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Abstract

Midwives have previously reported concerns about discussing and referring obese pregnant women to weight management services, with some women stating that this referral can be upsetting. The current study interviewed obese women who had declined a weight management service during pregnancy to explore if it was the referral process that made them decline the service. Fifteen women participated and reported that being informed about and referred to a service by their midwife was acceptable to them. Participants also mentioned they would expect this information from their midwife. No participants reported being upset by this referral.

Key words: Maternal obesity, Gestational weight management, Midwife, Pregnancy, Service

Introduction

Midwives report experiencing difficulties and apprehension in discussing gestational weight gain with obese (BMI $\geq$ 30 kg/m^2) pregnant women [1-4]. This has been attributed to midwives' limited knowledge on gestational weight gain and not wanting to upset the woman or jeopardise the midwife-woman relationship [1-4]. If midwives feel anxious about initiating a conversation with pregnant women about weight, it is unlikely they will refer women to a weight management service [4]. Moreover, if midwives do not refer to weight management services in a sensitive manner, women may decline these services [5].

This issue has recently been highlighted by Atkinson and colleagues who interviewed obese pregnant women who declined participation in a bespoke one-to-one weight management service [5]. The declining women reported that they were upset and/or offended by their midwife for referring them to this service despite wanting weight management support during pregnancy. Consequently, the aim of this study was to assess whether the service referral by their midwife contributed to obese women's decision to decline a weight management service.

Methods

The weight management service offered in the present study was a free, six-week, group-based service held in the community on a weekday for two hours. The service was available to all obese pregnant women, irrespective of their week of gestation. The aim of the service was to encourage healthy gestational weight gain by providing healthy eating information and an opportunity to be physically active.

In the first year of the service, 97 women were referred of whom 55 declined to participate. Of these 55, 25 were more than nine months postpartum by the time of the interviews (and deemed unlikely to remember the service) and thus not contacted. Of the 30 women contacted, 15 participated in a phone interview. The participants mean age was 21 years (range 19-38) and most lived with a partner (N=11). The interviewed women were between 19 weeks gestation and nine months post-partum. Six were first time mothers. Self-reported ethnicity varied (seven White British; five Asian British; two Mixed ethnicity and one did not report her ethnicity) in line with the profile of the local multi-ethnic area. The semi-structured phone interviews were recorded and transcribed verbatim. Subsequently, the transcripts were analysed

thematically using an inductive approach (see reference 6 for more details on analysis) by the first and third author. Verbal consent was gained from all participants.

This paper reports on the women's answers to the questions regarding service referral. The participants reasons for declining the service included inconvenient time/location, work commitments, lack of motivation and not feeling well (see 6). The study was approved by the authors' University Ethics Committee.

Results

The participants' responses were clustered into three themes; information from midwife, midwives in an ideal position and expectation on midwife (see table 1 for illustrative quotes). All participants stated that they were informed of the service by their midwife. The women reported approving of this referral process, pointing out that otherwise they would not have been aware of such a service being available. One participant pointed out the regular contact women have with midwives, thus putting midwives in an ideal position to refer to services. None of the women reported any negative emotions towards being referred by their midwife to a weight management service, with one woman approaching her midwife for help with her gestational weight gain.

Discussion

The current findings suggest that although our participants declined the service, they did not do so due to the manner in which they were referred to the service. None of the women reported being upset, offended or angry towards their midwife for suggesting they attend the service. This is in contrast to previous research which found that obese women sometimes feel offended and stigmatised by healthcare professionals [1]. In one case, obese pregnant women were upset by a referral to a weight management service by their midwife, which consequently led to them declining the service [5]. Instead, our findings suggest that midwives are in an ideal situation to discuss such services due to the regular contact women have with their midwife. One of our participants proactively approached her midwife about her gestational weight gain indicating that women expect their midwives to be knowledgeable on gestational weight gain and services available to them targeting

this issue. This supports previous research which has found that pregnant women expect midwives to give them all important pregnancy information, and that if their midwife does not mention what constitutes healthy gestational weight gain; it is not something pregnant women need to worry about [3].

Our findings are important for health professionals, as midwives may be hesitant to discuss weight with obese women [1,3,4], and/or refer them to suitable services [4]. It is hoped that our findings will reassure midwives that women are likely to find being referred to weight management services by their midwife acceptable. Additionally, our findings are important for service developers and commissioners, as they suggest that midwives are in an ideal position to refer obese pregnant women to a weight management service. A considerable study strength is that we interviewed women who declined the service. There is a lack of evidence exploring why obese pregnant women decline weight management services [5, 6] and research has tried and failed to recruit this hard to reach population group in the past [2].

In sum, these small scale initial findings suggest that midwives may not have to worry about referring obese pregnant women to weight management services. To do this effectively, research has recommended that health professionals have a thorough understanding of the service and its components [5]. Further research is needed to identify best practice regarding how to discuss weight management support for obese pregnant women, to ensure the referral is conducted in a sensitive and appropriate manner.

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References

[1] Heslehurst N, Moore H, Rankin, J, Ells LJ, Wilkinson JR, Summberbell CD. How can maternity services be developed to effectively address maternal obesity? A qualitative study. Midwifery 2011; 27: 170-177.

[2] Heslehurst N, Russell S, Brandon H, Johnson C, Summerbell C, Rankin J. Women's perspectives are required to inform the development of maternal obesity services: a qualitative study of obese pregnant women's experiences. Health Expect, In press.

[3] Olander EK, Atkinson L, Edmunds JK, French DP. The views of pre- and post-natal women and health professionals regarding gestational weight gain: An exploratory study. Sex Reprod Healthc 2011; 2: 43-48.

[4] West C. Developing a support service for overweight women. Pract Midwife 2010; 13**:**19-21.

[5] Atkinson L, Olander EK, French DP. Why don't many obese pregnant and post-natal women engage with a weight management service? J Reprod Infant Psych 2013; 31, 245-256.

[6] Olander, EK, Atkinson L. Obese women's reasons for not attending a weight management service during pregnancy. Acta Obstet Gynecol Scand 2013; 92, 1227-1230.

Table 1. Quotes from women declining the service illustrating the study findings.

Theme	Illustrative quote
Information from midwife	*Basically I heard about them [service provider] through the midwife… (Participant 1)*
Midwives in an ideal position	*...Every pregnant woman's gonna see her midwife and then if she's the one referring then there's really no way they can miss it. (Participant 14)* *...As long as the midwife mentions it then...then it's good. (Participant 16)*
Expectation on midwife	*Yeah, I asked the midwife for help really. (Participant 5)*