



Eat Well Keep Active: Qualitative findings from a feasibility and acceptability study of a brief midwife led intervention to facilitate healthful dietary and physical activity behaviours in pregnant women



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ARTICLE INFO

Keywords:

Maternal lifestyle
 Diet
 Physical activity
 Interventions
 Behaviour change
 Self Determination Theory
 Motivational Interviewing
 Goal setting
 Midwives
 Midwife led care

ABSTRACT

Background: overweight and obesity in the pregnant population is increasing and this is a public health concern. Many women have difficulty in following the recommendation to maintain a healthy diet and to keep active, indeed some identify pregnancy as the start of their concern with being overweight.

Objective: to assess the feasibility and acceptability of the 'Eat Well Keep Active' intervention programme designed to promote healthy eating and physical activity in pregnant women. This brief midwife led intervention was based upon the Self Determination Theory (SDT) framework and utilised Motivational Interviewing and individualised goal setting.

Design: this was a prospective qualitative study to explore women's views on the acceptability and perceived efficacy of the 'Eat Well Keep Active' programme obtained through one-to-one interviews 6 weeks after the delivery of the intervention. Data were also analysed to assess fidelity of the intervention to the psychological constructs of SDT; autonomy, competence and relatedness.

Setting: Wales, UK.

Participants: pregnant women suitable for Midwife Led Care and therefore deemed to be 'low risk' were recruited from a large maternity unit in South Wales ($n=20$).

Findings: the results indicated that the 'Eat Well Keep Active' intervention programme was well received by participants who reported that it positively influenced their health behaviours. There was clear evidence of the intervention supporting the three SDT psychological needs.

Key conclusions: The Eat Well Keep Active intervention was designed to be incorporated into existing antenatal provision and findings from this study have demonstrated its acceptability. The brief midwife led intervention based on SDT was found to be acceptable by the participants who embraced the opportunity to discuss and explore their lifestyle behaviours with a midwife.

Implications for practice: theoretically designed interventions that can facilitate women to pursue a healthy lifestyle during pregnancy are lacking and the 'Eat Well Keep Active' programme has the potential to address this. Further research is needed in order to assess the acceptability of the intervention to midwives and other groups of pregnant women prior to assessing its efficacy in changing and maintaining healthful behaviours.

Introduction

As with the general population, the levels of overweight and obesity amongst pregnant women has increased over time and are now at levels which are a concern to public health (Heselhurst et al., 2010). Ideally women should be a healthy weight before they enter pregnancy

(NICE, 2010), although it is recognised that many are identified as overweight (Public Health England, 2016). Pregnancy would seem to be the ideal time in which to communicate messages of behaviour change as women may have an increased motivation to improve their lifestyle behaviours for the benefit of their growing fetus. There is a lack of guidance in the United Kingdom with regards to what constitutes

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appropriate gestational weight gain. Therefore the focus of the advice is centred on healthy lifestyle behaviours rather than specifically targeting weight gain. If adhered to, this advice should ensure that the weight gained through the antenatal period is appropriate. The current recommendations (NICE, 2010) are that pregnant women should have a healthy balanced diet which comprises: meals based on starchy foods opting for wholegrain where possible; consumption of a minimum of five portions of fruit or vegetables daily; and reduced energy dense food and snacks (i.e. those high in fat and/or sugar). Furthermore, thirty minutes of moderate intensity exercise daily is also currently recommended (NICE, 2010). However it is recognised that many have difficulty in maintaining a healthy diet and exercising (Borodulin, 2009; Crozier et al., 2009), indeed there is evidence which indicates that behaviours during pregnancy can be instrumental in the development of overweight and obesity in mothers (Linne et al., 2004) and their offspring. It would appear that health provider advice alone may not be sufficient to achieve behaviour change and therefore effective interventions are needed.

