Women and Birth 27 (2014) 138–144

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

The views and attitudes of health professionals providing antenatal care to women with a high BMI: A qualitative research study

Catherine Ruth Knight-Agarwal [a,*], Manmeet Kaur [a], Lauren T. Williams [a], Rachel Davey [b], Deborah Davis [c]

[a] Department of Nutrition and Dietetics, University of Canberra, ACT, Australia
[b] Centre for Research and Action in Public Health, University of Canberra, ACT, Australia
[c] Department of Nursing and Midwifery, University of Canberra, ACT, Australia

ARTICLE INFO

Article history:
Received 14 September 2013
Received in revised form 1 November 2013
Accepted 4 November 2013

Keywords:
Obesity
Maternity care
Women's health
Pregnancy
Qualitative study

ABSTRACT

Background: The prevalence of overweight and obesity is increasing amongst women of child bearing age. The objective of this study was to investigate the views and attitudes of providers of antenatal care for women who have a body mass index (BMI) of 30 kg/m^2 and over.
Methods: A qualitative study using focus groups was undertaken within the department of obstetrics and gynaecology at a large teaching hospital in south-eastern Australia. Three focus group discussions were held. One with hospital midwives (n = 10), one with continuity of care midwives (n = 18) and one with obstetricians (n = 5). Data were analysed using Interpretative Phenomenological Analysis (IPA).
Findings: Six dominant themes emerged: (1) obesity puts the health of mothers, babies and health professionals at risk; (2) overweight and obesity has become the norm; (3) weighing women and advising about weight gain is out of fashion; (4) weight is a sensitive topic to discuss; (5) there are significant barriers to weight control in pregnancy; and (6) health professionals and women need to deal with maternal obesity. These themes are drawn together to form a model representing current health care issues for these women.
Conclusion: Health professionals, who have a high BMI, can find it difficult to discuss obesity during antenatal visits with obese women. Specialist dietary interventions and evidence based guidelines for working with child-bearing women is seen as a public health priority by health care professionals.

1. Introduction

In 2008, more than 700 million women worldwide over the age of 20 were overweight (defined as a body mass index (BMI) of 25–29 kg/m^2). Of these, approximately 300 million women were obese (defined BMI of 30 kg/m^2 and above).[1] The prevalence of overweight and obesity is increasing amongst women of child bearing age with approximately 35% of Australian women aged 25–34 years classified as either overweight or obese.[2–4] Recently, Dodd et al. undertook an Australian based study which showed that 50% of pregnant women were overweight or obese.[5]

Maternal obesity has implications for both mother and baby. There are increased health risks from gestational hypertensive disorders, thromboembolic complications, caesarian section and gestational diabetes.[4–8] Women who are obese before pregnancy are more likely to have excessive weight gain when they become pregnant, and are more likely to maintain that weight afterwards.[9] Psychosocial associations with maternal obesity such as low self-esteem are exacerbated by stigmatising attitudes.[10,11] Neonatal outcomes associated with maternal obesity include prematurity, macrosomia, shoulder dystocia and still birth.[12,13]

Obesity complicates health care delivery for pregnant women. A French study estimated the cost of caring for obese pregnant women to be at least five times greater than that of women within normal weight range.[14] Occupational health and safety issues encountered by health professionals caring for obese pregnant women include difficulty with manual handling and access to bariatric beds and suitable operating tables.[6]

The literature provides some evidence of the perceptions of obstetricians and midwives regarding provision of antenatal care to obese women. In a UK study, healthcare professionals felt that there were not adequate and available resources to address the psychological and physiological needs of both the mother and infant.[6] In a recent Australian study, Schmied and colleagues report that midwives and obstetricians were concerned about the

* Corresponding author at: Building 1, Department of Nutrition and Dietetics, University of Canberra, ACT 2617, Australia. Tel.: +61 407806663.
E-mail address: Cathy.Knight-Agarwal@canberra.edu.au (C.R. Knight-Agarwal).

1871-5192/$ – see front matter © 2013 Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd) on behalf of Australian College of Midwives.
http://dx.doi.org/10.1016/j.wombi.2013.11.002

increasing societal acceptance of high BMI and how to communicate with obese women without altering the client/caregiver relationship.[15] However, there is still little evidence exploring the possibility of improved antenatal care and lifestyle interventions for pregnant obese women.

