



## How do women feel about being weighed during pregnancy? A qualitative exploration of the opinions and experiences of postnatal women

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### ABSTRACT

**Objective:** to explore routine weighing in antenatal care and weight management in pregnancy with women who have been weighed during pregnancy.

**Design:** a qualitative study utilising semi-structured telephone interviews, and thematic analysis.

**Setting:** participants resided in Dublin, Ireland and had been weighed during pregnancy.

**Participants:** individual telephone interviews conducted with ten postpartum women (nine months postpartum).

**Findings:** experiences of routine weighing were positive, and participants believed it should be part of standard antenatal care. Several benefits to routine weighing were cited, including providing reassurance and minimising postpartum weight retention. It was felt that there was a lack of information provided on gestational weight gain and healthy lifestyle in pregnancy, and that healthcare professionals are ideally placed to provide this advice. Increased information provision was seen as a method to improve healthy lifestyle behaviours in pregnancy.

**Key conclusions and implications for practice:** these findings contribute to the current debate about the re-introduction of routine weighing throughout pregnancy (Allen-Walker et al., 2016). Women stated that they expected to be weighed during pregnancy and, contrary to previous claims, there was no evidence that routine weighing during antenatal care caused anxiety. From discussions it was clear that women desired more information on gestational weight gain and a healthy lifestyle, and felt that health professionals should provide this.

### Introduction

The adverse outcomes associated with overweight and obesity in pregnancy, for mothers, their infants and the healthcare professionals caring for them, are well documented. Pregnant mothers who are overweight or obese are at higher risk of gestational diabetes mellitus, caesarean section, postpartum haemorrhage (Scott-Pillai et al., 2013), pre-eclampsia and maternal death (National Institute for Clinical Excellence, 2010). Mothers who are obese are more likely to experience miscarriage and stillbirth (Modder and Fitzsimons, 2010), and greater pre-pregnancy maternal weight is associated with increased offspring adiposity (Fraser et al., 2010). Furthermore, postpartum weight

retention and excess gestational weight gain are established predictors of long term obesity (Leslie et al., 2013). The impact on the healthcare system is significant; caring for pregnant women with obesity often requires the input of several specialities and additional equipment (Heslehurst et al., 2007), and reports of physical injury to individual health professionals as a consequence of supporting mothers with obesity in labour have been made (Knight-Agarwal et al., 2014).

Encouraging appropriate weight gain during pregnancy is a key factor that will influence a woman's weight trajectory and health status later in life. However, there are currently no safe ranges of gestational weight gain in the UK owing to a lack of evidence to underpin such guidance (National Institute for Clinical Excellence, 2010). As dis-

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discussed in a recent commentary, beginning to weigh women during pregnancy would help to provide the evidence needed to fill this gap and may also have additional benefits in relation to antenatal care (Allen-Walker et al., 2016). Weighing women throughout pregnancy is no longer standard practice in the UK, it was phased out in the 1990s due to arguments that weight at booking was a more sensitive predictor of infant outcomes, and that frequent weighing caused unnecessary anxiety in women (Dawes and Grudzinskas, 1991).

Reconsidering weighing throughout pregnancy would be one approach to informing the evidence base regarding appropriate gestational weight gain ranges for women in the UK, however there are many factors to consider before introducing such a practice, not least, considering the views of women.

Some qualitative research to date provides insights into factors which may influence the feasibility of re-introducing routine weighing during pregnancy. From the viewpoint of health professionals, qualitative research exploring the experiences of midwives caring for obese women in labour has found that midwives are embarrassed about raising the issue of obesity and are concerned about broaching the topic without causing offence (Heslehurst et al., 2011; Singleton and Furber, 2014). Health professionals have reported a lack of knowledge and opportunity to discuss gestational weight gain with women, as well as lacking the opportunity to monitor weight due to guidelines to only weigh at booking (Olander et al., 2011).

Focus groups findings from midwifery health professionals in Australia reflect ongoing concerns about how to introduce the sensitive topic of weight with pregnant women, and that not routinely weighing may suggest to women that gestational weight gain doesn't matter (Schmied et al., 2011). A more recent Australian study with obstetricians and midwives raised the point that weighing and discussing weight gain are 'out of fashion', although participants in this study felt weighing *all* women would prevent judgemental attitudes (as opposed to targeting obese women), and would be useful in considering future health outcomes of women (Knight-Agarwal et al., 2014).

