



## Lived experiences of routine antenatal dietetic services among women with obesity: A qualitative phenomenological study



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### ABSTRACT

**Objective:** to understand the lived experiences and views of being referred to an antenatal dietetic service from the perspective of pregnant women with obesity.

**Design:** a qualitative, interpretive approach using one-to-one in-depth interviews to explore the lived experience of pregnant women with obesity following referral to an antenatal dietetics service. Thematic content analysis was carried out by two researchers independently to develop data-driven themes.

**Setting:** one NHS Trust maternity and dietetic services, North East England, UK.

**Participants:** fifteen pregnant women with a booking body mass index  $\geq 30$  kg/m<sup>2</sup> attending an obesity-specific antenatal dietetic service. All women were White, parity between 0 and 2, and BMI range 30–51 kg/m<sup>2</sup>.

**Findings:** four themes were identified. (1) Women's overall experience of the service: experiences were predominately positive with only two negative cases identified. (2) Process of referral: women placed importance on informative and in-person communication about the service, with health professionals, at the point of referral. (3) Delivery of the service: dietitians were considered to be the experts and women wanted more frequent contact. (4) Content of the service: tailored advice enabled behaviour change, and women desired increased physical activity support and weight monitoring.

**Key conclusions:** women reported an overall positive experience and thought that dietitians were the expert health professionals to support them. Women in this study felt that tailoring advice specific to their personal circumstances helped them implement changes, and had a strong interest in the nutritional benefits for fetal development. Women considered weight monitoring to be a positive element of the service; however, further research is required given the limited and conflicting evidence-base.

**Implications for practice:** it is important to incorporate women's experiences in the development and delivery of antenatal weight management services to facilitate person-centred care. Communication by health professionals at the point of referral is particularly important to provide accurate expectations of services and to reduce anxieties. Dietitians are considered to be appropriate experts to deliver these services, although they may need additional support to address women's physical activity needs in pregnancy.

### Introduction

Maternal obesity (body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>) is increasing in prevalence internationally (Brynhildsen et al., 2006; Ray et al., 2007;

Heslehurst et al., 2010; Fisher et al., 2013) and is associated with complex inequalities, including deprivation and ethnic minority groups (Heslehurst et al., 2010, 2012). There are significantly increased associations with adverse outcomes for women and babies including

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congenital anomalies, perinatal mortality, macrosomia, gestational diabetes, maternal infections and preterm birth (Heslehurst et al., 2008; Stothard et al., 2009; Tennant et al., 2011; Lutsiv et al., 2015). In the UK, there are clinical guidelines to detect and manage comorbidities associated with obesity (e.g. routine screening for gestational diabetes (Centre for Maternal and Child Enquiries (CMACE) and Royal College of Obstetricians and Gynaecologists (RCOG), 2010)), as well as public health guidelines for weight management before, during and after pregnancy (National Institute for Health and Care Excellence (NICE), 2010). These UK guidelines recommend that maternal obesity and weight management requires the input of dietitians or other appropriately trained health professionals to provide weight management support (NICE, 2010; CMACE-RCOG, 2010). However, there is a lack of evidence relating to women's experiences of dietetics services to inform service development needs.

A NHS maternity service in the North East of England implemented a dedicated hospital-based antenatal dietetic service for pregnant women with a BMI  $\geq 30$  kg/m<sup>2</sup> as per national guidelines. The aim of the service was to reduce risk of complications in pregnancy associated with obesity through educating women about healthy eating and food safety in pregnancy, monitoring weight, and helping women to minimise gestational weight gain. Eligible women were provided with a leaflet describing the risks of maternal obesity at booking, and referred to the dietetic service. The initial 45 minute appointment was with a dietitian at the hospital site, with two 20 minute follow up appointments eight weeks apart. After 20 months of the dietetic service being established, only 9.4% of eligible women took up the referral which reflects the reported low uptake reported by other maternity units (Heslehurst et al., 2011; Fealy et al., 2014). Women were not involved in the development of this dietetic service.

