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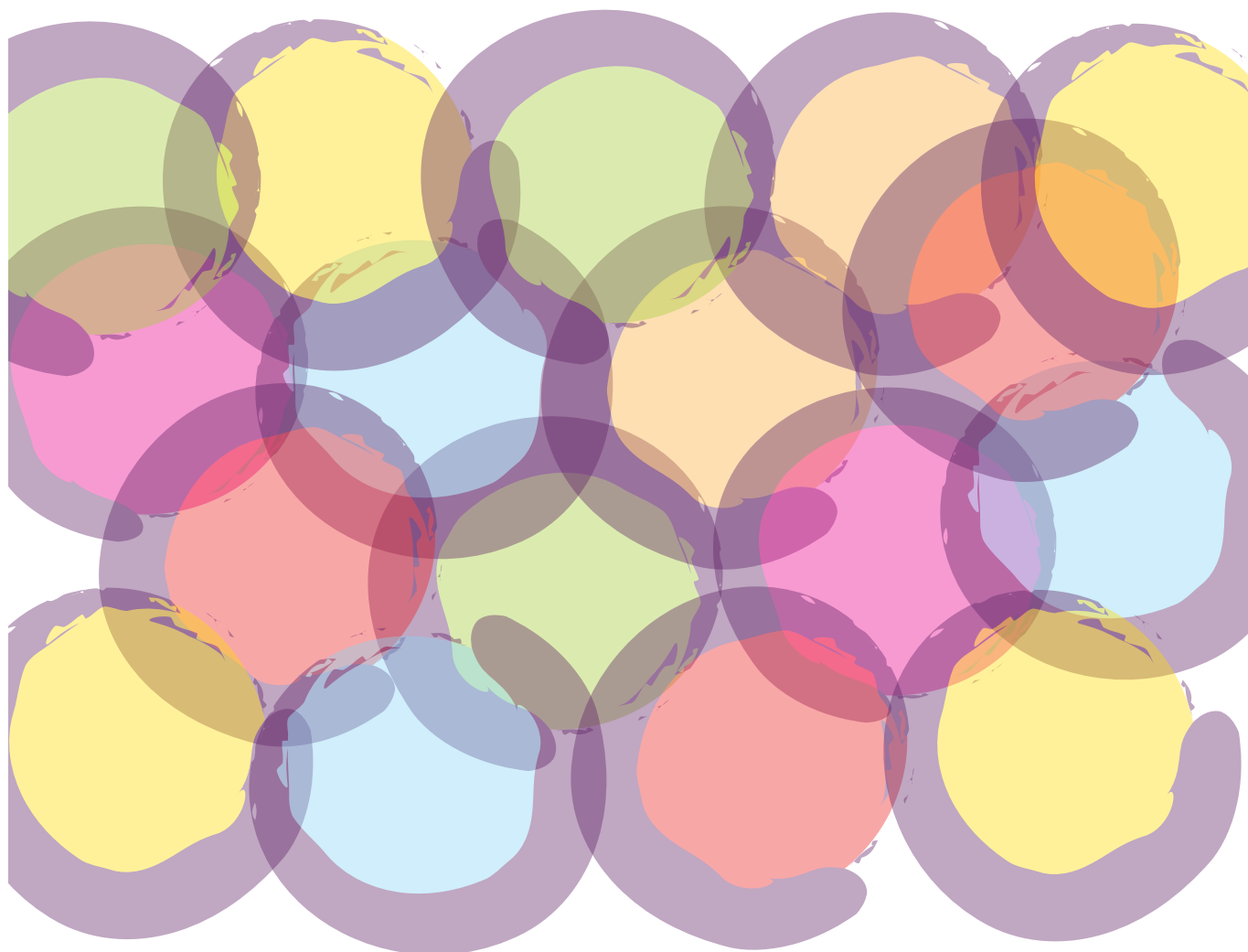


The Royal College of
Midwives

A Growing Problem

Does weight matter in pregnancy?

