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Supporting women to achieve healthy weight gain in pregnancy

Background: Excess antenatal weight gain is associated with pregnancy complications and longer term maternal obesity. Although international guidelines on antenatal weight gain exist, women have reported information to be inadequate. This presentation will explore the current evidence base in relation to gestational weight gain and present the results of a UK based study.

Aim: The PRAM study assessed the feasibility and acceptability of incorporating an individualised weight chart and midwife support using a motivational interviewing-informed approach, into antenatal care.

Method: Pregnant women were recruited by community midwives and provided with personalised weight (based on their BMI) to record pregnancy weight gain against a plotted range based on the IOM guidelines. Participating midwives were trained in a motivational interviewing-informed approach to discussing weight. Participants were followed up postbirth and weight charts reviewed. Participant qualitative interviews and midwife focus groups were conducted.

Results: Fifty two women were recruited across all BMI categories. Weight charts were obtained from 33 (63.5%) participants' maternity notes; 29 participants (87.8%) had monitored weight ≥ 10 times throughout pregnancy and 4 participants (12.1%) had monitored their weight 1 to 9 times. Gestational weight gain was obtained for 41 participants (78.8%) and compared to IOM recommended parameters. Of these, 11 participants (27%) were in range, 19 (36.5%) were above and 11 (21.2%) below recommended parameters. Interviews / focus groups with participants and midwives revealed that the weight charts were generally acceptable to participants, but that midwives did not engage participants in discussions about their weight as part of antenatal care.

Conclusions: Monitoring of gestational weight gain in pregnancy is generally acceptable to women and could be incorporated into an antenatal weight management intervention. However, given current evidence careful consideration now needs to be given to establishing healthy weight ranges for pregnancy and the development of effective tested complex interventions for women.

Biography

Julia Sanders has combined teaching, research and midwifery practice for over 25 years and has extensive experience in the design and delivery of complex research studies into maternity care. Her current methodologies include randomised trials and the use of routine health data to answer research questions. Julia is currently leading the UKs largest study comparing outcomes for mothers and babies following waterbirth and birth on land and has an interest in developing further work around maternal weight gain in pregnancy.

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