Attitudes to Fasting During Ramadan with Diabetes in Pregnancy

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Background: Our institution services an ethnically diverse region, with 26.4% of the Bankstown population identifying as Muslim. Muslim women with diabetes in pregnancy may face a dilemma regarding fasting during Ramadan. There is little literature exploring their beliefs and practices regarding this.

Aims: To gain an understanding of attitudes and actions of pregnant Muslim women regarding religious obligations and risks of fasting whilst pregnant, particularly if there is diabetes in pregnancy, and to use this information to develop guidelines regarding fasting for Muslim women with diabetes in pregnancy and their health providers.

Methods: Prospective survey of self-identified Muslim pregnant women, recruited from our centre during the month of Ramadan 2014 with questionnaires administered during the diabetes antenatal clinic. Resultant guidelines were assessed in a sample of pregnant Muslim women before Ramadan 2015.

Results: Of completed surveys (n=29), 86% women had gestational diabetes[GDM], 10% type 1 diabetes and 1 woman had type 2 diabetes. Almost 40% thought abstaining from fasting was either not permissible from the religious viewpoint or were unsure; only 72% thought it was permissible to do fingerprick glucose testing whilst fasting. This has important safety implications, particularly if women require insulin therapy. Over 50% stated they would fast with diabetes in pregnancy, while 93% said they would fast during pregnancy if they did not have diabetes. The most common factors influencing the decision to fast: baby’s health, personal health, religious ruling, and doctors’ advice, with over 70% identifying their baby’s health as the main influence.

Conclusion: Although from both medical and religious viewpoints it is agreed that women with diabetes in pregnancy should abstain from fasting during Ramadan, some women will fast regardless. Knowledge regarding permissibility to abstain from fasting, and of fingerprick glucose testing not invalidating their fast was limited, and the effect on the baby’s health most influences a mother’s decision to fast. Evidence based information covering these issues needs to feature very strongly when counselling pregnant women about fasting.

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