A qualitative study considering how to develop maternity services to address obesity, carried out with maternity unit staff in the North East of England, elicited a range of views on the use of weight monitoring in pregnancy, from feeling there may be little point in monitoring the weight of mothers who are already obese, to thinking there is little point in giving advice if weight is not monitored as well (Heslehurst et al., 2011). These studies all highlight that health professionals feel gestational weight gain is important to address, yet fear offending women and do not always know how to approach the topic.

Two recent studies looking at routine weighing as a method of minimising gestational weight gain also provide insight into the acceptability of routine weighing to women and health professionals. As part of a feasibility study of regular weighing, accompanied by weight gain targets set by community midwives in England, midwives and pregnant women were interviewed about their views of the intervention (Daley et al., 2015). Women felt motivated to think about their weight gain in terms of eating and physical activity habits as a result of being weighed, and responded positively to the importance of being weighed routinely. The midwives reported no issues in incorporating routine weighing into the appointment, and perceived women were happy to be weighed (Daley et al., 2015). Similarly, women allocated to the intervention arm of a randomised controlled trial in Australia, comparing routine weighing to usual care, were asked to complete questionnaires about their experiences of being weighed. The majority (73%) reported being very satisfied with being weighed, and likewise 73% reported being not at all anxious as a result of being weighed, indicating routine weighing as part of antenatal care is acceptable to women (Brownfoot et al., 2016).

Whilst these studies highlight important considerations to reintroducing routine weighing, most focus on experiences of caring for obese patients specifically, and have been undertaken in Australia and England. Findings emerging from intervention studies which aim to

prevent excess gestational weight gain, on the acceptability of weighing to women, also provide valuable insight into issues which need to be taken into account. However the study presented here provides a more in-depth consideration of the experience of routine weighing, by women who have recently delivered. This allows exploration into the potential influences of regular weighing on the postpartum period, as well as during pregnancy itself, thus providing new insights to help inform the debate about the merits or otherwise of reintroducing the practice to routine care.

### Study rationale

This study involved interviewing postnatal women who were weighed throughout their pregnancies as part of a research project. Since women are not routinely weighed during their pregnancies in the UK and Ireland, this provided a unique opportunity to explore how the women felt about being weighed, and to consider their opinions more generally on weight management in pregnancy. This study approach, as well as the specific issues that were explored, provides a more comprehensive qualitative view on the issue of routine weighing and weight management during pregnancy, than is currently available.

### Research aims

The aim of this study was to explore the attitudes and opinions of postnatal women, who had been weighed during their most recent pregnancy, towards:

- Expectations regarding weight gain in pregnancy.
- Their experiences of being weighed throughout pregnancy.
- Weight management and pregnancy.

## Method

### Study design

A qualitative methodology design was employed in order to elicit an in-depth account of the participants' lived experiences of the topic matter (Braun and Clarke, 2006); the qualitative paradigm has been successfully employed to explore women's experiences of obesity and pregnancy (Olander et al., 2011; Atkinson et al., 2013). Since this study was conducted with post-partum women, telephone interviews were chosen as the most appropriate method to maximise likelihood of participation. Attending focus groups or face-to-face interviews presents particular logistical challenges which are likely to be off-putting for this target group. Semi-structured telephone interviews were used to collect data, analysed using thematic analysis described below.

### Recruitment and sample

Participants were recruited from the Body Composition in Pregnancy (BCIP) study, at Coombe Women and Infants Hospital in Dublin. The Coombe Hospital in Dublin is one of the largest maternity hospitals in the European Union and cares for women from all socio-economic groups and from across the urban-rural divide. Women were approached to take part in the BCIP study after an ultrasound scan confirmed an ongoing singleton pregnancy (Mullaney et al., 2016b). The BCIP study collected data on gestational weight gain and mother and infant health outcomes, exploring associations between the two, and whether timing of gestational weight gain was linked to outcomes. Women attended study visits to coincide with their antenatal appointments, and at four and nine months postpartum. Of the total sample recruited (n=1035); 98% (n=1018) delivered a live-born baby, 494 returned for study assessments at four months postpartum and 328 returned at nine months postpartum (Mullaney et al., 2016a). Women were recruited opportunistically for the telephone interviews at the end

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