



'I just want to be normal' – A qualitative study of pregnant women's blogs who present themselves as overweight or obese



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ABSTRACT

Objective: to describe what pregnant women who present themselves as overweight or obese write about their pregnancy in their blogs.

Setting: Swedish private blogs.

Design: a qualitative study, using 13 Internet blogs as the source of data. Google was used to find the blogs. The blog content was analysed using thematic analysis.

Findings: three main themes were identified: *Pregnancy as an excuse*, *Perspectives on the pregnant body and Becoming a mother*. The pregnancy was used as an excuse for breaking the norms, 'I am normal because I am pregnant', and gaining weight, 'I normalise my weight and weight gain'. The women expressed different perspectives of their body through 'For me it is important to look pregnant', 'How others seem to see me' and 'Labelled a risk pregnancy at the antenatal care'. The transition to motherhood was described in 'How the pregnancy affects my life', and there was disappointment when the women experienced 'Unmet expectations'.

Key conclusion: the women described themselves as normal behind the obesity and saw their pregnancy as an excuse for their body size and behaviour. They did not identify themselves as a risk group and they did not recognise the midwife's support during the pregnancy.

Implication for practice: midwives may have to address overweight and obese pregnant women's attitude towards weight and weight gain in weight gain interventions.

Introduction

The focus on maternal obesity has increased during the past few decades due to its impact on pregnancy and perinatal outcome (World Health Organization, 2015). The World Health Organization (2015) estimated that in 2014, 40% of all women worldwide were overweight and 15% were obese. In Sweden, 34% of primiparous and 42% of multiparous women were obese, with a Body Mass Index (BMI) ≥ 30 kg/m² in early pregnancy (The Pregnancy Register, 2014). The Institute of Medicine (IOM) has created gestational weight gain (GWG) recommendations that restrict the total weight gain for overweight or obese women to 6–11 kg and 5–9 kg respectively (Institute Of Medicine, 2009).

Infertility is more common among obese women. They misjudge their ability to become pregnant, and even if they want to have fewer children than the normal weight group they do not have that same number of children (Frisco and Weden, 2013). Maternal pre-pregnant

obesity is strongly associated with maternal and foetal morbidity and mortality (Papachatzi et al., 2013; Ng et al., 2014). In comparison with normal weight women, overweight and obese women have an increased risk of pregnancy-related hypertensive disorders and gestational diabetes mellitus (Scott-Pillai et al., 2013). Maternal obesity increases the risk of an altered progression of labour and of having an instrumental delivery (Bogaerts et al., 2012; Scott-Pillai et al., 2013). Large-for-gestational-age (LGA), premature birth, stillbirth, neonatal death and prolonged stay at the neonatal intensive care unit are complications for the child related to maternal BMI (Scott-Pillai et al., 2013).

Excessive GWG increases the risks for maternal and neonatal outcomes, despite initial BMI (Truong et al., 2015). The risks to obese women can be reduced when GWG is within or below IOM recommendations (Blomberg, 2011; Truong et al., 2015). Even though there is a slightly increased risk of having a baby small-for-gestational-age and premature birth in association with GWG below recommended

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limits, the benefits outweigh the disadvantages (Beyerlein et al., 2011; Blomberg, 2011; Troung et al., 2015). Obese pregnant women underestimate the consequences of their weight, and their knowledge about GWG restrictions and how to maintain their weight is inadequate (Shub et al., 2013). Not being able to keep to a diet or avoiding gaining weight results in feelings of shame and guilt (Jette and Rail, 2014).

The Swedish antenatal health care system reaches almost 100% of all pregnant women. Antenatal and delivery care is free of charge. At the antenatal care clinics, healthy pregnant women are advised to attend the regular antenatal program with seven to nine visits to a midwife, and, if needed, extra appointments with an obstetrician and/or the midwife. The program prescribes weight controls at recruitment and in pregnancy week 32 and 37. However, in some cases, the state of health indicates more frequent monitoring (Andersson and Svensk förening för obstetrik och gynekologi, 2008).

Obese women are an exposed group at the antenatal care clinic as they feel disrespected and stigmatised by health care providers (Nyman et al., 2010; Furber and McGowan, 2011; Mulherin et al., 2013; Wennberg et al., 2013). Midwives have reported feelings of uncertainty when giving weight and nutritional advice, and a fear of damaging their relationship with the pregnant woman (Heslehurst et al., 2013). Women's encounters with the antenatal care clinic have been shown to result in feelings of being accused, feeling ashamed over their body, sadness and anger (Nyman et al., 2010).

