



## A cross sectional study investigating weight management motivations, methods and perceived healthy eating and physical activity influences in women up to five years following childbirth

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### ABSTRACT

**Objective:** to explore motivations for weight change, weight loss methods used and factors perceived to influence healthy eating and physical activity for weight management following childbirth, and to evaluate differences by socio-demographic, weight status and pregnancy characteristics.

**Design:** cross-sectional online survey completed from May to August 2013.

**Participants:** Australian women ( $n=874$ , aged  $32.8 \pm 4.5$  years, pre-pregnancy Body Mass Index  $25.6 \pm 5.7$  kg/m<sup>2</sup>) aged 18–40 years who had given birth in the previous 5 years

**Measurements:** women self-reported socio-demographic, weight status and pregnancy characteristics. Those who reported being unhappy at their current weight ranked their most to least important reasons for wanting to change their weight from a list of nine options. Weight control methods used in the previous two years were reported from a list of 12 options. Perceived healthy eating and physical activity factors influencing weight management were assessed across 20 items using a five-point Likert scale.

**Findings:** the most prevalent motivators reported for weight change were to improve health (26.1%) and lift mood (20.3%). Three-quarters (75.7%) of women reported having used at least one weight loss method in the previous two years. Time constraints due to family commitments, enjoyment of physical activity and healthy eating, motivation and cost were factors most commonly reported to influence weight management. Body mass index, parity, education, household income and time since last birth were related to motivations for weight change, weight loss methods used and/or factors perceived to influence weight management.

**Implications for practice:** weight management support provided by health professionals should consider women's expressed motivators and factors influencing weight management, along with differences in socio-demographic, pregnancy and weight status characteristics, in order to engage women at this life-stage and facilitate adoption of healthy lifestyle behaviours.

### Introduction

Weight retention following childbirth is common, and contributes to overweight and obesity in child-bearing women (Gunderson and Abrams, 2000). Two thirds of women weigh more than their pre-

pregnancy weight at six months post partum (Rooney and Schauberg, 2002), with 15–25% retaining at least 5 kg at 6–18 months following childbirth (Gunderson, Abrams and Selvin, 2000; Olson et al., 2003; Rode et al., 2012). One third of women who have a healthy pre-pregnancy body mass index (BMI) are overweight or obese by 12

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months post partum (Endres et al., 2015).

Weight retention following childbirth is linked with longer term overweight and obesity. Rooney and Schauburger reported women ( $n=540$ ) who did not return to their pre-pregnancy weight by six months post partum were 8.3 kg heavier 10 years later, compared to 2.4 kg heavier for women who did return to the same pre-pregnancy weight ( $p=0.01$ ) (Rooney and Schauburger, 2002). In a long-term follow-up of 2342 Danish women, Linne and colleagues reported that 43.8% of those who retained  $>2.2$  kg of gestational weight at 12 months post partum had moved from a healthy pre-pregnancy BMI to an overweight BMI 15 years later (Linne et al., 2004). This was compared to only 23.1% for women who retained  $<2.2$  kg and 15.1% for those who retained  $<0.2$  kg at 12 month post partum ( $p\leq 0.001$ ) (Linne et al., 2004).

Increased weight retention following pregnancy is also associated with complications in future pregnancies for both women and their child (Villamor and Cnattingius, 2006). With an average of two years between consecutive pregnancies, women whose BMI increased more than three units ( $\text{kg}/\text{m}^2$ ) had a higher adjusted odds of pre-eclampsia (OR=1.78; 95% CI 1.52, 2.08), gestational hypertension (OR= 1.76; 95% CI 1.39, 2.23), gestational diabetes (OR=2.09; 95% CI 1.68, 2.61), stillbirth (OR=1.63; 95% CI 1.20, 2.21) and large-for-gestational-age birth (OR=1.87; 95% CI 1.72, 2.04) in the subsequent pregnancy compared to women whose BMI changed between -1.0 and 0.9 units (Villamor and Cnattingius, 2006).

Despite reporting a number of health concerns after childbirth, which may impact on achievement of healthy lifestyle behaviours (e.g. maternal depression), women often do not seek support from health professionals (Brown and Lumley, 1998; Woolhouse et al., 2015).

