



The views of first time mothers completing an intervention to reduce postpartum weight retention: A qualitative evaluation of the mums OnLiNE study



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ABSTRACT

Background: maternal postpartum weight retention (PPWR) has implications for short and long term weight-related health of both the mother and child. Little is known about how mothers perceive they may be best supported to achieve a healthy postpartum weight and healthy lifestyle behaviours. Evaluating existing postpartum weight focussed intervention strategies is an important step in the planning of future programs aimed at supporting new mothers.

Aim: to describe the perspectives of women who completed the mums OnLiNE pilot intervention, regarding the acceptability and effectiveness of a program which aimed to limit PPWR and promote healthy diet and physical activity behaviours in new mothers.

Method: descriptive qualitative research methods utilising semi-structured interview questions to explore new mothers' views regarding their participation in the mums OnLiNE intervention were used. All women who completed the intervention were invited to participate in one-on-one interviews via telephone. Interviews were digitally recorded and transcribed verbatim. Data were analysed utilising thematic analysis for common, emerging themes.

Findings: twelve women participated in the interviews. Six main themes including program usefulness, intervention components, walking, self-monitoring, barriers and challenges and future recommendations described women's views of the mums OnLiNE intervention. Women felt well supported being part of the program and their reported awareness of healthy eating increased. Telephone support was the most valued and helpful component of the intervention and the smartphone application for self-monitoring was used more often than the website. Walking was by far the most preferred activity as it was considered enjoyable and achievable and some reported that their incidental walking increased as a result of being part of the program. Lack of time and motivation were the main barriers to participation in the program. Suggestions for future programs included encouraging group support and mother-baby exercise sessions.

Conclusion: women perceived the mums OnLiNE intervention to be useful in promoting a healthy lifestyle and valued the support provided. Whilst barriers to participation in healthy lifestyle programs exist, well planned interventions which consider time constraints of new mothers, utilize one-on-one support and offer social engagement with other new mothers may further support women in their attainment of healthy postpartum weight and lifestyle behaviours.

Introduction

Maternal postpartum weight retention (PPWR) has implications for weight related health of the mother and the child in both the short and long term. Increased body mass index (BMI) from one pregnancy to the next is associated with increased risk of multiple, serious obstetric (Wolfe

and Gross, 1994; Edwards et al., 1996; Lu et al., 2001; Sebire et al., 2001; Roberts and Lain, 2002; O'Brien et al., 2003; Kuhlmann et al., 2008; Ramachenderan et al., 2008; Addo, 2011; Dodd et al., 2011) and neonatal outcomes (Lucas et al., 1988; Cedergren and Kallen, 2003; Watkins et al., 2003; Cedergren and Källén, 2005; Chu et al., 2007; Rankin et al., 2010; Ruager-Martin et al., 2010; Tennant et al., 2011) during subsequent

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pregnancies. In the longer term, up to 20% of women retain 5 kg or more above their pre-conception weight at 12 months post partum (Gunderson, 2009; Abebe et al., 2015). Weight retention at 12 months has been shown to predict maternal overweight 15 years later (Linne et al., 2004) and could contribute to the development of obesity and associated conditions including heart disease and diabetes (Rooney et al., 2005; Shrewsbury et al., 2009; Phelan et al., 2010).

Women have described the overall experience of attempting to lose weight during the postpartum period as one of achieving a balance between their various life roles (Montgomery et al., 2012). Yet, they are frequently confronted with new demands of caring for their infant whilst adapting to potential physical and emotional changes in themselves (Leahy Warren, 2005; Ong et al., 2014). New mothers often give precedence to care giving responsibilities and put the health of their baby first, even at the expense of improving their own health (Carter-Edwards et al., 2009). As such, their priorities for support are likely to differ to those of the general population and, therefore a detailed understanding of their views and attitudes towards postpartum support is of vital importance, in an effort to promote positive health overall.

To date, relatively few interventions have been conducted, aimed at limiting PPWR and promoting healthy lifestyle behaviours in new mothers. Moreover, results of these interventions have been mixed (van der Pligt et al., 2013) with few interventions having been shown to be successful in limiting maternal weight (van der Pligt et al., 2013). In fact little is known about which strategies are likely to be the most effective to women during this time (van der Pligt et al., 2013).

