

The Experiences of Women who had Gestational Diabetes and are at Risk for Developing Coronary Artery Disease

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ABSTRACT

Newfoundland and Labrador (NL) have a high prevalence rate of coronary artery disease (CAD) at 8%, and the highest myocardial infarction rate in Canada. CAD is the leading cause of premature death of Canadian women. Although most women have at least one traditional risk factor for CAD, young women also have non-traditional risk factors. Of the non-traditional risk factors, Gestational Diabetes Mellitus (GDM) poses the greatest risk. The Canadian rate of GDM is higher than the worldwide prevalence and has increased from 4.04% in 2004 to 5.4% in 2011. GDM is associated with a 56% higher risk of developing CAD in the first ten years postpartum. Considering the increasing rates associated with GDM, women with GDM comprise an at-risk population for CAD. Written recommendations set out by Diabetes Canada for follow-up in women with GDM is concrete for type 2 diabetes but doesn't contain specific recommendations for screening or assessment for CAD. Women with GDM are a target group for preventive strategies and early screening to prevent CAD. However, due to the limited research literature surrounding GDM and CAD and high rates of CAD in NL, more insight into the process by which women with GDM learn about their risk for CAD is needed to develop an intervention that addresses this issue. A grounded theory methodology (GT) is being used to gain a fuller understanding of the psychosocial process of being diagnosed with GDM and at risk for or develop CAD within ten years post-partum in NL.

STUDY GOAL

The overall goal of this research project is to gain a fuller understanding of the psychosocial process that unfolds as women who are diagnosed with GDM come to understand and cope with their risk for and subsequent management of CAD. This includes how women awaken to the notion that they are at risk for CAD, how they come to understand and manage their risk for CAD, and how they live with CAD

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RESEARCH QUESTIONS

1. How do women living in the province of NL diagnosed with GDM come to understand their risk for CAD?
2. How do women living in the province of NL diagnosed with GDM and subsequently develop CAD experience this phenomenon?

METHODOLOGY

Grounded Theory

DATA COLLECTION AND ANALYSIS

Constant Comparative Method
Semi-structured interviews
Substantive and Theoretical Coding

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