



Case study

When it hurts I think: Now the baby dies. Risk perceptions of physical activity during pregnancy



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ABSTRACT

Background: A decrease in the level of physical activity from pre-pregnancy to pregnancy seems to be a general problem, despite the obvious health benefits of physical activity. Quantitative studies indicate that pregnant women's fears might explain why they reduce their level of physical activity, but still no qualitative research has investigated the experiences influencing these women.

Question: To explore healthy women's perceptions of risk associated with physical activity during pregnancy.

Method: An interpretive narrative approach was used to gain insight into pregnant women's personal stories and lived experiences. Five Danish pregnant women aged 26–36 years participated in semi-structured, in-depth interviews between September and December 2010. The analysis method was based on two types of narrative inquiry: (1) a *narrative analysis* to cover the story, and (2) a *paradigmatic analysis* to cover the themes.

Findings: Most of the pregnancy stories highlighted a specific experience, which made the women anxious. These experiences were: previous miscarriages, fertility treatment and shortened cervix. Also bodily challenges and pain scared the women, such as hypertonic pelvic muscles, Braxton Hicks contractions, abdominal pain, exhaustion, and shortness of breath. The stories also described the impacts of women's relatives and friends on their perceptions of risk.

Conclusion: Special consideration should be given to pregnant women who have had negative experiences in previous pregnancies and bodily challenges, which make them anxious and discourage them from being physically active. Healthcare professionals could also pay attention to the fact that women's relatives and friends play a major role in women's perceptions of risk.

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1. Introduction

International health authorities recommend healthy pregnant women to be physically active at least 30 min per day,^{1–4} because physical activity during pregnancy is considered to have a beneficial effect on health in relation to disorders such as gestational diabetes, preeclampsia, gestational hypertension and the gaining of weight in excess of recommended level.¹ In spite of these health benefits only 4.5% of pregnant Danish women from The Danish National Birth Cohort exercised as recommended throughout pregnancy.⁵ According to a review of exercise patterns and determinants, a decrease in the level of physical activity from pre-pregnancy to pregnancy seems to be a general problem.⁶ A

number of quantitative studies suggest a correlation between pregnant women's perceptions of risk and a decrease in level of physical activity,^{7–13} but no qualitative investigation has been undertaken to understand the experience of fear when pregnant women exercise. This study seeks to address this gap, and the aim of the study was to explore healthy pregnant women's perceptions of risk associated with physical activity through five pregnancy stories.

1.1. Literature review

A number of studies have explored healthy women's experiences of physical activity during pregnancy and the reasons why most of them reduce their level of activity. Some of the studies focused on physical barriers such as pain, fatigue and shortness of breath, but also on various practical barriers, such as insufficient time, too much to do at work, lack of childcare, and lack of facilities.^{9–19} Little regard has been given to healthy pregnant

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women's perceptions of risk. However, factors associated with women's perceptions of physical activity safety during pregnancy have been investigated and 49% felt that vigorous physical activity was unsafe and an additional 16% were unsure about its safety.²⁰ Another study found that women who believed exercise to be unsafe were more likely to exercise at low intensity and for fewer minutes.⁹ Some studies mention "anxiety for the fetus" and "concern for own health" among a number of other barriers to physical activity during pregnancy.^{7–13} However, according to international recommendations there are only a few important precautions when exercising during pregnancy.^{1–4} Because joints will gradually loosen to prepare for birth, participation in sports such as ice hockey, soccer, and basketball with a high potential for contact and ligament injuries should be avoided not to cause trauma to the woman and foetus. Also activities with an increased risk of falling such as horseback riding and downhill skiing have a high risk for trauma in pregnant women.² Furthermore there is a concern that hyperthermia are potentially teratogenic in the first trimester so pregnant women should not exercise in very hot, humid environments.⁴ Nevertheless, healthy pregnant women are recommended to exercise at least 30 min a day at a moderate activity, as long as they feel comfortable. Pregnant women who have not previously been physically active can also benefit from being physically active. Examples of moderate activities are bicycle rides, brisk walking, jogging, swimming, aerobics and muscle-strengthening exercises.¹