The transition to motherhood is complex and can in different ways be affected by inadequate support and a lack of adequate information. The women's physical and mental health is also an important factor affecting the transition (Schumacher and Meleis, 1994; Meleis et al., 2000).

Mothers spend approximately three hours a day on the Internet (McDaniel et al., 2012). These days, the Internet is an important source of information and a place for sharing personal experiences (Jones and Alony, 2008; Plantin and Daneback, 2009). Finding people in the same situation as themselves and sharing experience-based information helps women feel supported, less alone, and improves their well-being (Nyström and Öhring, 2006; Jones and Alony, 2008; Plantin and Daneback, 2009; McDaniel et al., 2012). Seeking and sharing experience-based information about pregnancy is considered to have replaced traditional information-seeking from close relatives (Plantin and Daneback, 2009; Doty and Dworkin, 2014). Internet blogs make it possible to limit personal information and create a tailored positive self-presentation and define oneself in a group (Jung et al., 2012).

Women's experiences of pregnancy and encounters with midwives are well explored, as is the discrimination of obese pregnant women. However, to the authors' knowledge, there is no previous research relating to overweight or obese women's pregnancy experiences expressed in blogs. Data from blogs are naturally occurring data (Silverman, 2013), where the writer communicates with an audience who is interested in similar issues and sharing experiences and narratives in a naturally occurring context. Compared to interviews, the stories told in the blogs are genuine, i.e., they are not constructed in a specific interview situation during an interaction with an interviewer, whose questions and presumed expectations will often influence the respondents' answers (Lincoln and Guba, 1985). Blogs written by women who present themselves as overweight or obese might therefore give a deeper insight into what issues these women value as important during their pregnancy.

Objective

The aim of this study was to describe what pregnant women who present themselves as overweight or obese write about their pregnancy in their blog.

Methods

An explorative qualitative design was chosen. Internet blogs were used as source of data. An inductive qualitative thematic analysis was used to analyse the texts in the blogs (Braun and Clarke, 2006).

Data collection

The blogs were found via Google during August to October 2014. They were read, and all pregnancy-related posts until the birth were saved in separate documents. Inclusion criteria were private blogs published in Swedish, and the owner of each blog presenting themselves as pregnant and overweight or obese. Exclusion criteria were blogs requiring a password, published texts containing citations, other people's stories, comments, and texts about birth.

Thirteen recent blogs written between 2009 and 2014 were included, and a total of 339 A4 pages of data were used in the analysis. The length of the blogs varied from 1–66 pages. The blogs were characterised by continuous texts written before, during and after the pregnancy, containing pictures and comments from readers of the blog. Only texts about the pregnancy were used in the analysis. Background information was provided by the blogger herself in the blog. The writers of the blogs were 21–40 years old (median age 35 years). Five of the women expected their first child and the other women were multiparous. Seven of the women stated their profession, which ranged from an assistant nurse to an academic. One was a student, whereas the occupation of the remaining five is unknown. One blog contained posts from two pregnancies. The time point for the first post about the pregnancy varied in the sample and is presented in Fig. 1.

Ethical considerations

Research on the Internet presents ethical challenges, such as informed consent and maintaining anonymity. Guidelines for Internet research recommended by Codex rules and guidelines for research in Sweden (2015) have been published by the AoIR Ethics Working Committee (Ess and the AoIR Ethics Working Committee, 2002; Marckham and Buchanan, 2012), The National Committee for Research Ethics in the Social Sciences and the Humanities (2014), and Bruckman (2002). Texts published on the Internet can be considered public (American Association for the Advancement of Science, 1999; Eysenbach and Till, 2001; Bruckman, 2002; Ess and the AoIR Ethics Working Committee, 2002; Eastham, 2011; Bradley and Carter, 2012; Marckham & Buchanan, 2012). By making texts available on the Internet, blog owners give an 'implied consent'. Therefore, the authors refrained from requesting informed consent. With respect for the bloggers' privacy, blogs requiring a password were excluded (Eastham, 2011). The study was performed in accordance with the Swedish legislation of non-invasive studies (Swedish Code of Statutes, 2003/2008). The authors have protected and preserved the integrity and anonymity of the blog owners by removing any details that could compromise their identity. Citations from blogs originally written in Swedish have been translated into English, and the authors have made sure that they are not traceable without losing the essence of the expressions.

Data analysis

The structure of the six phases of Brown and Clarke's (2006) thematic analysis model were followed, see Table 1. A test analysis was first made separately by the two first authors. The fourth author analysed the same material and the findings were compared. All data were coded and sorted into themes that were then organised in relation to each other. There was continuous movement back and forth between the six phases of the model. The authors made sure that the themes were internally coherent, consistent and distinctive from each other,

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