The aim of this study was to use Interpretative Phenomenological Analysis (IPA) to explore the insights of midwives and obstetricians about providing antenatal care to obese women. Although firmly embedded in psychology, Smith et al. have welcomed and encouraged those health professionals without formal training in psychology, such as dietitians, to use IPA to answer questions of importance to their discipline.[16]

2. Methods

2.1. Design

In this study, focus group discussions were used to gather data from obstetricians and midwives working at a teaching hospital in south eastern Australia as part of a larger mixed methods study. The aim of IPA is to explore how participants make sense of their lived experiences and recognises that the researcher's own conceptions are required in order to make sense of the personal world being studied through a hermeneutic process.[16] In contrast to many other qualitative approaches, such as discourse analysis or grounded theory, which only theorise the role of cognition, IPA centres on the links between participants' talk, cognition and behaviour.[16–18] While focus groups have not been the 'traditional' method of data collection for IPA researchers, the last decade has seen more studies of this kind.[19–23] Group discussions can elicit a higher level of experiential reflection, compared to individual interviews, and allow multiple voices to be heard at one forum. Participants may feel more comfortable sharing experiences in a naturally occurring and homogenous group and if the topic is sensitive there can be a show of support from other group members.[23] Flowers and colleagues have argued that rather than diluting accounts of personal experience, group dynamics can allow higher level synergism which adds to the overall analysis rather than detracting from it.[22] Participants may be unaware of how they think, feel or remember about an experience until a group discussion, with the stimulus being other peoples shared experiences, and this brings their own thoughts, feelings and memories to the foreground.

However, it must be acknowledged that there are some epistemological tensions that exist. It has been argued that using IPA with focus groups may privilege the 'group' over the 'individual'. Given IPA's commitment to the study of idiography this does present a potential problem for researchers working within this paradigm. Like Tomkins et al., the authors of the current study tried to hold both the individual and the interactive context of a group in mind during all stages of the research. While participants were trying to make sense of their own experiences the researchers acknowledge that this sense making was explicitly grounded in the interactive context of the group.[24] Transcripts were full of rich, descriptive accounts of lived experience and extracts included in this paper were chosen as they presented the essence of recurrent themes. The authors have highlighted, throughout the results section, health professionals experiences of providing antenatal care to women with a high BMI and how group interaction can bring these experiences to light.[24] IPA was adopted as the analytical perspective as it is theoretically grounded in critical realism and the social cognition paradigm. Therefore, the researchers believe it lends itself well to applied research in dietetics where the aim is to relate findings to bio-psycho-social theories that dominate current thought within the healthcare system.[25]

2.2. Setting

The hospital chosen as the site for the research is the largest public hospital in the region, supporting a population of over 500,000 people with approximately 3000 births per annum. Midwives and obstetricians were chosen as these professions are the main providers of maternity care.

2.3. Participants

Directors of midwifery and of obstetrics and gynaecology at a large tertiary hospital were contacted via an email outlining the aims and rationale of the research. All clinical staff of these departments were invited to participate and sufficient volunteers were obtained to hold one focus group of continuity of care midwives, one of hospital based midwives and one of obstetricians. All participants provided signed consent and were given unique numbers to ensure anonymity.

2.4. Procedure

A semi-structured protocol was formulated following a review of the literature and the questions were designed to answer the overarching question "what are the views and attitudes of health professionals providing antenatal care to obese women?" The focus group discussions were conducted between September 2011 and April 2012, within each respective department at the hospital in order to provide a familiar and convenient environment to facilitate discussion. The aim of holding each group discussion separately was to keep each focus group as homogenous as possible to allow for free expression. The same researcher moderated and conducted all three focus groups supported by a research assistant. A facilitory interview style was employed which included the use of verbal and non-verbal cues (for example nodding of head).[20] The primary researcher (CRKA) was mindful not to influence the provision of answers and concluded each focus group by giving participants the opportunity to clarify their views and to add any information relating to the topic that may have been missed. The same assistant researcher (MK) took detailed notes and operated the audio recording devices at each session. The focus groups were transcribed by the primary researcher and assistant researcher independently, cross checked for consistency and then entered into a word processing document for analysis.

2.5. Ethics

Ethical approval to conduct this research was received from the University of Canberra and ACT Health human research ethics committee's (No: ETH.6.11.124). Approval was granted as part of a larger study examining birthing outcomes in pregnant women with a BMI of 30 kg/m^2 or over.

2.6. Data analysis

The IPA protocol for focus group research, developed by Palmer and colleagues, was used for the generation of super-ordinate themes.[20] Each line of the three word document transcripts was numbered to enable the researchers to locate specific information during all stages of the analysis. Each transcript was subjected to line-by-line exploratory coding of the experiential claims and concerns of the participants. Any discrepancies in coding between the primary researcher and assistant researcher were discussed by presenting arguments for their interpretation. Agreement was always reached following this process. Close attention was paid to the type of language used and preliminary themes were then developed from the generated codes. Following this process, the