaos in already conflictual context because of social inequalities

• **Importance of qualitative monitoring sensitive to macro, meso and micro contexts**

• "**Flexibility + rigor**" essential to overcome challenges and respond to will to act of women, clinics, and managers

• **Search for implementation / Implementation research**
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Supporting women & families to prevent diabetes
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