

Study examines racial/ethnic disparities in diabetes diagnosis and management among women of reproductive age

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New research demonstrates that diabetes is increasingly common in young adults and disproportionately affects women of color. In a new study published in the *Journal of Women's Health*, Laura Britton, Ph.D. Candidate, BSN, RN demonstrated that there were significant racial/ethnic variation in the rates of diabetes and level of diabetes management among women 24-32 years of age. Notably, the rate of diabetes among black women was more than three times that of white women in this age group.

"I have a background in [women's](#) health, so I've been concerned about the body of evidence pointing to racial disparities in adverse birth outcomes, including preterm birth and perinatal loss," Britton says. "I had questions about these disparities in terms of the relationship between chronic illness and birth outcomes. For me, the first step was to examine whether there were inequities in who had received a diagnosis of diabetes, which is necessary to begin treatment, and who had achieved recommended blood glucose levels."

Women with elevated blood glucose are at risk of serious adverse outcomes in pregnancy. Blood glucose is a powerful teratogen and can disrupt organ formation in the early weeks of pregnancy, often before many women know they are pregnant. Glycosylated hemoglobin (A1C) represents the average [blood glucose level](#) over the past 2-3 months. The American Diabetes Association recommends that women achieve a A1C

below 6.5% before conceiving, which reduces the risk of complications during pregnancy. A total of 75.6% of Black women with diabetes were previously undiagnosed and 88.2% had an A1C level at or above 6.5%. "Timely diabetes diagnosis and effective [diabetes management](#) not only improves a woman's overall health, but also improves the odds of a healthy pregnancy," says Britton. "It is urgent that health providers and [health](#) services researchers address this dramatic disparity."

In this study, Britton used the National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative data set, in which women reported if they had received a diabetes diagnosis from a healthcare provider and provided [blood](#) samples from which an A1C was analyzed. "I had a unique opportunity to estimate how many women in the United States had a diagnosis of diabetes but did not know it. Many studies rely only on self-report, so women with diabetes who have not received a diagnosis from a healthcare provider remain invisible," Britton says. "It's important for nurses to understand that pre-pregnancy diabetes—not just gestational diabetes—is increasingly common, and that a lot of women are unaware of their status. We have opportunities to help our patients by being vigilant about offering diabetes screening and education about the impact of [blood glucose](#) on pregnancy while we're supporting women to pursue their childbearing goals."

"Now that we have evidence showing which groups of women are disproportionately burdened by [diabetes](#) during their reproductive years, my next goal is to engage with the communities affected to develop successful interventions and policy solutions," says Britton. Her long-term goal is to reduce these disparities and innovate how family planning services are integrated with chronic illness management.

More information: Laura E. Britton et al, Racial/Ethnic Disparities in Diabetes Diagnosis and Glycemic Control Among Women of Reproductive Age, *Journal of Women's Health* (2018). [DOI:](#)

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