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## A qualitative exploration of the lived experiences of pregnant women with BMI $\geq 35$ kg/m<sup>2</sup>

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There is a growing focus on the impact of maternal nutrition on pregnancy and birth outcomes. Diet can directly influence pre-gravid BMI and gestational weight gain, both of which are implicated in poor pregnancy outcomes and the later development of metabolic diseases in the offspring<sup>(1,2)</sup>. Fit for Birth was a longitudinal cohort study looking at aspects of lifestyle that contributed to overweight in pregnant women with a BMI  $\geq 35$  kg/m<sup>2</sup> in Liverpool. Quantitative data suggested deterioration in the quality of dietary intake during pregnancy with increasing intakes of energy dense, nutrient poor foods in the latter stages<sup>(3)</sup>. The aim of this qualitative study was to explore the historical and current experiences of these pregnant women with respect to dietary intake, weight change and perceptions of health. Women were invited to participate in semi-structured interviews using an interview guided approach. Interviews were transcribed verbatim and thematically analysed.

Dietary intake	Weight change	Health perceptions	Access to services
<ul style="list-style-type: none"> <li>• Childhood</li> <li>• Transition to adulthood</li> <li>• Intakes during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Perceptions of weight</li> <li>• Weight loss methods</li> <li>• Weight cycling</li> <li>• Social/cultural issues</li> <li>• Barriers to change</li> <li>• Emotional responses</li> </ul>	<ul style="list-style-type: none"> <li>• Perceptions of health status</li> <li>• Pre-existing health issues</li> <li>• Pregnancy related health issues</li> <li>• Emotional issues</li> <li>• Barriers to physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Fit for Birth</li> <li>• Antenatal services</li> <li>• Dietetic services</li> <li>• Access to services</li> <li>• Barriers to service access</li> </ul>

Emerging themes are indicated in the above table. Over-arching themes relate to the contribution of childhood and adolescent eating behaviours to pre-gravid obesity; the external influences that lead to weight gain and obesity; and the emotional issues affecting current eating behaviours.

Dietary intakes changed between childhood and adulthood with traditional home-cooked meals being replaced by irregular eating practices and increased intakes of convenience and takeaway foods. All the women had engaged with commercial slimming clubs and had tried other weight loss methods but many still perceived pregnancy as an opportunity to relax eating behaviours. Overall health was generally perceived as good but a lack of energy and above normal tiredness persisted throughout. Many experienced mobility difficulties as pregnancy progressed and pre-existing conditions, such as asthma, were exacerbated. Most of the women expressed a strong desire that their children should not have the same negative experience with weight with one woman saying

*"I don't want my kids to turn out like me, I want them to be healthy, I don't want them growing up with weight problems and having issues like I had".*

The qualitative data supports the quantitative findings and it is suggested that any future interventions focus on overall health and quality of diet rather than just weight.

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2. Gluckman P. D., Cutfield W., Hofman P. & Hanson M. A. (2005) The fetal, neonatal, and infant environments-the long-term consequences for disease risk. *Early human development*, 81, 51–9.
3. M. S. Charnley, A. Weeks & J. C. Abayomi (2015) Does the diet quality of obese pregnant women deteriorate during pregnancy? *Proceedings of the Nutrition Society* 74: E257