

AMELIE'S STORY: AN OVERVIEW

BY ELIZABETH HOLMES-TRUSCOTT, KATIE TUNKS LEACH & TRACY LEVETT-JONES



[LINK TO DIGITAL STORY](#)

INTRODUCTION

Amelie's story illustrates one woman's experience of being diagnosed with Gestational Diabetes Mellitus (GDM). It was created from the collective accounts of women with lived experience of GDM, working alongside a team of researchers in the field of diabetes education.

This digital story portrays how failure to appreciate the personal impact of GDM, along with stigma and judgmental attitudes, can negatively impact women's psychological, social, and physical well-being. It also attests to the growing body of research indicating that empathic healthcare interactions can result in improved diabetes self-management, medication taking and enablement, along with decreased symptoms of anxiety and distress [1,2].

We hope that Amelie's story provides insights into some of the challenges women with GDM may face when negotiating the healthcare system, and that it creates opportunities for meaningful discussion and reflection.

BACKGROUND

Gestational Diabetes Mellitus (GDM) occurs during pregnancy, is most commonly diagnosed between 24-28 weeks [3], and usually resolves following childbirth [4]. GDM is the fastest growing type of diabetes in Australia [3], with approximately one in every six pregnancies (18%) affected [4,5]. Forty-one per cent of women with GDM will require insulin injections to manage their condition [6].

There are multifactorial genetic, environmental, and behavioural risk factors for the development of GDM. However, many women with no known risk factors develop this condition. Women with GDM are seven times more likely to develop type 2 diabetes later in life and children born to mothers with GDM are at a higher risk of developing type 2 diabetes [6].

Stigma and GDM

Like all forms of diabetes, GDM is associated with social stigma. In one report, around 80% of people living with diabetes said that they've either been blamed or shamed for having the condition [7]. Diabetes stigma presents a significant challenge, both in the form of other people's negative attitudes, stereotypes and unfair treatment, as well as self-stigma. Many studies have identified that self-stigma is one of the greatest challenges faced by women with GDM. Women can experience feelings of self-blame, embarrassment, personal responsibility, and guilt, especially in relation to their unborn baby [9,10,11]. Stigma also comes from society more broadly. Public health campaigns and messaging have focussed on personal responsibility, 'fat shaming' and blame over personal choices, oversimplify the risk factors of GDM and making inaccurate assumptions about its causes [8, 9]. Stigma from family and friends of women with GDM may come in the form of well-intentioned 'food policing' [8]. The stigmatising attitudes of healthcare providers, demonstrated through actions, words or both, can also cause women to feel judged, ashamed and like a failure [8,9,10,11].

Consequences of stigma for women with GDM

For women with GDM, stigma can have a profound and sometimes long-lasting impact on their psychological, physical and social wellbeing. Diabetes stigma has been associated with higher rates of anxiety, depression, distress, and diminished quality of life, which can negatively impact self-management behaviours [8,9,10]. Stigma can result in women refraining from seeking social connections, participating in education or the workforce, or seeking medical support [8,9]. The consequences of this are significant, with missed opportunities for women to experience the best possible antenatal care and health outcomes for themselves and their baby [9,10]. Beyond pregnancy, stigmatising experiences during GDM are associated with avoidance of screening for type 2 diabetes and altered family planning decisions (choosing not to have further children). However, the provision of empathic care has been shown to have a significant and long-term impact on women's physical and psychological health outcomes [2].

REFLECTING ON AMELIE'S STORY

Diabetes stigma is associated with many negative impacts on health and wellbeing. Healthcare professionals can play a critical role in shaping, reinforcing or redressing stigmatising beliefs about diabetes.

Reflecting on and discussing Amelie's story will help to raise awareness of the challenges faced by women with GDM and the importance of empathic care.

Discussion & reflection questions

- In the digital story, Amelie spoke about focussing on her health and wellbeing prior to becoming pregnant but being blindsided by a later diagnosis of GDM. Imagine yourself in this situation. How would you feel? How might this impact your self-confidence and the self-management of your condition?
- Reflect on the roles and pressures on women in society today, even beyond pregnancy and childbirth. How do you think society's expectations add pressure to the pregnancy and birth experience, and subsequently to a diagnosis of GDM?
- Amelie said, 'I didn't tell many people about my gestational diabetes, and I avoided some of my friends who were pregnant. I guess I felt kind of ashamed'. What are the potential consequences of the shame and self-stigma that women with GDM can experience?
- How do you think Amelie's self-imposed social isolation might have impacted her emotional wellbeing?
- Amelie said her interaction with the obstetrician felt like a 'tick box' and afterwards she felt defeated. How do you think the obstetrician could have communicated the diagnosis of GDM with empathy and in a way that promoted self-efficacy and empowerment?
- How did the diabetes educator demonstrate empathic communication in his interactions with Amelie? What is the potential impact of healthcare professionals (including midwives, doctors, dieticians and diabetes educators) providing empathic versus non-empathic care when caring for people with GDM?
- How might Amelie's GDM diagnosis and subsequent management influence her future health behaviours and related screening for diabetes?

