Midwives’ knowledge and experiences of providing weight management advice to pregnant women

M.T. McCann1, L.M. Newson2, M.S. Charnley3, J.S. Rooney4, C. Burden3 and J.C. Abayomi3

1Northern Ireland Centre for Food and Health (NICHE), Ulster University, Coleraine, BT52 1SA
2Faculty of Science, Liverpool John Moores University, L3 3AF
3Faculty of Education, Community and Leisure, Liverpool John Moores University, L17 6BD and
4Faculty of Education Health and Communication, Community and Leisure, Liverpool John Moores University, L2 2ER

Maternal obesity is arguably the biggest challenge facing maternity services with 50–60% of women classified as overweight or obese on entering pregnancy(1). Excessive gestational weight gain (GWG) can incur equivalent health risks to obesity(2) and is considered a significant predictor of long term obesity in women(3). The lack of evidence-based guidelines on appropriate GWG may prove problematic to midwives when communicating weight management advice to overweight/obese pregnant women. Potential issues experienced by midwives in the translation of weight management advice must be explored to inform improvements in antenatal care.

The aim of this study was to explore midwives’ knowledge and experiences in the translation of weight management advice to pregnant women. Semi structured interviews were conducted with 17 midwives (n9 Liverpool, n8 Ulster) involved in antenatal care. An inductive data-driven thematic analysis was utilised in this study.

Overarching themes that emerged from the study suggest that fear of causing offence was a barrier to initiating the difficult conversation surrounding weight management in pregnancy.

“Sometimes women will get offended even when you mention the word obese”

This study observed that a major challenge faced by midwives is the socio-cultural acceptance and normalisation of obesity in pregnancy.

“BMI of 32 wouldn’t bother me that much because most women are in this category”

Midwives acknowledged their lack of expertise regarding weight management advice and referred to limitations in current clinical practice, resources and workload.

“We probably spend less time talking about diet and weight than anything else in pregnancy”

“I think overweight women do need weight management advice throughout pregnancy. . .I don’t think it’s within the midwifery remit cause I think it’s more specialised. . .it’s unfair to ask midwives to have that knowledge”

Most midwives were hesitant or unsure with regard to what constitutes a healthy weight gain in pregnancy.

“That’s a really hard one. . .because there is no UK guidance on what is a healthy weight gain”

There is an urgent need to prioritise maternal health guidelines in relation to appropriate GWG recommendations. Provision of such guidelines would not only improve pregnancy health outcomes but would also be of particular relevance to the integral role of midwives in their delivery of personalised antenatal care.