DGIM Project Summary

Name of Project: Pregnancy: What do diabetic women think?

Investigators:
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Research question: What do diabetic women think about pregnancy planning?

Brief Background/Significance: Adequate glycemic control before conception can considerably reduce pregnancy complications for women with diabetes. However, more than ½ of pregnancies in diabetic women are unplanned. Before designing interventions to improve uptake of preconception care, it is necessary to understand the reasons behind diabetic women’s failure to achieve preconception care.

Inclusion Criteria: English or Spanish speaking women age 18-44 with a diagnosis of either type 1 or type 2 diabetes.
Exclusion criteria: Currently pregnant, history of sterilization or hysterectomy, age < 18 or > 44, unclear diagnosis of diabetes (e.g. “pre-diabetes” or “insulin resistance”)

Method of contact/recruitment (be specific): Providers will be asked to identify patients with DM from lists of appropriately aged female patients (obtained through IDX or APeX). The study team will search the patient’s medical record for eligibility if needed. Providers will also be asked to identify any patients who would be unacceptable to contact for participation. Appropriate patients will be mailed a description of the study and opt-in opt-out cards. Patients who do not submit an opt-out card will be contacted by phone to invite them to participate in the study.

Benefits/burden for participants (clearly identify potential for harm): There are no immediate benefits for participation, although participants will be compensated $60 for their time. Burden includes participating in one 90-minute focus group discussion about pregnancy planning and having diabetes in pregnancy. There is no risk of harm with the exception of the discomfort associated with talking about experiences and the potential for loss of confidentiality.

Any benefits or burden to DGIM practitioners? Potential benefits to DGIM practitioners may be improved techniques to care for diabetic patients. Burdens on DGIM practitioners include the time to review panel lists (sorted by appropriate age and sex) to identify potential subjects and to identify any patients who would be inappropriate for contact.

Timeline for recruitment (projected start and stop dates): Recruitment will start as soon as approved (goal: 2/1/12) and will include one round of mailings and phone
calls to potential participants.

Funding source: Mount Zion Health Fund Grant

Potential for DGIM collaborators? I have not currently identified a DGIM collaborator, but would be pleased to collaborate with an interested resident or fellow.

Do you agree to notify us when recruitment is completed? Yes

Date form completed: 01/09/12