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Abstract Title: Patient Outreach to Promote Guideline-Recommended Screening among Diverse Women with Gestational Diabetes: A Factorial Pilot Study

Authors: *Susan D. Brown, PhD^{1,2}, Jenna L. Ritchie, BA¹, Ai-Lin Tsai, MS¹, Mara Greenberg, MD³, Charles P. Quesenberry, PhD¹, Assiamira Ferrara, MD, PhD¹

¹Division of Research, Kaiser Permanente Northern California

²Department of Internal Medicine, University of California, Davis

³Regional Perinatal Service Center, Kaiser Permanente Northern California

Background: Given that gestational diabetes mellitus (GDM) elevates women's type 2 diabetes risk, national guidelines urge diabetes screening at 4-12 weeks postpartum with an oral glucose tolerance test (OGTT). While screening is an Affordable Care Act covered benefit, uptake is low for racial/ethnic minorities. **Objective:** We examined patient barriers and benefits of screening, and feasibility and acceptability of an online multi-component outreach message to promote it. **Methods:** Participants were 162 pregnant ($n=67$) or postpartum ($n=95$) women with current/recent GDM in a large health system, who had not yet completed screening (72% racial/ethnic minorities; mean age [\pm SD] = 33 ± 4.9 years). Using a Multiphase Optimization Strategy (MOST) 2⁴ factorial design, women were randomized to receive up to four components of an online outreach message: tailored risk information ($n=82$); a values affirmation ($n=82$); interactive motivational interviewing (MI; $n=69$); and interactive action planning to problem solve barriers ($n=85$). **Results:** Barriers to screening included lack of time (52%), prioritizing baby's health (43%), lack of childcare (38%), and fear of abnormal results (31%). Benefits included self-care (85%) and detecting abnormal results (69%). Across 4 components, $\geq 91\%$ of women read most of the message; mean acceptability scores were 3.9 of 5 and, as hypothesized, did not differ when components were "on" vs. "off" ($P_s \geq .41$). Over 87% engaged in the interactive MI and action planning components. **Conclusion:** Ethnically diverse women with GDM endorsed both benefits and barriers to recommended screening. Delivering online outreach components was feasible and acceptable; their efficacy on screening uptake remains to be tested.