

The Top 10 Research Priorities in Diabetes and Pregnancy according to Women, Support Networks and Healthcare Professionals

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For which topic were research priorities identified?

diabetes and pregnancy

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Many pregnant women with diabetes report a lack or inconsistency of information, leaving many of their questions unanswered. National guidelines and high-quality systematic reviews highlight variable quality, heterogeneity and reliability of research. Consequently, treatment guidelines are insufficiently evidenced in line with current context and available healthcare options. However, with limited funding and resources available for research, it is important to ensure that the research that is undertaken is of highest value and impact.

What was the objective?

to establish priorities for future research in diabetes and pregnancy, according to women with experience of pregnancy, and planning pregnancy, with any type of diabetes, their support networks and healthcare professionals

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

June 2019 - October 2020

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: stakeholders and partner organizations identified. Step 2: collecting research questions: participants were asked to suggest up to three questions they felt were important to answer, 1161 questions were submitted. Step 3: data processing: content analysis of submissions, data cleaning and merging, 142 categories extracted, steering group further consolidated the categories into groups and summarized the initial survey submissions under an indicative question, 60 indicative questions were formulated, evidence check was done to ascertain whether there was evidence of substantial uncertainty for each indicative question, all indicative questions had substantial uncertainty. Step 4: interim ranking: participants were asked to pick up to 10 that they felt were most important to answer, questions ranked in the top 10 for the two main groups (women/support networks and healthcare professionals) and the top three and at least eight of the top 10 for each of the other subgroups were shortlisted, resulting in shortlist of 18 research questions. Step 5: final prioritization: online workshop: participants were split into four breakout groups balanced by representation between women, support networks and health care professionals, and by experience of diabetes and healthcare specialists, in breakout groups participants participated in a series of discussion and ranking exercises to jointly rank the shortlist of indicative questions and agree the top 10 most important for future research to answer

Which stakeholders took part?

Survey: 466 participants: 64% women and support networks (partners, families, friends and carers) with experience of pregnancy or planning pregnancy with any type of diabetes, 32% healthcare professionals. Interim ranking: 614 participants: 77% women and support networks, 20% healthcare professionals. Workshop: 25 participants: 36% women and support networks, 56% healthcare professionals.

How were stakeholders recruited?

Targeted efforts to maximise responses, particularly from underrepresented groups, included direct approaches in diabetes and pregnancy clinics, outreach through relevant support groups, professional networks and conferences, diabetes, pregnancy and birth charities' websites and communication channels and social media platforms.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 21 members: experts by experience, healthcare professionals, charities, national perinatal epidemiology unit, and a JLA advisor.