Assessing for Food Barriers in Diabetic Pregnant Patients

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Plan

Food security is having complete access to enough nutritious food to maintain an active and healthy life. Those that are food secure have few problems accessing nutritious food, while those identified as food insecure report poor nutrition and reduced food intake.

Studies have shown that food insecurity and barriers to food security often lead to pregnant women defaulting to cheap and convenient food choices even while acknowledging the importance of eating healthy during pregnancy. Pregnant women experiencing food insecurity are less able to access beneficial foods which can increase the risk of complications such as gestational diabetes and preterm labor. In considering these risks, our plan is to utilize a survey to assess if the patient population at the SBH Prenatal Diabetic Clinic have barriers to accessing the recommended foods for a diabetic diet.

AIM STATEMENT: To improve understanding of patients' food security and barriers to complying with diabetic diet recommendations, we plan to implement a food security survey in 50% of pregnant patients at SBH Gestational Diabetic Clinic over a 1 month period.

Study

The majority of patients recorded they had enough food to eat all the time (73%) and completely understood the foods and portion sizes as recommended by the physician and diettitian (80%).

Although most patients (66.7%) reported that they are able to obtain the recommended food all the time, a noticeable amount (26.6%) reported that only sometimes they are able to obtain those recommended foods.

In questioning reasons why patients are not able to obtain the recommended foods, 40% of patients stated because the food was too expensive. 20% of subjects stated that the food was too difficult to obtain/make, did not like the foods or the foods were too different from their regular diet. One subject selected the other category and stated that pregnancy cravings was a reason as to not adhere to the recommended diet.

The data displayed that most of the subjects also obtain assistance with food with a majority, 73% of patients using WIC and 46% using SNAP/Food Stamps.

The majority of patients stated that they were able to obtain enough fruits and vegetables, whole grains and lean proteins all the time (60%, 53.3% and 53.3% respectively). However, we did find that a sizable number of patients could only obtain these foods sometimes (13%, 20% and 13% respectively.)

Do

A questionnaire was developed and administered to 15 pregnant patients that attend the SBH Prenatal Diabetic Clinic over a one-month period. When needed, tele-video interpretation was used. Patients completed the survey and the data was recorded. The questionnaire focused on food security, comprehension of the diabetic diet and access to recommended foods.

Act

Subjects were asked if they would either attend a healthy cooking class or a healthy shopping workshop. Data shows that patients are more likely to attend a healthy shopping workshop (60%) than a healthy cooking class (40%).

The results of this study suggest that a portion of our patients have barriers to consuming the recommended diabetic diet. In an attempt towards solving these barriers, in the next phase implementation of various educational programs will be made. After interventions are made the survey will be redistributed on a quarterly basis.

Next steps:
- Collaboration with SBH Wellness Center
- Teaching Kitchen for Diabetic Diet Cooking Class
- Diabetic diet shopping workshop
- Distribution of information on food pantries/resources in the Bronx.

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References


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