



Irish Section Meeting, 21–23 June 2017, *What governs what we eat?*

## Midwives perceptions, knowledge and experiences of providing nutritional advice to pregnant women with obesity

M.S. Charnley<sup>1</sup>, M.T. McCann<sup>2</sup>, L. Newson<sup>3</sup>, J.S. Rooney<sup>4</sup>, C. Burden<sup>1</sup> and J.C. Abayomi<sup>1</sup>

<sup>1</sup>Faculty of Education, Health & Community, Liverpool John Moores University, Liverpool, L17, 6BD

<sup>2</sup>Ulster University, Cromore Road, Coleraine, BT52 1SA

<sup>3</sup>Faculty of Science, Liverpool John Moores University, Liverpool L3 3AF and

<sup>4</sup>Faculty of Education, Health & Community, Liverpool John Moores University, L2 2ER

Midwives provide the majority of lifestyle advice, including healthy eating, to pregnant women during routine antenatal appointments. Internationally, 50–60 % of women are either already overweight or obese prior to conception, with the UK having the highest rates in Europe<sup>(1)</sup>. Dietary intake directly influences pre-gravid BMI and gestational weight gain, both of which are implicated in poor pregnancy outcomes<sup>(2)</sup>. This presents major nutritional challenges to midwives due to time restraints and inconsistencies in knowledge, training and resources<sup>(3)</sup>.

The aim of this study was to determine midwives nutritional knowledge and experiences of providing nutritional advice for pregnant women with obesity. Semi structured interviews were conducted with 17 midwives (n9 Liverpool, n8 Ulster). An inductive approach was utilised and the data was analysed thematically.

Overarching themes that emerged from the study suggest that nutritional education and training for midwives was minimal, midwives did acknowledge sources of information such as NICE guidelines, however specific nutritional training was described as 'non-existent'.

*"We don't have any training (laughs), we don't have any training or updates or anything about diet in pregnancy"*

Midwives were able to describe basic healthy eating advice such as food safety issues, referring to 'not eating for two' and promoting a 'balanced diet'. Although, such advice was delivered ad hoc,

*"You have very little time to talk about all those things...diet, sleeping and eating in general...because we are focused on the pregnancy aren't we and the risks"*

Overall the midwives demonstrated a lack of expertise with regards to specific nutritional advice for pregnancy

*"We should be able to hand that on to someone else, I do find it difficult for women who are obese to give them structured advice...I don't think we are experienced enough to do food diaries or really tailor diets"*

Furthermore, midwives did not view healthy eating as a priority, especially compared to issues such as domestic violence or safeguarding, they recognised their limitations and did not tailor advice to account for women's BMI status (e.g. obesity), cultural/religious influences, or restrictive diet practices (such as vegan/vegetarian/ medical disorders e.g. Crohn's disease). There are limited clinical guidelines covering maternal nutrition and therefore this topic is not currently prioritised within midwifery care.

1. Poston L, Caleyachetty R, Cnattingius S, Corvalan C, Uauy R, Herring S, & Gillman M.W. (2016). Preconceptional and maternal obesity: epidemiology and health consequences. *The Lancet Diabetes & Endocrinology*, 4(12), 1025–1036.
2. Martin KE, Grivell RM, Yelland LN, & Dodd JM (2015). The influence of maternal BMI and gestational diabetes on pregnancy outcome. *Diabetes Research and Clinical Practice*, 108(3), 508–513.
3. Herring SJ, Rose MZ, Skouteris H, and Oken E. (2012). Optimizing weight gain in pregnancy to prevent obesity in women and children. *Diabetes Obesity & Metabolism*, 14(3), 195–203.