

MOMs: Improved Glycemic Control and Diabetes Self-Management for Underserved Pregnant Patients

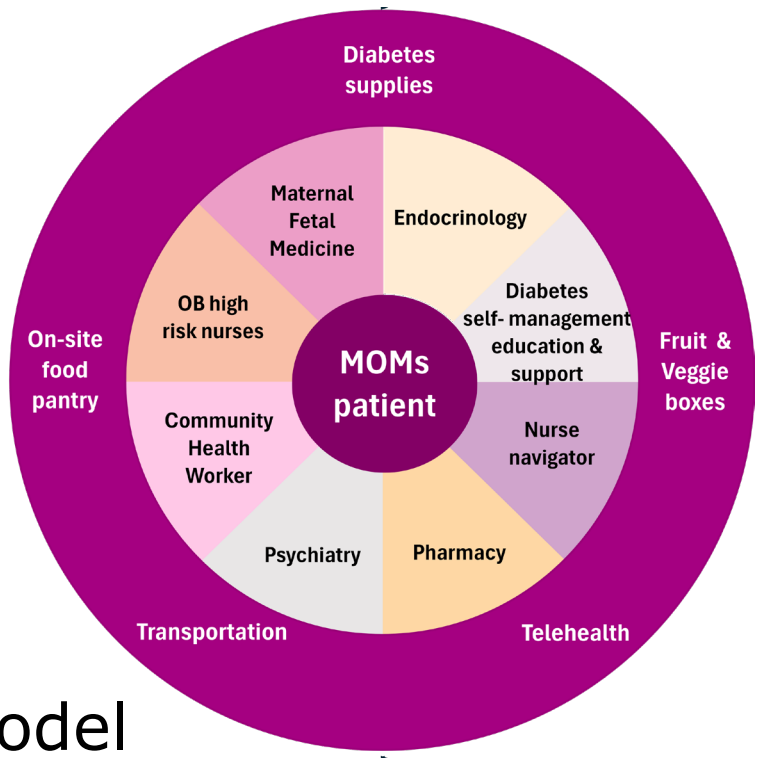


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Background

Upstate MOMs (**Management of Maternal Diabetes**) is one of three SC programs providing comprehensive team-based prenatal care for an underserved population with pregestational and gestational diabetes.

MOMs Care Model



Objective

To determine if the MOMs team model improves glycemic control for participants through access to diabetes education, technology and social determinants of health (SDOH) supports.

Methods

- Evaluated hemoglobin A1C values and Time in Range (TIR) at patient level baseline through third trimester.
- Assessed patient experience through surveys.

Results Table 1 Participants June 2020–December 2023

2023	Total	Type 1	Type 2	GDM	Other [^]
MOMs Characteristics, % (n)	639	9.7 (62)	33.5 (214)	48.4 (312)	8.0 (51)
Race, % (n)					
Non-Hispanic Black	24.4 (156)	16.1 (10)	40.7 (87)	15.7 (49)	19.6 (10)
Non-Hispanic White	29.6 (189)	66.1 (41)	19.2 (41)	31.1 (97)	19.6 (10)
Hispanic	39.9 (255)	11.3 (7)	33.6 (72)	47.4 (148)	54.9 (28)
Other	6.1 (39)	6.5 (4)	6.5 (14)	5.8 (18)	5.9 (18)
Language, % (n)					
English	70.3 (449)	91.9 (57)	75.2 (161)	64.7 (202)	56.9 (29)
Spanish	27.9 (178)	8.1 (5)	24.3 (52)	32.4 (101)	39.2 (20)
Insurance status, % (n)					
Commercial	16.1 (103)	38.7 (24)	14.0 (30)	14.1 (44)	9.8 (5)
Medicaid	49.8 (318)	46.8 (29)	55.1 (118)	47.1 (147)	47.1 (24)
Emergency Medicaid	29.9 (191)	1.6 (1)	24.2 (52)	37.5 (117)	41.1 (21)
Maternal age, mean (SD)	30.5 (6.3)	26.4 (5.7)	30.9 (6.6)	30.7 (6.0)	31.8 (5.9)
BMI*, pre-pregnancy	34.0 (11.6)	27.9 (8.1)	37.0 (13.2)	33.0 (9.8)	36.4(12.3)
Gestational age- enrollment*	21.3 (17.1)	11.6 (5.7)	13.4 (8.9)	29.1 (5.5)	15.6 (5.6)

* Median (QR); [^]Other includes suspected pregestational, maturity-onset diabetes of the young (MODY), latent autoimmune diabetes in adults (LADA).

Results (cont.)