This paper proposes a theoretical framework by sociologist Deborah Lupton.²¹ She discusses the ontology of the pregnant body as it is constructed through discourses and knowledge of risk. Her research indicates that risk is an issue, which influences every woman's experience of being pregnant, and that risk is an omnipresent theme in every pregnant woman's life, where potential dangers constantly threaten the unborn baby's wellbeing. It is the woman's responsibility to protect her baby's wellbeing from all looming dangers, and if anything bad should happen to the baby, it will be seen as her fault. Lupton argues that the pregnant body is constructed as doubly responsible (for two bodies) and doubly at risk. Lupton built her theories upon empirical research on risk and pregnancy and upon data from a study exploring first-time motherhood. From these empirical data she concludes that pregnant women's risk understandings are grounded in expert knowledge as well as in pregnant women's own bodily experiences and what she defines as 'knowledge of others'. As Lupton pays special attention to pregnant women's lay perceptions of risk her theories provides an ideal lens for this study in order to interpret pregnant women's experiences of physical activity in the light of risk.²¹

2. Participants and method

2.1. Participants

A purposive sampling technique was used to recruit participants for the study. The participants were recruited at the university hospital by taking those who responded to a written query in the midwives' waiting room. The inclusion criteria were presented in the query and were limited to healthy pregnant women who had decreased their level of physical activity during pregnancy. Risk or safety beliefs were not mentioned in the query in order to prevent unintended nervousness among the women in case risk was not actually an issue to them. Twelve women responded to the query, and a total of five women met the inclusion criteria. After reconstructing the stories of the five women the decision was made not to recruit additional participants for the study, because (1) sample size was sufficient to reconstruct each pregnancy story with rich narratives where both similarities and variations were

represented, and (2) data saturation to ensure common themes across the stories had been achieved.

2.2. Method

A narrative approach was used to get a deeper understanding of healthy pregnant women's experiences of risk associated with physical activity. This approach was guided by Kvale et al.²² in the data collection process, and by McCance, et al.²³ who suggest a strategy for analysing narratives in nursing practice based on the theories of Polkinghorne and Bruner. The domain of the study was interpretive, because the focus of the interviews was on the pregnant women's personal stories and lived experiences.

2.3. Data collection

The participants took part in semi-structured, in-depth interviews. Initially they were asked to tell their own personal story about their pregnancy. Secondly, the interviewer used an interview guide to probe deeper into the following topics: experiences of exercise during pregnancy, reasons for quitting exercise, and how they were influenced by relatives and friends.²² Data were collected between September and December 2010. The participants were individually interviewed in a place of their choosing, and the interviews took place in the third trimester of pregnancy to enable the women to have a retrospective view of most of their pregnancy. The interviews lasted approximately one hour. All interviews were conducted in Danish and recorded on a Dictaphone. Each interview was transcribed verbatim and, to maintain the credibility of the stories, the translation from Danish into English was conducted by the interviewer together with an experienced translator to ensure both the contextual meaning of the participant's words and the literal linguistic translation.

2.4. Data analysis

Data were analysed using a narrative analysis approach described by McCance et al.,²³ which covered both the story and the themes. The approach was based on Polkinghorne's two types of narrative inquiry: (1) a *narrative analysis* to cover the story, which uses plot to tie together individual experiences to create the context for understanding the meaning; and (2) a *paradigmatic analysis*, which moves from stories to themes which can transect the stories, characters or settings to produce general concepts. Combining the two types of narrative inquiry affords deeper insight into and understanding of the meaning of experience and clarifies both the differences and similarities between the stories. It also increases the transferability which allows the reader gain insight into how the themes are extrapolated from the case stories. According to this type of narrative analysis approach, around six narratives were suggested.²³

2.5. Rigour

This study used an adapted version of Burnard's stage-by-stage process designed for semi-structured, open-ended interviews to establish the rigour of the study.²⁴ The fourteen stages of the analytical process ensure the dependability and credibility by properly transcribing data, covering all relevant main points, and by validating the design. To validate the design, three check points were chosen: (1) an interview guide to ensure that the participants were asked a similar range of questions to guide their stories; (2) a discussion of narratives and themes with researchers in the field before writing the results; and (3) asking

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