

Women with Gestational Diabetes Mellitus have a Lack of Knowledge About Physical Activity and Self-Efficacy to Exercise

Anne L Harrison*

Department of Physiotherapy, Podiatry and Prosthetics and Orthotics, La Trobe University, Melbourne, Australia

Introduction

Physical exercise (any action involving skeletal muscles that results in energy expenditure) [1] provides several advantages and few hazards for pregnant women [2-5], and it is critical for the health of women with gestational diabetes mellitus (GDM) and their children [3]. GDM (gestational diabetes mellitus) is defined as any degree of glucose intolerance that develops or manifests during pregnancy [6]. Regardless of the type of therapy used or if the diabetes remains after the pregnancy, this criteria applies. It is the most frequent pregnancy-related medical problem and metabolic disease. The primary goal of detecting GDM is to identify women who are at risk for poor perinatal outcomes. There is evidence that women who are treated aggressively throughout pregnancy can have macrosomia rates that are close to normal. This disorder necessitates nutritional and pharmaceutical treatments, as well as regular monitoring of the pregnancy and the baby, thus a correct diagnosis is critical. GDM complicates around 4% of all pregnancies, with prevalence ranging from 1-14 percent of all pregnancies depending on the population and method of screening. Physical exercise is suggested for women with GDM because it improves glycemic management, which is a key component in lowering GDM-related hazards such as maternal hypertension, pre-eclampsia, and macrosomia related birth trauma. GDM, or gestational diabetes mellitus, is a common complication of pregnancy defined as glucose intolerance during pregnancy. It has long-term health implications for both mother and child, including an increased risk of recurrence in subsequent pregnancies and an increased risk of type 2 diabetes mellitus later in life [7, 8]. Physical exercise of 30 minutes at a moderate level most days of the week is a safe and effective supplementary strategy for improving glycemic control [9]. As a result, recommendations advise pregnant women with GDM to engage in some form of physical exercise [10]. Up to 60% of women with GDM, on the other hand, do not receive treatment. A diagnosis of GDM adds to the complexity of a pregnancy and might reduce a woman's confidence in being physically active owing to safety concerns. Women's participation in physical activity has been hampered by inconsistency in information about physical activity during a GDM pregnancy, a lack of trust in knowledge sources such as the Internet, and uncertainty about specific details of what type and how much physical activity is safe for a GDM pregnancy. This indicates that information from guidelines is either not reaching women with GDM or is not being delivered in a way that suits their requirements.

According to a recent qualitative study, women with GDM desired clear and uncomplicated messages regarding physical activity from a reputable source, such as health experts, in order to feel secure and comfortable exercising. According to the self-efficacy theory¹⁸, a person's belief in their capacity to do a given behavior is linked to their ability to act and accomplish that behavior. The supply of highly relevant messages and messages from reliable sources has been proven to promote self-efficacy to engage in exercise in pregnant women and others. As a result, it's critical that health professionals like physiotherapists discover efficient strategies to meet women's information requirements in order to boost their confidence and sense of safety when exercising.

Using an infographic to give relevant and easy-to-understand physical activity information is one option. An infographic may give message that is engaging, clear, and straightforward by visually presenting facts and concepts with little use of language. When compared to text alone, information from an infographic is more likely to be recalled since visual inputs boost the capacity to absorb and retain knowledge. It's been claimed that about 60% of Australian people are unable to comprehend healthcare information, therefore finding effective ways of communications, such as infographics, that are suited for the target audience is critical. Engaging women with GDM in co-creating physical activity messaging in a GDM pregnancy is critical for ensuring that information is relevant, suitable, and particular to their requirements, as well as how messages are delivered. Providing women with GDM with physical activity information in the form of a consumer-created info graphic might be an effective technique for improving their knowledge and self-efficacy.

When women with GDM were initially diagnosed, they said they needed information regarding physical exercise. When they were diagnosed with GDM, they stated feeling shocked, upset, and guilty. They stated that being diagnosed with GDM caused them to pause and consider the need to improve their health. Their anxiety over their diagnosis, as well as feelings of guilt that it may have been their "fault" that they developed GDM and that it might have harmed their baby's health, prompted them to become more active in order to better manage their blood sugar levels and improve outcomes for themselves and, especially, their babies.

Physical exercise during pregnancy was useful and essential to women with GDM, although they were concerned about safety. They reported a need for clear, precise information on physical activity (messaging) that was relevant to their GDM pregnancy and supplied by a reliable source, so they could feel secure in their decision to be active. They wanted to know why physical exercise was crucial for GDM pregnancy outcomes, especially for the baby, as well as about flexible physical activity alternatives that could be adjusted to their specific tastes and hectic schedules. Social support was also cited by the women as an important enhancer of participation. These findings are in line with those of a recent systematic review³⁴ on exercise in pregnancy in general, and they go even further by identifying the attitudes toward

*Corresponding author: Anne L Harrison, Department of Physiotherapy, Podiatry and Prosthetics and Orthotics, La Trobe University, Melbourne, Australia, E-mail: Harrison@mercy.com.au

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physical activity of women with GDM in particular. By recognizing the need for specialized messaging, including what information women want, and reinforcing the relevance of the baby as a significant incentive, these findings add to our understanding of the variables impacting physical activity participation in women with GDM.

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