

WOMEN'S PERCEPTIONS OF DISCUSSIONS ABOUT GESTATIONAL WEIGHT GAIN WITH HEALTHCARE PROVIDERS DURING PREGNANCY AND POSTPARTUM



BACKGROUND

Maternal body weight is an indicator of the health of a mother and her developing fetus. The risks of poor maternal and fetal health issues increase when women gain either too little or too much weight during pregnancy. Many pregnant women have poor knowledge of gestational weight gain (GWG) recommendations, the consequences of inappropriate weight gain and of strategies to support appropriate GWG.

THE STUDY

The ENRICH research program conducted a qualitative study with the objective to understand women's experiences with GWG and their perceptions of discussions about GWG with healthcare providers (HCPs) during pregnancy and postpartum. ENRICH's overall goal is to improve maternal health by promoting optimal dietary intake and weight management in pregnancy and postpartum using strategies that meet the unique needs of women across Alberta, Canada. Five focus groups were conducted (n=26) with postpartum women across Alberta between July 2014 and September 2014.



FINDINGS



WOMEN ARE CONCERNED ABOUT GWG

GWG was a source of concern for women. Most participants reported they did not receive information about an appropriate weight gain range from a HCP. Almost all women were confused about recommended ranges of weight gain, and what the ranges meant in terms of rate and distribution of weight gain. Women were motivated and aware of the importance of healthy lifestyle behaviours during pregnancy; however, this was not always simple or possible.



COMMUNICATION WITH HCPs ABOUT GWG IS LACKING

Women who reported that conversations about GWG with HCPs did occur explained that these conversations were neither timely nor positive. Women reported that many HCPs did not offer strategies to help or support women create plans to achieve recommendations. Women that reported gaining too much total weight or gained weight too quickly felt that, often, HCPs made assumptions about their lifestyle behaviours resulting in feelings of frustration, humiliation, or distress.



POSTPARTUM WEIGHT LOSS ALSO MATTERS

All women emphasized that it was important to return to their pre-pregnancy weight, with one woman stating "as fast as humanly possible". Only one woman reported that her HCP discussed postpartum weight loss. Women's mental wellbeing and weight after pregnancy are often linked and HCPs should be discussing postpartum weight loss.

SPECIFICALLY, WOMEN WANT:

- Discussions with HCPs about GWG to begin early in pregnancy and occur regularly throughout pregnancy.
- To learn about GWG goals based on their pre-pregnancy BMI, including the trajectory of weight gain.
- To receive regular and constructive feedback about GWG to understand how their pregnancy is progressing.
- To receive specific advice and guidance about how to achieve GWG goals and healthy pregnancies.
- To receive tailored advice about nutrition and physical activity.
- To receive HCP insights into anticipated changes to daily routines and lifestyles. For example, women expressed great interest in wanting to discuss realistic weight loss targets (i.e., amounts and rates of weight loss) along with possible nutrition and physical activity strategies that are safe and effective.


CONCLUSION

Women stated that GWG is expected and that they perceived weight gain to be an appropriate topic to discuss. Women felt most open to discussions that begin with HCPs asking women if they want to discuss weight gain/loss, and that discussions should be free of assumptions and judgment. Regular discussions about GWG as part of standard practice with all women may contribute to improving women's perceptions of these conversations.

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