Interventions designed to modify lifestyle behaviours should have, and make explicit reference to, theoretical underpinning (Davidson et al. 2003; NICE, 2007; MRC, 2008), as interventions based on theory have been found to be more effective (Thirlaway and Upton, 2009). One theory which is useful in understanding human motivation is that of Self Determination Theory (SDT) (Deci and Ryan, 2008). Pivotal to the theory is the notion that people have a natural propensity towards personality growth and development. The theorists suggest there is a clear link between self determination of an action, and the quality of motivation. They argue that if an action is fully self-determined the motivation is considered to be stable and this results in an increased perseverance and maintenance of the desired behaviour. SDT provides a framework for improving the quality of the motivation through ensuring that an individual's social environment meets three innate psychological needs: autonomy, competence and relatedness (Deci and Ryan, 2002). Therefore when applying SDT to an intervention one would expect that in order for an individual to be successful in achieving and maintaining the desired change, they must believe that their decision to alter their behaviour is volitional and self-regulated (autonomy), that they are capable and able to maintain the change (competence), and that they are supported to change by those whose opinion they value (relatedness).

Motivational Interviewing is a counselling style for promoting behaviour change which has been found to have strong parallels with SDT due to its client centred approach which reinforces personal responsibility and supports self-efficacy (Miller and Rollnick, 2012). Motivational Interviewing relies on the cooperative relationship between counsellor and client which is non-judgemental and respectful (Rollnick et al., 2008). This collaborative approach promotes an equal power balance between client and clinician and as such it sits comfortably with the woman-centred model of midwifery care. Motivational Interviewing (MI) was primarily developed as a technique in the field of addiction, however it has subsequently been applied to various fields of health including diet modification (Resnicow et al., 2001), exercise (Ang et al., 2007), smoking cessation (Glasgow et al., 2000) and diabetes management in teenagers (Channon et al., 2007). A meta analysis identified that MI was significantly more effective than no treatment and at least as effective as other treatments for a variety of behaviours (Lundahl et al., 2010).

It is acknowledged that effective methods which assist women to manage their weight during pregnancy are needed (NICE, 2010). A midwife led intervention was therefore developed informed by the framework identified in Self Determination Theory with the aim of improving the diet and physical activity behaviours of pregnant women. The intervention called 'Eat Well Keep Active' was delivered by the author (xx) to women at 16 weeks gestation and comprised three components:

1. A brief counselling session incorporating Motivational Interviewing and individual goal setting lasting between 10–15 minutes (at approx 16 weeks gestation)
2. A personalised magnetic goal card sent to participants within a week
3. A follow-up telephone call lasting 5 minutes (two weeks after initial session).

Further details regarding the intervention and research protocol have been published elsewhere (Warren et al., 2012).

Research aims and questions

This study formed part of a larger programme of doctoral research by the first author (xx). The aim of this study was to evaluate the feasibility, acceptability and perceived efficacy of the novel 'Eat Well Keep Active' intervention programme. The research questions were:

- How acceptable are the various aspects of the midwife led intervention to participants?
- Do participants feel that the intervention positively influenced their diet and physical activity behaviours?
- Does the intervention's use of MI and goal setting adhere to the principles of Self-Determination Theory?

Methods

Recruitment

Pregnant women were recruited from a large maternity unit in South Wales, UK. The intervention was designed to facilitate healthy decisions regarding participants' diet and physical activity behaviours in line with the current recommendations for all pregnant women.

Participant criteria for inclusion were: gestation less than 16 weeks at recruitment, and suitable for midwife led care (MLC). Exclusion criteria included: lack of fluency in English, history of early pregnancy complications (e.g. threatened miscarriage) and history or diagnosis of eating disorders. By only including women who were assigned MLC, participants would have no identified underlying conditions or complications that may have made them unsuitable for inclusion in the study. Women with a BMI that exceeded 30 were excluded from the study as these individuals would be in receipt of consultant led care.

Potential participants were identified and approached by an antenatal clinic midwife when attending the unit for their routine dating scan (usually at approximately 10–12 weeks gestation). Prospective participants were informed about the study by the midwife and were provided with a detailed participant information sheet. If willing to consider taking part, contact details were provided to the clinic midwife. After a two week period, individuals were telephoned by the researcher and a convenient date and time for the initial counselling session within the participant's home was agreed.

Data collection

Semi-structured interviews were used to evaluate the acceptability and participant perception of efficacy of the intervention between six and eight weeks after delivery of the initial session. An interview schedule was used to ensure the interview remained focused but the decision to use a semi-structured format provided the opportunity for further exploration thus providing richer data (King and Horrocks, 2010).

Analysis

The audio recorded interviews were anonymised and transcribed verbatim by the author (xx), and then imported into NVivo programme

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