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Building Synergies with Businesses to Prevent Gestational Diabetes

The Alliance & Its Partners

In September 2009, 4th Sector Health entered into a multi-partner alliance with Bristol-Myers Squibb (BMS), Johnson & Johnson (J&J), and Project HOPE to promote gestational diabetes screening among pregnant women to reduce high-risk pregnancies in Mexico and Nicaragua.

Guidelines issued in 2010 from the International Diabetes Federation recommend testing all pregnant women for gestational diabetes given the disease's increasing incidence. However, resource constraints and lack of guidelines in many public sector clinics result in few pregnant women being screened. This alliance leveraged support from both BMS and J&J to develop a cost-effective model for promoting gestational diabetes awareness and screening among providers and pregnant women. It built on Project HOPE's pioneering approach to diabetes education called "Five Steps to Self-Care" and "Together for a Healthy Weight"—emphasizing patient empowerment—and the pharmaceutical industry's commitment to support diabetes education for underserved populations.

The alliance with 4th Sector Health focused Project HOPE's activities on a new area of diabetes care—the increasing prevalence of gestational diabetes among pregnant women and its link to increased diabetes risk for mother and child. BMS supported expansion of the diabetes initiative in Mexico and Nicaragua. J&J, one of Project HOPE's early supporters of "Five Steps to Self-Care," supported the gestational diabetes initiative by donating diagnostic supplies. The alliance demonstrates the growing

opportunity for building synergies among corporate partners in support of emerging health priorities such as diabetes, while addressing USAID's priority of improving maternal and child health in low-resource settings.

Alliance Activities

4th Sector Health funded Project HOPE to develop a gestational diabetes prevention and screening module, called "Una Prueba de Amor" or "Test of Love." The module provides guidelines and key messages for providers to screen patients for gestational diabetes and promotes

universal screening for gestational diabetes among pregnant women. The model includes two patient education sessions along with visual aids, patient handouts, testing supplies, and a screening poster.

Session 1: Provider explains diabetes risk factors, the importance of detecting and treating gestational diabetes, and screening recommendations.

Session 2: Patient undergoes two-hour screening session, during which the provider delivers messages about managing weight and preventing obesity, the principal contributor to diabetes. The importance of achieving a healthy post-partum weight is underscored, as diabetes risk increases for women in relation to abdominal

girth. The education sessions emphasized key habits, such as eating five fruits and vegetables, drinking two liters of water, and exercising 60 minutes every day.



Gestational Diabetes is a transitory condition that affects some women during pregnancy. Left untreated, it can pose health risks for both mother and child. Currently, there are no systematic tests in place to screen for gestational diabetes in most health clinics in Mexico and Central America.

While healthcare providers understood the importance of gestational diabetes screening, facilities often lacked funds to purchase glucose supplies and the labour-intensive glucose preparation process deterred them. To address these barriers, Project HOPE collaborated with Mexico's National Institute of Nutrition (INN) to develop a testing protocol based on World Health Organization standards that use affordable and available glucose alternatives. INN and Project HOPE identified 250 ml of orange juice and three slices of white bread as an alternative to the glucose normally administered for testing.

Key Achievements

During the pilot Project HOPE trained 57 health workers in the new gestational diabetes module in eight primary care centers in Mexico and Nicaragua. The majority of healthcare providers trained were nurses and doctors, but social workers and health educators were also trained. During the pilot, 186 pregnant women were screened for gestational diabetes. The trained clinics intend to continue the screening established during the pilot, and Project HOPE estimates that more than 400 women per year will be screened by these facilities. Additionally, clinic administration recommended the gestational diabetes screening module for scale up to national authorities in Mexico. As part of 4th Sector Health's support, project implementers from Mexico travelled to Nicaragua to exchange experiences and recommendations to inform future implementation and scale-up.

The feedback received from both mothers and healthcare providers was extremely positive.

"We know that we should take care of ourselves, but often we don't. This type of project raises our awareness about caring for ourselves ... [and] our children, even when still in the womb. Personally, I improved my eating habits and didn't gain weight ... Thank you for the information that you provided because we have improved our quality of life."

Patricia, May 2011, Pirules Health Center.

"I was unsure how the group would react when I started the first session. Yet all 20 women returned and accepted the test ... When one of the results indicated gestational diabetes, the patient was surprised and concerned. I noted she was very overweight, technically obese. I will follow up with her closely. Other colleagues at the health center are now asking me to train them so we can offer more sessions."

Nurse Gabriela, April 2011, Pirules Health Center

Conclusion and Lessons Learned

Supported by 4th Sector Health and its corporate alliance partners, Project HOPE successfully introduced and tested an innovative education program that improves both provider and patient knowledge of gestational diabetes—a contributing factor for high-risk pregnancy. The alliance provided a model that promotes universal screening for gestational diabetes in low-resource settings. Given the strong interest expressed by government officials in Mexico and Nicaragua, Project HOPE is working with health centers and local governments in each country to scale up introduction of the module for inclusion in prenatal care guidelines. The alliance demonstrates the feasibility of identifying the overlapping interests of multiple corporate partners, developing innovative solutions to address critical gaps in women's healthcare, and creating synergies with USAID's priority health areas.

