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Midwives perspectives of their training and education requirements in maternal obesity: A qualitative study

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ABSTRACT

Objective: to explore midwives' perceptions of their training and education requirements in relation to maternal obesity.
Design: an interpretive constructionist approach used focus groups and broad discussion topics to allow midwives to identify their own personal and professional needs. Data analysis incorporated researcher and data triangulation (transcripts, debrief notes, and observers' notes), using a thematic content analysis approach.
Setting and participants: participants included 46 community and hospital-based midwives from all NHS Trusts providing maternity services in Northeast England, UK. Eleven focus groups took place in midwives' place of work. Sampling was determined by data saturation.
Findings: three main themes were identified: discussing obesity, weight management, and practicalities of training. Midwives' justification for the need for training was centrally connected to all themes, and there were strong views on the need for training and education, and the potential benefits to their practice. Issues relating to obesity communication were most prominent. Midwives' uncertainty about effective obesity communication and management, and concerns of a negative impact on the midwife–woman relationship, are key barriers to their practice.
Key conclusions and implications for practice: the provision of a systematic approach to training and education is endorsed by midwives, and would provide the required level of knowledge and skills to deliver the recommended standard of care appropriate to their practice. It is clear that midwives require both training and education, although there are challenges to midwives' engagement with effective continuous professional development largely outside their control. Realistic models of training and education are required to address midwives' needs, and these should be thoroughly evaluated for impact on midwifery practice, and on obese women's health and well-being.

Introduction

The international focus on maternal obesity over recent years has risen in line with increasing prevalence (Heslehurst et al., 2010), and mounting evidence of adverse health implications for women and their babies (Heslehurst et al., 2008; Torloni et al., 2008; Stothard et al., 2009; Centre for Maternal and Child Enquiries (CMACE), 2010, 2011; Rankin et al., 2010; Tennant et al., 2011). Obesity is now considered one of the biggest challenges to maternity services due to the impact that preventing and managing potential complications has on planning, organisation, delivery of care, and health-care professionals practice (Ramsay et al., 2006; Heslehurst et al., 2007, 2008, 2011; Chu et al., 2008; CMACE, 2010). In 2010, public health guidance on weight management during pregnancy (National Institute for Health and Clinical Excellence, 2010), and clinical guidelines for the management of maternal obesity (CMACE-RCOG, 2010) were published in the UK. These included detailed recommendations for health-care professionals' (HCPs) provision of information, advice and support to obese

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Table 1
A summary of UK national guideline recommendations for weight-related advice, information, and support for obese pregnant women, and health-care professional training requirements.

Guideline	Advice, information, and support	Training and education requirements
NICE 2010	• Discuss eating habits and physical activity • Offer practical and tailored information • Dispel myths about what and how much to eat during pregnancy • Advise on physical activity safety and recommendations for pregnancy, giving specific and practical advice • Measure weight and height, and calculate BMI at the first contact, being sensitive to any concerns she may have about her weight. Clearly explain why this information is needed and how it will be used to plan her care. • Do not weigh women repeatedly during pregnancy as a matter of routine. Only weigh again if clinical management can be influenced or if nutrition is a concern. • Explain the obesity-related risks to the health of mothers and the unborn child. Explain that they should not try to reduce this risk by dieting while pregnant and that the risk will be managed by the health professionals caring for them during their pregnancy. • Offer a referral to a dietitian or appropriately trained health professional • Encourage women to lose weight after pregnancy	• Health benefits of weight management and risks of being overweight or obese • Nutritional needs and importance of diet and physical activity • Behaviour change knowledge, skills and competencies • Sensitive communication techniques • Practical and tailored advice on improving diet and becoming more physically active, and know when to refer for specialist care and support • Knowledge and skills to help dispel common myths • Knowledge, skills and competencies in group facilitation • Awareness of the needs of minority ethnic groups • Knowledge of local services • Regularly monitored and updated training
CMACE-RCOG 2010	• Obese pregnant women should be provided with accurate and accessible information about associated risks and how they may be minimised • Women should be given the opportunity to discuss this information	• Maternal nutrition and its impact on maternal, fetal and child health • Manual handling techniques and the use of specialist equipment for maternal obesity

pregnant women, and HCPs training and education requirements. (Table 1).

HCPs have identified numerous barriers to effective maternal obesity management, and the need for structured training and education similar to smoking cessation and domestic violence (Heslehurst et al., 2007, 2011). The need for HCP training on maternal obesity has been emphasised in guidelines and by research in the UK and internationally (Alexander et al., 2007; Clift-Matthews, 2010; CMACE-RCOG, 2010; Furber and McGowan, 2010; Schmied et al., 2010; National Institute for Health and Clinical Excellence, 2010; Olander et al., 2011). Although midwives undergo individual learning to meet the continuous professional development (CPD) requirements of the Nursing and Midwifery Council (NMC) (2004, 2011), there is an absence of evaluated maternal obesity programmes in the UK. This study explored midwives' perceptions of their education and training requirements to inform the development of education and training programmes.

Table 2
Focus group participants by role and focus group number.

	Community midwives (CM)	Hospital-based midwives[a]	Total number of focus group participants
Focus group 1	1	1	2
Focus group 2	4	0	4
Focus group 3	1	4	5
Focus group 4	0	3	3
Focus group 5	2	2	4
Focus group 6	1	3	4
Focus group 7	1	2	3
Focus group 8	4	3	7
Focus group 9	3	1	4
Focus group 10	3	4	7
Focus group 11	1	2	3
Total	21	25	46

[a] Hospital-based midwives includes: $n=7$ covering multiple roles (including antenatal ± delivery ± postnatal: HM); $n=8$ delivery ward (DW); $n=7$ antenatal clinic/assessment unit (AM); $n=3$ senior level midwife (SM).

Methods

An interpretive constructionist approach is underpinned by theory that the perspectives of situations are constructed through individuals' interaction within their '*communities*' (Piantanida and Garman, 1999), and aims to understand the world in which individuals live and work from their perspective (Creswell, 2007). Focus groups explored midwives' perspectives of maternal obesity training within their work environment (midwives professional community). Allowing interaction between midwives gained the depth of data required in the absence of existing literature on this topic (Stewart et al., 2007). A cross-sectional sample was drawn from the eight maternity provider NHS Trusts in Northeast England. One midwife from each Trust acted as gatekeeper to facilitate focus group recruitment and organisation. Forty-six midwives with a variety of community- and hospital-based roles participated (Table 2).

Two researchers (NH and SR) facilitated and observed the focus groups. Broad discussion topics were devised to allow midwives to direct discussions. Topics included: midwives' views on the concept of maternal obesity training, the impact of training on practice, reflection on training experiences, and important aspects of obesity-specific training. Researchers debriefed after each focus group, discussed saturation (where no new constructs were identified within themes), and adapted the discussion topics to further explore emerging themes. Obesity communication themes were the first to reach saturation. The majority of themes reached saturation by focus group 6 (FG6). The final themes to reach saturation were midwives' attitudes to obesity and personal weight-related experiences (FG10). Saturation was confirmed in FG11.

Transcribed data were analysed using thematic content analysis to generate category systems and repeating themes (Burnard et al., 2008). Two researchers analysed the data independently (researcher triangulation). Analysis incorporated transcripts, debrief notes, and observers' notes (data triangulation). This process added context to the themes through active exploration of the pattern of response and saturation, and the priority midwives gave to discussion topics. Underlined text in quotes highlights emphasis midwives placed on specific words, text in square