

A qualitative assessment of women’s sourcing and appraisal of maternal nutritional information: a pilot study. By M. Hanson, D. Smith and R. Gregg, *Department of Health Professionals, Manchester Metropolitan University, 53 Bonsall Street, Manchester, M15 6GX*

Susceptibility to obesity and certain non-communicable diseases (NCDs) stem from pre-conception and foetal development in-utero⁽¹⁾. There is also a growing body of evidence to suggest that diet quality (DQ) is significantly important throughout pregnancy, irrespective of maternal BMI⁽²⁾. However, healthcare professionals (HCPs) and guidelines from the National Institute for Health and Care Excellence (NICE) maintain focus on sustaining a normal BMI⁽³⁾. This study aimed to assess where and how women source and appraise nutritional information during pregnancy, to understand further the nutritional needs of the mother, and the role of HCPs in providing nutritional support.

Women were recruited via social media and from community maternity services. Four focus groups were carried out, and halted due to data saturation. In total, 13 participants were included (pregnant n=3, up to 12-months post-partum n=10). Focus groups were transcribed, subjected to thematic analysis and categorised into four central themes (*Attitudes, Acquisition, Barriers and Knowledge*) grounded in the theory, which were presented in a thematic map.

Firstly, regarding the *Attitudes* reported by women, there was an awareness of supplementation requirements and “unsafe” foods to avoid during pregnancy, yet this was usually inaccurate. Beyond foods to avoid women reported higher intakes of “chocolate”, “cake” and “stodge”, as shown in figure 1. They saw this as compensation for having to avoid the “unsafe” foods as they felt there were few consequences beyond displeasing aesthetics.

Figure 1: “yeah just eating a lot more and obviously you can’t drink so I think sugar and chocolate became my vice instead of wine”

Secondly, *Acquisition* of nutrition information was both active (mainly internet) and passive (mainly HCPs, friends and family). Participants displayed self-confidence and an ‘expert opinion’ due to the accessibility of information on the internet. Women sought this information due to uncertainties and a feeling of unmet nutritional needs: one woman found that both her midwife and doctor could not advise on non-dairy sources of calcium, as shown in figure 2.

Figure 2: “I asked my midwife if I needed to take a calcium supplement as I don’t eat any dairy and she said I’m not sure ask your GP, but my GP said I’m not sure ask your Midwife”

Thirdly, *Barriers* included the trustworthiness of differing sources: most women reported difficulties in appraising the available information, as shown in figure 3. Moreover, women reported HCPs made the assumption that women were already knowledgeable about the constituents of a “healthy diet” and therefore did not explain further, resulting in confusion and a lack of knowledge among the participants.

Figure 3: “it’s very tricky to differentiate between the trustworthy information and not trustworthy, apart from obviously a site like the NHS but even that website I find it can be quite over-cautious”

Finally, *Knowledge* surrounding guidelines and the importance of DQ in this group was found to be poor, as shown in figure 4 and participants reported that HCPs did not follow-up the initial weigh-in with any further weigh-ins, nutritional support or guidance, irrespective of their BMI, despite NICE stipulating all three for overweight/obese expectant mothers.

Figure 4: “I was concerned I was gaining weight but not about the risks of weight gain as I wasn’t huge before (.) I was more worried about the aesthetics of it all and being chubby over healthy”

In conclusion, the themes presented are in support of wider research demonstrating both the need and difficulty in providing detailed, individualised nutritional support for expectant mothers. Moreover, a revision of NICE guidelines may be required to recognise not only maternal BMI but the importance of DQ and methods for safe weight loss throughout pregnancy as well, to mirror the current literature⁽²⁾⁽³⁾. With the hope to reduce NCD prevalence in the future; in line with the World Health Organisation Agenda for Sustainable Development.

1. Baird J, Jacob C et al. *Healthcare*. 2017;**5**(1):14.
2. Shapiro A, Kaar J et al. *IJO*. 2016;**40**(7):1056-1062.
3. Brown A, Avery A. *J Hum Nutr Diet*. 2012;**25**(4):378-387.