Figure 1: Hemoglobin A1C by trimester and diabetes type compared to baseline

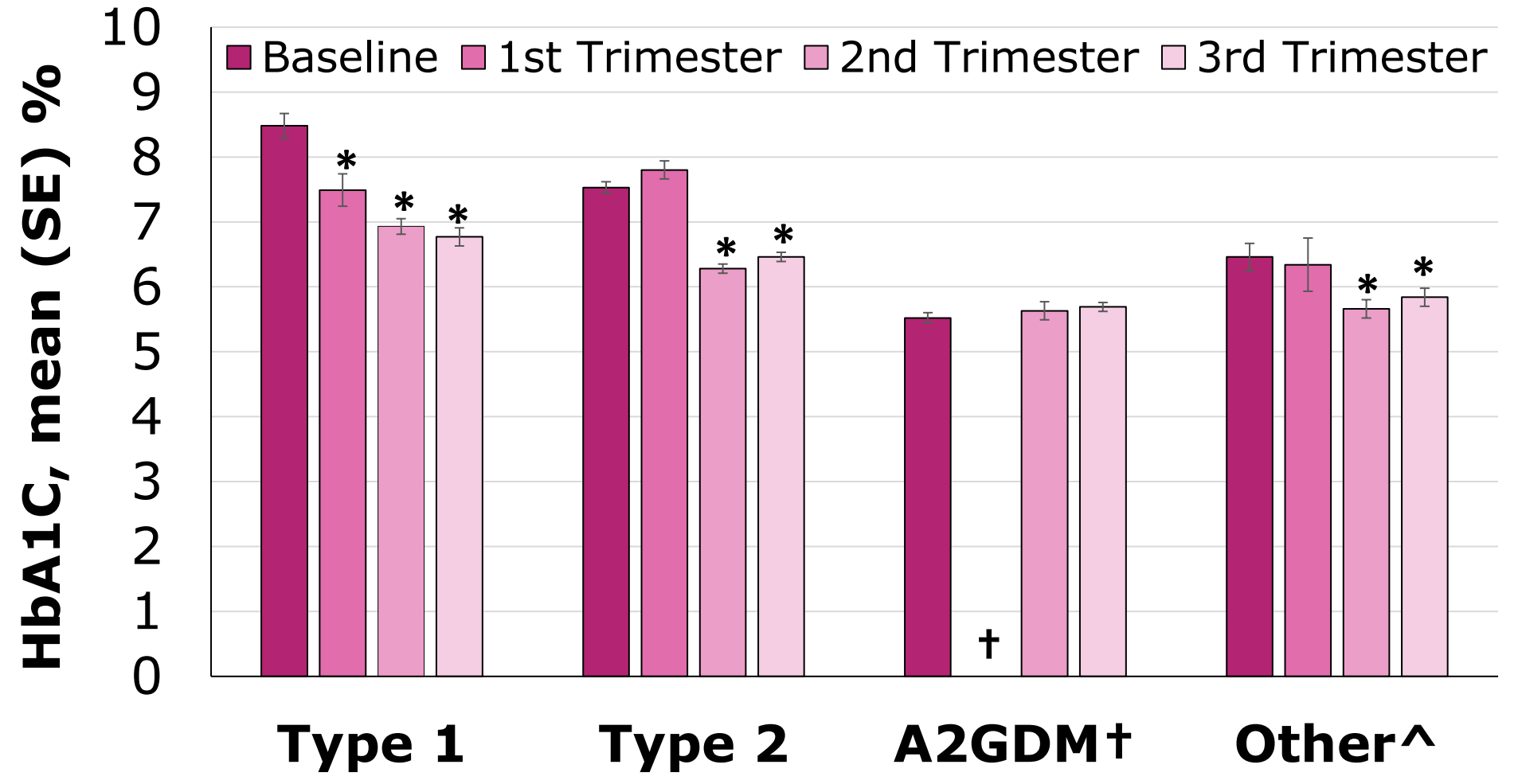


Figure 2: Continuous glucose monitor (CGM) TIR by trimester and type compared to baseline

