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Lived Experiences of Women with GDM: A Qualitative Study Exploring Emotional Challenges During Pregnancy

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Abstract: ***Gestational Diabetes Mellitus (GDM) is a transient form of hyperglycemia that occurs during pregnancy and affects both the physical and emotional health of women. This qualitative study explores the lived experiences of women diagnosed with GDM to understand their psychological responses, lifestyle modifications, coping strategies, and interaction with healthcare services. Using a phenomenological approach, semi-structured interviews were conducted with 20 postpartum women. Thematic analysis revealed key themes such as emotional distress, dietary struggles, family support, healthcare experiences, and adaptation. The study emphasizes the need for integrated care, emotional support, and personalized counseling in the management of GDM.***

Keywords: Gestational Diabetes Mellitus (GDM), lived experiences, qualitative study, phenomenology, emotional impact, dietary management, antenatal care, family support, thematic analysis

1. Introduction

Gestational Diabetes Mellitus (GDM) is a common pregnancy complication characterized by glucose intolerance with onset or first recognition during pregnancy. The incidence of GDM is rising in India due to changes in lifestyle, diet, and maternal age. While the clinical management of GDM is well-documented, there is limited qualitative data on how women emotionally and practically manage this condition. Understanding their lived experiences provides valuable insights for improving antenatal care practices.

Objectives:

1) To explore the lived experiences of women who were diagnosed with GDM.
2) To identify the emotional, dietary, and social challenges faced by these women.
3) To assess coping strategies and support systems used during the GDM journey.

Assumptions

- Women with GDM experience significant psychological and lifestyle changes during pregnancy.

2. Materials and Methods

Study Design:
Qualitative research using a descriptive phenomenological design.

Study Setting:
A tertiary care maternity hospital in Indore, Madhya Pradesh.

Sampling Method:
Purposive sampling.

Sample Size:
20 postpartum women diagnosed with GDM in the last six months.

Inclusion Criteria:

- Women aged 20–40 years.
- Diagnosed with GDM during last pregnancy.
- Able to communicate in Hindi or English.
- Willing to give informed consent.

Exclusion criteria:

- Who have not willing to participate
- Women aged above 40

Data Collection Tool:

- Semi-structured interview guide with open-ended questions covering diagnosis, emotional impact, lifestyle changes, treatment adherence, and support systems.

Data Collection Method:

- In-depth face-to-face interviews (30–45 minutes each).
- Interviews were audio-recorded and transcribed verbatim.

Data Analysis:

- Thematic analysis using Braun and Clarke's six-step method.
- Manual coding of transcripts and categorization into major themes.

Legal and Ethical Considerations:

- Ethical clearance obtained from the Institutional Ethics Committee.
- Informed written consent was taken from each participant.
- Confidentiality and anonymity were strictly maintained.
- Participants were informed of their right to withdraw at any time without penalty.

3. Results

Demographic Profile:

- Age range: 22–38 years
- 12 participants from urban areas, 8 from rural
- 60% were primigravida
- All had received dietary counseling during pregnancy

Themes Identified:

a) Emotional Turmoil and Fear
- Anxiety after diagnosis
- Worry about the baby's health

b) Struggles with Dietary Changes
- Difficulty avoiding traditional foods
- Cravings and frustration

c) Family and Social Support
- Positive role of spouse support
- Varied response from in-laws and relatives

d) Healthcare Experience
- Mixed experiences: some appreciated counseling; others felt it was rushed

e) Adaptation and Coping Mechanisms
- Gradual acceptance
- Motivation from concern for the unborn child

4. Discussion

The findings reveal that GDM is more than a physiological condition—it profoundly impacts emotional well-being and daily life. Women expressed fear, confusion, and social isolation, particularly in joint families where dietary restrictions were difficult to manage. The quality of healthcare interaction was a major influence on their coping abilities. Spousal support emerged as a strong protective factor, while the lack of community awareness often led to blame or misunderstanding. Cultural context played a significant role in shaping these experiences.

5. Conclusion

Women diagnosed with GDM undergo significant emotional, psychological, and lifestyle adjustments. Their experiences underline the importance of comprehensive care that integrates medical, psychological, and social support. Empathetic communication and culturally sensitive counseling are essential in managing GDM effectively.

6. Future Recommendations

- Include psychological screening and counseling as part of GDM care.
- Encourage family-based dietary counseling.
- Develop awareness programs for communities to reduce stigma.
- Incorporate digital tools (apps, SMS support) to guide dietary and glucose management.
- Conduct longitudinal studies on post-GDM experiences and risks of Type 2 diabetes.

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