Therefore, to achieve a healthy weight following childbirth, women are encouraged to engage in a healthy lifestyle including regular physical activity and healthy eating (Institute of Medicine (US), 2009; Mottola, 2009; Evenson et al., 2014). Despite this, many women following childbirth do not achieve recommended physical activity and dietary targets (Hure et al., 2009; Blumfield et al., 2011; Durham et al., 2011). Identified barriers to a healthy lifestyle post partum include poor postpartum recovery (Hoedjes et al., 2012), limited support (Montgomery et al., 2011; Hoedjes et al., 2012), a lack of time (Chang et al., 2008; Groth and David, 2008; Carter-Edwards et al., 2009; Doran and Davis, 2011; Montgomery et al., 2011; Nicklas et al., 2011; Hoedjes et al., 2012; Bauer et al., 2014; Hull et al., 2015; ), high cost (Nicklas et al., 2011) and lack of childcare (Setse et al., 2008; Doran and Davis, 2011; Nicklas et al., 2011; Hull et al., 2015). Additionally, women report a number of health concerns in the years following childbirth, which may have a further impact on engagement in healthy lifestyle behaviours (e.g. maternal depression). In contrast, support from health professionals is seldom sought (Brown and Lumley, 1998; Woolhouse et al., 2015).

Subsequently, assisting women to improve lifestyle behaviours and achieve a healthy weight following childbirth has been the focus of recent research interventions (Amorim Adegboye and Linne, 2013; Nascimento et al., 2013; van der Pligt et al., 2013; Lim et al., 2015; ). These interventions have been systematically reviewed with moderate but variable weight losses of  $-1.93$  kg to  $-4.34$  kg reported, up to 36 months follow-up from baseline (Amorim Adegboye and Linne, 2013; Nascimento et al., 2013; Lim et al., 2015).

Women are motivated to make healthy eating and physical activity changes following childbirth (Bastian et al., 2010; Hoedjes et al., 2012; Ohlendorf, 2012). However, there is limited information on exactly what motivates them to initiate and maintain these changes to lifestyle practices. Chang et al. conducted focus groups in 80 low-income overweight and obese mothers in the United States and reported a desire to maintain or improve personal appearance, participate in children's activities and to reduce the risk of overweight-related disease as motivating factors to engage in healthful lifestyle behaviours (Chang et al., 2008). Studies to-date which have investigated motivators and

barriers to engaging in a healthy lifestyle have often focused only on one targeted population group, such as those with a history of complicated pregnancy (Nicklas et al., 2011; Hoedjes et al., 2012), low-income (Chang et al., 2008), overweight and obese (Chang et al., 2008) or of one targeted ethnicity (Setse et al., 2008). A more detailed understanding of physical activity and healthy eating factors which influence weight change in women following childbirth would assist in more effective intervention development. A comparison of differences by key socio-demographic, weight and pregnancy characteristics may also enhance understanding for tailoring of interventions to varying population groups.

Therefore the aims of the current study were to explore motivations for weight management, weight loss methods used and healthy eating, and physical activity factors perceived to influence weight management in a large sample of Australian women following childbirth, and to evaluate differences by socio-demographic characteristics, pre-pregnancy weight status and pregnancy characteristics (i.e. number of children and time since last child born).

## Methods

### Participants and setting

This cross-sectional study is a secondary-analysis from the What Women Want survey. Women aged 18–40 years currently living in Australia who had given birth in the last five years were eligible to participate. Recruitment channels were specifically chosen to target women following childbirth. Links to the online survey were provided in advertisements, with women recruited through social media and website advertisements including: the University of Newcastle ([www.newcastle.edu.au](http://www.newcastle.edu.au)), Bub Hub ([www.bubhub.com.au](http://www.bubhub.com.au); an online pregnancy and parenting forum) and Dietitian Connection ([www.dietitianconnection.com.au](http://www.dietitianconnection.com.au); a networking website for nutrition professionals). A direct email advertisement was sent to Huggies Australia subscribers ([www.huggies.com.au](http://www.huggies.com.au); a website containing information about pregnancy and parenting). As an incentive, women completing the survey could optionally provide personal details and enter a prize draw to win one of ten gift cards each valued at \$AU50.

The survey was available between 10th May and 30th August 2013. All data were collected using an online survey management system, Survey Monkey ([www.surveymonkey.com.au](http://www.surveymonkey.com.au)). The first survey page included an information statement and outlined the study purpose. Women who consented went on to complete the eligibility screen and survey. Ethics approval was obtained from the University of Newcastle Human Research Ethics Committee.

### Data collection

The online survey was pilot tested in a convenience sample ( $n=12$ ) prior to commencement to ensure that the survey had a logical flow, questions were easily understood by respondents and to determine the average time for completion. Following completion of the survey, the women provided feedback to the researchers via email and findings were used to refine the survey prior to release. The final survey included 44 questions aimed at investigating women's felt needs in terms of resources and information needed to assist achieving a healthy weight in the five years after childbirth. Data in the current analysis focused on socio-demographic characteristics, pregnancy characteristics including time since last child was born and parity, pre-pregnancy weight status, motivations for weight change, weight loss methods used and perceived factors influencing healthy eating and physical activity for weight management.

### Motivations for weight change

Women were asked if they were happy at their current weight.

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