LINKS & RESOURCES

- Take the pledge to end diabetes stigma - www.EndDiabetesStigma.org
- Diabetes Australia. (2024). *Gestational diabetes*. <https://www.diabetesaustralia.com.au/about-diabetes/gestational-diabetes/>
- Speight, J. et al. (2024). Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations. *The Lancet. Diabetes & Endocrinology*, 12(1), 61-82. [https://doi.org/10.1016/S2213-8587\(23\)00347-9](https://doi.org/10.1016/S2213-8587(23)00347-9)

REFERENCES

1. Trzeciak S. & Mazzarelli, A. (2019). *Compassionomics. The revolutionary scientific evidence that caring makes a difference*. Florida: Studer Group.
2. Howick, J. et al. (2018). Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. *Journal of the Royal Society of Medicine*. 111(7). 240–252.
3. Diabetes Australia. (2024, 3 September). *Gestational diabetes*. <https://www.diabetesaustralia.com.au/about-diabetes/gestational-diabetes/>
4. National Diabetes Services Scheme. (2024, 30 June). *Understanding gestational diabetes*. <https://gdandme.ndss.com.au/understanding-gestational-diabetes/>
5. Australian Institute of Health and Welfare. (2024, 17 June). *Gestational diabetes*. <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/how-common-is-diabetes/gestational-diabetes>
6. Diabetes Australia (2020, August). *Position Statement: Gestational diabetes in Australia*. <https://diabetesaustralia.com.au/wp-content/uploads/Gestational-Diabetes-in-Australia-Position-Statement-2020.pdf>
7. Speight J, Holmes-Truscott E, Scibilia R, Black T. (2012). Diabetes: Stigma, blame and shame. Canberra: Diabetes Australia; Available: https://headsuptdiabetes.com.au/wpcontent/uploads/2021/07/DIAA0039-StigmaReport_17sp_20210711.pdf
8. Speight, J., Holmes-Truscott, E., Garza, M., Scibilia, R., Wagner, S., Kato, A., Pedrero, V., Deschenes, S., Guzman, S., Joiner, K., Liu, S., Willaing, I., Babbott, K., Cleal, B., Dickinson, J., Halliday, J., Morrissey, E., Neefs, G., O'Donnell, S., ... Skinner, T. (2024). Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations. *The Lancet. Diabetes & Endocrinology*, 12(1), 61-82. [https://doi.org/10.1016/S2213-8587\(23\)00347-9](https://doi.org/10.1016/S2213-8587(23)00347-9)
9. Davidsen, E., Maindal, H., Rod, M., Olesen, K., Byrne, M., Damm, P., et al. (2022). The stigma associated with gestational diabetes mellitus: A scoping review. *eClinicalMedicine*, 52. <https://doi.org/10.1016/j.eclinm.2022.101614>
10. Robinson, D., Hanson, K., Jain, A., Kichler, J., Mehta, G., Melamed, O., Vallis, M. Bajaj, H., Barnes, T., Gilbert, J., Honshorst, K., Houlden, R., Kim, J., Lewis, J., MacDonald, B., MacKay, D., Mansell, K., Rabi, D., Sherifali, D. & Senior, P. (2023). Diabetes and Mental Health. *Canadian Journal of Diabetes*, 47 (4), 308-344. <https://doi.org/10.1016/j.ijcd.2023.04.009>
11. Holmes-Truscott, E. & Levett-Jones, T. (2024). Empathy over judgement: A call to address stigma in diabetes care. *Diabetes Management Journal*. August 2024, 28-31.

12. Kelly RC, Holt RIG, Desborough L, et al. (2024). The psychosocial burdens of living with diabetes. *Diabetic Medicine*. 41:e15219. doi:[10.1111/dme.15219](https://doi.org/10.1111/dme.15219)

ACKNOWLEDGEMENTS

Amelie's story was developed by Dr Elizabeth Holmes-Truscott, Dr Katie Tunks Leach and Distinguished Professor Tracy Levett-Jones. We are grateful to the experts by lived experience whose insights have been invaluable.

Amelie's story is part of the 'Enhancing healthcare professionals' empathy skills in the provision of care for people living with or at risk of diabetes' project funded by a Diabetes Australia Research Program grant (2024).

This project was led by Distinguished Professor Tracy Levett-Jones, University of Technology Sydney. The project team members were:

- Dr Elizabeth Holmes-Truscott – Australian Centre for Behavioural Research in Diabetes
- Dr Shannon Lin - University of Technology Sydney
- Dr Giuliana Murfet – Tasmanian Health Service
- Dr Ashley Ng - Monash Centre for Health Research and Implementation
- Dr Katie Tunks Leach - University of Technology Sydney
- Auntie Grace Ward - University of Technology Sydney

Citation: Holmes-Truscott, E. Tunks Leach, K, & Jones Levett-Jones, T. (2024). *Amelie's story*. University of Technology Sydney, NSW.

© No part of this document and the linked digital story may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without acknowledgement.