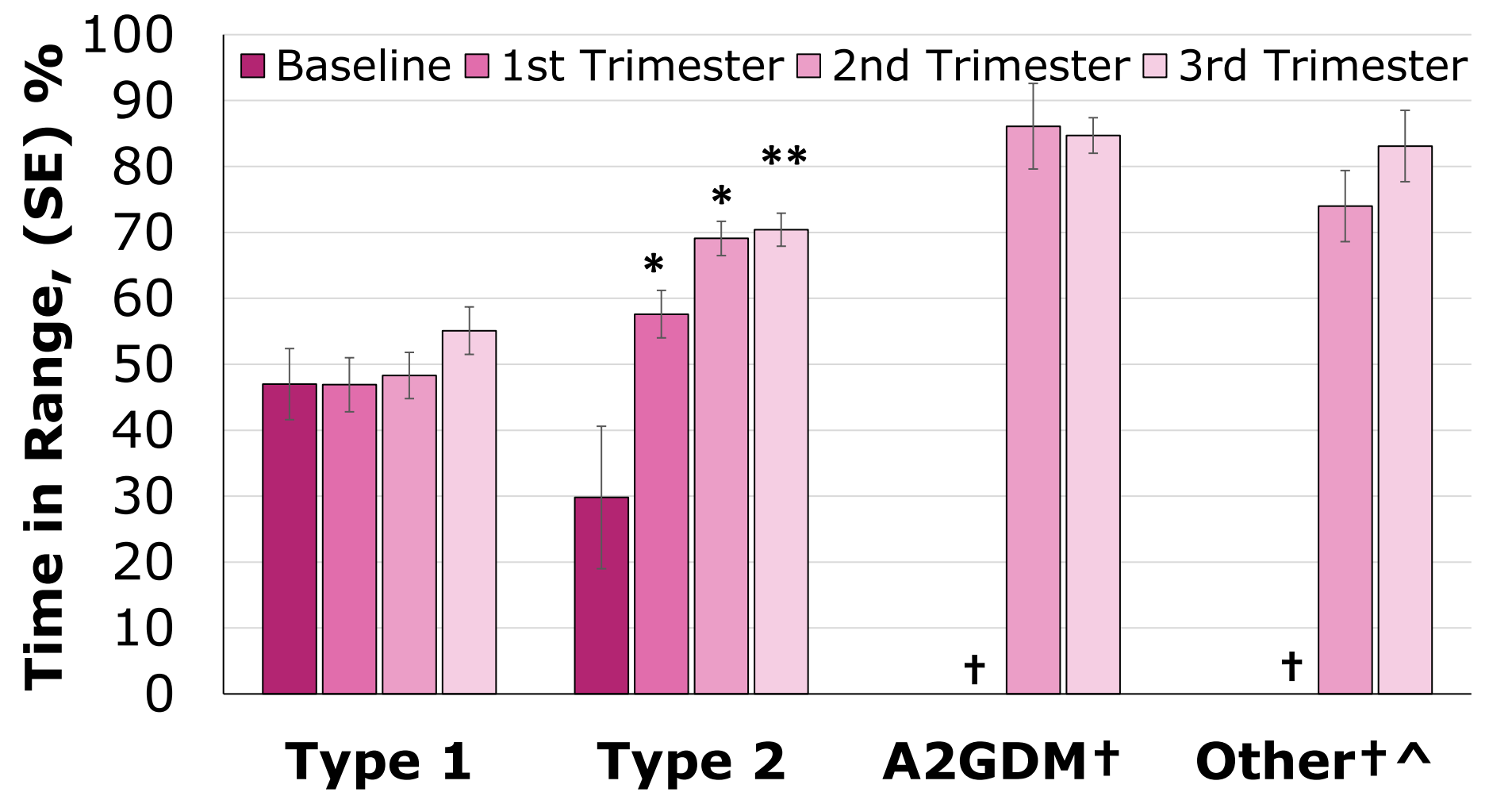


Figure 1 & 2: Baseline is prior to MOMs enrollment. *p < 0.05
[†]Due to GDM screening/diagnosis, A1Cs & TIR not available in 1st trimester.
[^]Other includes suspected pregestational, maturity-onset diabetes of the young (MODY), latent autoimmune diabetes in adults (LADA).
Figure 2: TIR at 63-140 mg/dL (3.5-7.8 mmol/L); *p < 0.05; **p < 0.01

Surveys - CGM Benefits & Burdens

Strongly Agree/ Agree	CGM Benefits	Strongly Disagree/ Disagree	CGM Burdens
88.1%	Helps me take better care of my diabetes	84.4%	Painful to wear
88.3%	Makes me feel more secure	84.3%	Takes too much time
87.9%	Helps take care low blood sugars	84.1%	Too hard to understand CGM information

N=201 participant surveys completed at 32+ weeks pregnancy. CGM questions from Messer et al 2019. doi:10.1177/1932296819832909

Patient Experience

95% satisfied/very satisfied	team approach for diabetes and prenatal care
93% satisfied/very satisfied	multiple providers & services at single visit
91% agreed/strongly agreed	MOMs helped me develop healthier lifestyle

Conclusions

- T1 and T2 participants significantly improved glycemia throughout pregnancy per patient-level HbA1C data.
- T2 participants significantly improved TIR (63-140 mg/dL; 3.5-7.8 mmol/L) through pregnancy per patient-level data.
- Participants had positive engagement in diabetes technology as seen in reported CGM benefits.
- Participants were satisfied with team model and developed healthier lifestyles.

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