

Pregnancy in diabetics may lead to significant health risks for both the pregnant diabetic woman and her baby. Although good control of glucose prior to pregnancy can reduce these risks, most diabetic pregnancies start with suboptimal glucose control. Pregnancy planning requires effective contraceptive use. Little is known about contraceptive decision-making by diabetic women, and any barriers to contraceptive use they face. Latina women have both a high prevalence of diabetes and a high fertility rate. Women from minority populations confronting health disparities may be at higher risk of difficulties in planning pregnancy. We undertook this study to better understand the contraceptive practices of low-income Latina diabetics living in an urban center, in terms of the contraceptives they use, who recommends them, why they start and stop them, and how changes in their diabetes influence their reproductive choices. We pursued this aim both by collecting data on reproductive practices and diabetes, and by asking Latina diabetics to discuss their views on these topics.

In this study we designed and tested a comprehensive life history calendar linking reproductive and diabetic events amongst Latina diabetics to evaluate the influence of diabetes on reproductive behavior. We described and compared contraceptive use of diabetics and non-diabetics, and compared the time it took to get pregnant for either diabetics or non-diabetics who were not using birth control. Finally, we conducted open-ended interviews with the diabetic women, using the calendar as a springboard, to find out more about the perspectives that influenced their reproductive behaviors. We found that most of the time, throughout the lifespan, diabetic Latinas we interviewed did not use contraception. Pregnancy was highly desired, and even when not desired, was generally welcomed. These women took longer to get pregnant than non-diabetics, and this may have influenced their reluctance to use birth control. While some of them had heard of negative effects of diabetes on pregnancies, some had not. Many expressed a strong sense of fear regarding their diabetes, and admitted to denial of the seriousness of their disease because of this fear.