Sushko K et al, 2026, Mapping gestational diabetes care to Valentijn's integrative functions of primary care: A qualitative descriptive study of primary care provider perspectives. International Journal of Integrated Care 26(S2):478 DOI: doi.org/10.5334/ijic.ICIC26478

POSTER ABSTRACT

Mapping gestational diabetes care to Valentijn's integrative functions of primary care: A qualitative descriptive study of primary care provider perspectives

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

Katelyn Sushko[1], Megan Racey[2], Diana Sherifali[2], Kelly Smith[3], Karen Fleming[3], Sundeep Banwatt[4], Lorraine Lipscombe[1,2]

1: Women's College Hospital, Canada
2: McMaster University, Canada
3: University of Toronto, Canada
4: CarePoint Integrated Health Care Centre, Canada

Background: Women with gestational diabetes mellitus (GDM) face an increased risk of developing type 2 diabetes (T2D). Although postpartum diabetes prevention programs (DPPs) have been shown to lower this risk, the transition from prenatal to postpartum diabetes care is frequently fragmented. As primary care providers (PCPs) typically assume responsibility for postpartum preventive care, incorporating their perspectives in the co-design of a DPP is essential for optimizing continuity of care and ensuring effective program implementation.

Approach: We conducted a qualitative descriptive study to map the PCP perspectives on prenatal and postpartum GDM care to Valentijn's conceptual framework of the integrative functions of primary care. Our goal was to use these findings to inform the implementation of a multi-centre DPP for patients with recent GDM.

Using purposeful sampling, we recruited PCPs from Primary Care Networks (PCNs) affiliated with each participating DPP centre. Data were collected through a focus group and Individual one-on-one interviews. A directed conventional content analysis, informed by Valentijn's integrative functions of primary care, guided the analysis of transcripts.

Results: Eighteen PCPs participated in the current study: eight took part in a focus group and 10 in an individual interview between June 2024 and February 2025. The focus group participants represented one PCN. There were four and six participants from the other two PCNs . Upon mapping interview findings to Valentijn's conceptual framework, three overarching themes emerged, reflecting the micro, meso, and macro dimensions of integrated care.

At the micro level, integration focused on improving prenatal to postpartum care transitions between providers by leveraging opportunities to integrate maternal and newborn care. Meso-

level findings highlighted the importance of team-based care models that include allied health professionals and strengthen interprofessional communication. At the macro level, participants underscored the need for clear processes delineating responsibility for postpartum diabetes testing, while also advocating for more efficient testing methods to minimize patient burden.

Implications: Mapping the PCP perspective to Valentijn's integrative functions of primary care highlights critical opportunities to improve the integration of prenatal and postpartum GDM care and improve the design and implementation of a postpartum DPP for women with recent GDM. Key recommendations include leveraging newborn care visits to support diabetes follow-up, expanding team-based models of care, and streamlining postpartum T2D testing. Incorporating these strategies will facilitate a smoother transition from prenatal to postpartum care and strengthen the uptake and effectiveness of DPP implementation.