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Addressing knowledge gaps in gestational diabetes mellitus among field health midwives in Jaffna district, Sri Lanka: A step toward strengthening maternal health systems

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Background and objective: Gestational Diabetes Mellitus (GDM) is a common pregnancy-related complication with potential adverse outcomes for both mothers and newborns. In Sri Lanka, Field Health Midwives (FHM)s are primary providers of antenatal care and play a pivotal role in the early identification, referral, and management of GDM. Despite widespread antenatal care coverage, knowledge gaps among FHM)s may limit the effectiveness of care delivery. This study aimed to assess the knowledge of GDM and associated socio-demographic and work-related factors among FHM)s in the Jaffna district.

Methods: A descriptive cross-sectional study was conducted among all 143 FHM)s in the Jaffna district, covering 14 Medical Officer of Health (MOH) areas. Data were collected using a pre-tested, self-administered questionnaire focusing on GDM risk factors, complications, diagnosis, and management. Knowledge was assessed using a composite score (range 0–100), categorized as adequate ($\geq 50\%$) and not adequate ($< 50\%$). Overall and domain-specific knowledge analysis was conducted using SPSS, employing descriptive and inferential statistics. Chi-square and independent t-tests were used to determine the association (significance set at $p \leq 0.05$).

Results: The median age of participants was 39 years, with 52% holding a Diploma in Midwifery. The mean overall knowledge score was 64.3 ± 13.7 , with 64.3% showing over all adequate knowledge (cutoff $\geq 50\%$). Majority had adequate knowledge on recurrence (92.3%), GDM complications (86%) and risk factors (51.7%). Around one-third had adequate knowledge on screening timing (38.5%) and glucose thresholds (30.1%). Knowledge adequacy was significantly associated with age ($p < 0.001$), educational qualification ($p < 0.001$), training duration ($p < 0.001$), and completion of internships ($p < 0.001$), but not with years of service ($p = 0.095$) or recent exposure to GDM cases ($p = 0.301$).

Conclusion: The findings show that there was knowledge gaps among the FHM)s particularly knowledge on GDM risk factors, glucose thresholds, and screening timing. In-service training programmes on GDM emphasising screening, management and risk factors would strengthen maternal healthcare services and improve pregnancy outcomes.

Keywords: gestational diabetes mellitus, field health midwives, maternal Health