In building the evidence base for suitability of interventions, not only is effectiveness of the intervention important to assess but the acceptability and appeal to participants is key, in understanding why a program was or was not successful and how any effects were achieved, via process evaluation for example (Saunders et al., 2005; Olstad et al., 2016). However, detail regarding evaluation of postpartum interventions with new mothers is lacking. Consideration for the needs of this important population group is key in understanding intervention outcomes, potential challenges and barriers to participation and intervention engagement. Such information is necessary to refine design and childbirth of future postpartum interventions.

The aims of the current study were to describe the perspectives of women who completed the mums OnLiNE pilot intervention, regarding acceptability, effectiveness and usefulness of the intervention and to explore how women feel they might be best supported to attain a healthy weight and lifestyle behaviours following childbirth.

Methods

The Consolidated reporting criteria for Qualitative studies (COREQ) (Tong et al. 2007) was used to outline methods described. The mums OnLiNE pilot intervention was conducted from June 2012 to December 2013 and was nested within the cluster-randomised controlled trial, InFANT Extend. Details of the InFANT Extend methodology have been described elsewhere (Campbell et al., 2016). To be eligible to participate in mums OnLiNE, women needed to be 18 years or older and be first-time mothers with singleton pregnancies. Women assigned to the mums OnLiNE intervention group (n=40) were a sub-sample of first-time mothers enrolled in the intervention arm of InFANT Extend. Two comparison groups were computer generated from a sample of 162 women who were taking part in the larger InFANT Extend RCT and were matched to the intervention group on baseline BMI and education. Sixty women from the InFANT Extend control arm formed comparison group 1 (C1) for the mums OnLiNE study and sixty women from the InFANT Extend intervention arm formed comparison group 2 (C2).

The mums OnLiNE pilot intervention was delivered for nine months duration, commencing when first-time mothers were approximately nine months post partum. Bandura's social cognitive theory (SCT) (Bandura, 1986), with evidence-based behaviour change components, underpinned the intervention design including self-monitoring, feedback and goal setting. Mothers received written information and a pedometer, three one-on-one telephone counselling calls with a dietitian, (which was focussed on setting and revising individual weight and lifestyle goals), access to a commercially available website and smartphone application for self-monitoring of diet, physical activity and anthropometric measures and an optional online group blog facilitated by the dietitian. Methods and results of the mums OnLiNE intervention are described elsewhere (van der Pligt, 2015).

Recruitment

Of the 40 women recruited to mums OnLiNE, 11 women were withdrawn from the study due to becoming pregnant for a second time, and one woman dropped out of the intervention. Women who completed the mums OnLiNE intervention (n=28) were invited to participate in the study. Once participants had completed the mums OnLiNE intervention they were sent written information outlining the qualitative study, an invitation to take part in a one-on-one interview, and a plain language statement and consent form. All participants provided written informed consent to participate and have the interview digitally recorded. Consent forms were returned via post, and, once received women were telephoned to schedule a convenient time to take part in the interview. The recruitment of women continued until saturation of themes (no new emerging themes) was confirmed and no new data was obtained (Fusch and Ness, 2015). Ethics approval for this study was obtained from the Deakin University Human Research Ethics Committee.

Data collection

The interviews were conducted one-on-one via telephone. Due to the unique factors which accompany motherhood, including lack of time to attend structured activities whilst caring for children (Calfas and Marcus, 2007; Carter-Edwards et al., 2009), interviews via telephone were deemed to be most suitable as they could be organised with convenience as a priority. An independent researcher trained in qualitative interviewing techniques and with previous experience in qualitative data collection with pregnant women conducted the one-on-one telephone interviews. Semi-structured interviews were conducted with open-ended questions, allowing for spontaneous and detailed responses (Chapman, 2010; Guillaumie et al., 2013). The interviews took approximately 30 minutes and once completed, participants were reimbursed with a store voucher to the value of twenty dollars as compensation for their time. The interview questions employed are outlined in Table 1.

Data analysis

All interviews were transcribed verbatim by an online transcribing company. Anonymity of participants was maintained through the use of de-identified data. Thematic analysis was used to assess repeated views and accounts across all data. Such analysis is an effective tool for providing rich and detailed qualitative data as it deals with the emerging literature in an organised and structured manner, allowing for clear identification of prominent themes (Dixon-Woods et al., 2005). Thematic analysis is a flexible approach to identifying emerging themes and is not bound to a pre-existing theoretical framework (Braun and Clarke, 2006). Therefore this study used an inductive

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