This study aimed to gain a greater understanding of women's experiences of an antenatal dietetic service, and views on whether the care received met their needs to inform service development. This paper reports a component part of a larger qualitative study which aimed to explore women's lived experiences of being obese and pregnant to inform the development of services that women would find acceptable and utilise. The larger qualitative study identified two distinct overarching concepts. The first concept related to women's weight-related priorities in pregnancy and issues which they considered important and integral to their lived experience of being obese and pregnant. These perspectives incorporated their pregnancy-related experiences, as well as life experiences which contributed to how they felt about their weight during pregnancy. The core to the first concept was how women's reported priorities and experiences related to their engagement with the service, and the data informing this concept has been previously published, along with a full description of the methods and participants (Heslehurst et al., 2015b). This paper focuses on the second concept from this study where the core focus is on women's direct experiences of care relating to the antenatal dietetics services. The data informing this concept has not been previously published.

## Methods

A phenomenological approach was used to explore women's experiences of being referred to an antenatal dietetics service due to their obesity, in a NHS Trust in the North East of England with approximately 2000 annual births. Women were recruited using a combination of postal recruitment of women referred to the dietetic service (3% recruitment rate), and in-person methods (68% recruitment rate). The in-person recruitment involved the dietitian sharing the participant information sheet with all women after attending their clinic appointment, and asking if they were willing to speak with the researcher about the study. The researcher (NH, trained in informed consent) was available in a separate private room to discuss the study in more detail and take informed consent with women who agreed to participate.

The researchers placed importance on gaining an in-depth understanding of the individuals' experiences throughout data collection and interpretive analysis. One-to-one in-depth unstructured interviews were carried out between the researcher (NH) and pregnant women. Interviews were carried out in a range of locations of the women's choosing, including their homes, the maternity unit, or Sure Start Children's Centres in their local communities. Interviews were audio recorded and transcribed verbatim. Although the interviews were unstructured to allow women to control the focus based on their own personal experiences, broad discussion prompts were used to focus the interviews on the topic of the research. Prompts included their experience of being referred to the service, factors influencing their decision to accept the referral, what they wanted from this type of service, and their experience of the service. Through the process of in-depth interviewing, issues which women raised themselves were explored thoroughly. Towards the end of each interview, women were asked to summarise what they considered the most important issues to be in order to ensure that appropriate emphasis was placed on their experiences during the analysis.

An interpretive analytical approach was employed, using thematic content analysis (Burnard et al., 2008) to identify and interpret themes which emerged from the data. Analysis was carried out by two researchers (NH and SD) to develop data-driven themes through a process of line-by-line open coding of the verbatim interview transcripts, identifying and refining categories of coding informed by the analytical and theoretical interpretations, developing a category system, and final coding of the data. An interpretive approach to the analysis incorporated the context of the discussions and the importance women placed on their experiences into the coding, to move beyond descriptive coding and explore the meaning behind the data when developing themes. Both researchers independently open-coded all interview transcripts, and coding was combined and agreed throughout the process of developing themes to represent the data. The developed themes were further cross referenced against the full transcripts and women's summaries to ensure the importance they placed on their experiences was represented in the final themes. Recruitment continued until data saturation, when no new themes were emerging, was apparent. The study was approved by Teesside University School of Health and Social Care ethics committee, County Durham and Tees Valley 2 NHS research ethics committee (reference 09/H0908/60), and Gateshead NHS Trust research and development committee.

The results are presented in themes, with verbatim quotes from participants in italics. All names reported are pseudonyms. Quotes include women's pseudonyms, BMI and parity. Underlined sections of quotes indicate emphasis women gave to specific words. Ellipses (...) indicate where irrelevant data has been removed, and data in square brackets has been added when necessary to retain context when quotes are presented in isolation from the full transcript.

## Findings

Fifteen pregnant women who had been referred to the dietetic service were interviewed (Table 1). All women were White, had a parity of 0–2, and pre-pregnancy BMIs between 30 and 51 kg/m<sup>2</sup>. Five women had others present at the interview including their husbands ( $n=2$ ), young children ( $n=2$ ) and grandmother ( $n=1$ ). The results of this study draw on women's experiences of the care received from the dietetics service, and the themes within this concept include women's overall experience of the antenatal dietetics service, process of referral, and delivery and content of the service.

**Theme 1.** : Women's overall experience of the antenatal dietetic service.

The women interviewed described an overall positive experience of the service. They felt that attending the service had provided them with reassurance and confidence that they were benefiting their baby, which

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