November 2010



This report was prepared by

Sally Russell (Netmums), Janet Fyle (RCM), Manuela Da Costa-Fernandes (RCM) and Janine Stockdale (RCM)

For further information contact the Royal College of Midwives (RCM) (www.rcm.org.uk) or visit www.netmums.com/professionals

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Summary

The Royal College of Midwives has teamed up with Netmums for the second year running to survey mothers who are pregnant or have given birth within the last few years to find out their views. This year's survey looked at how women view themselves, and their feelings about their weight while pregnant and after the birth of their baby. It also looked at midwives' involvement in dealing with mothers' concerns about healthy eating and weight management issues even if women consider themselves to be underweight. As usual, midwives have to be at the forefront in the fight for national standards of good health before, during and after pregnancy.

Netmums is the biggest online parenting community within the UK, and supports mums (and dads) from all walks of life. A key aim is to support policy-making by providing information on the experiences and views of parents and so the two organisations have worked in partnership to investigate how women feel about their weight, how it affects them, and the support that they currently get.

In October 2010, 6,252 women were surveyed to find out their views. This report describes the background to the study, details the findings and makes some recommendations which we hope will encourage professionals working with mums-to-be to think through how they can support them better.

The study showed that:

1. Mums had an open approach to their weight and 40% of participants described themselves as over their ideal weight. In fact, only 15% reported being informed that they were overweight by their health professional suggesting that women maybe concerned about their weight, yet the maternity services are not responding fully to that concern.
2. Indeed, 61% said they hadn't had sufficient opportunity to discuss their weight or nutrition at their antenatal appointment with a midwife and only 5% had the opportunity for discussion in antenatal classes. Women were keen to have advice on weight management and nutrition, and 73% thought it would be good to have that within community-based antenatal classes.
3. Postnatally, two thirds of women felt anxious about their weight (and this affected women of all builds equally) but only 11% had the opportunity to discuss it with midwives after the birth. 64% thought that it would have been important to have the help of a midwife at this time.
4. 70% of women increased their food intake to some degree during pregnancy and 9% ate substantially more.
5. Despite 60% of women feeling that they put themselves under pressure to lose weight after their baby was born because of media interest in celebrities, most recognised that they needed to adopt a sensible approach to weight loss, eating a balanced meal and taking exercise.
6. The survey did demonstrate that those who were overweight were more at risk of having an emergency Caesarean section with 14% of those who described themselves as slim having a Caesarean section compared with 21% of those who said they were overweight and 23% of those who had been identified as having a high BMI and were also referred to a nutritionist.

Recommendations

- **The over-riding message is that resources have to be invested into addressing the problems of obesity, and also to address women's concerns with weight management more generally, so that midwives and those who work with mothers can support them.**
- **There needs to be adequate time allocated in the antenatal period so that midwives and women can enter into meaningful and individualised conversations about weight gain during and after pregnancy.**
- **There should be greater resources allocated for researching and developing community-based interventions, as opposed to hospital-based interventions, to enable midwives to address the issues of weight gain and to support women.**
- **It is important to work in partnership with women to reduce the problems of being overweight, particularly related to childbirth.**
- **Postnatal midwifery services need to be expanded to support women in a community setting and joined up with other postnatal services to give continuity; not only in relation to healthy eating, but use the opportunity to address other key public health issues which could have a positive impact on the woman's family after the birth of her baby.**

Background

Obesity is a growing problem in the UK and is becoming the most significant public health issue, as important as smoking if not more so. Midwives are seeing increasing numbers of women entering pregnancy either being overweight or obese. Indeed, it is estimated that over 50% of women in England are either overweight or obese (DH, 2006), with over 20% of women of childbearing age and almost 25% of pregnant women in the UK estimated to be overweight or obese.

The Confidential Enquiry into Maternal and Child Health (CEMACH) reported that 30% of mothers, who died between 2000–2002 in the UK, were obese and between 2003 and 2005, more than half of all mothers who died were overweight or obese, with over 15% being morbidly obese or super morbidly obese (Lewis, 2007). There is also an inequality context to maternal obesity, as some obese women are more likely to live in areas of high deprivation, compared with women who are not obese (The NHS Information Centre 2006, Heslehurst N et, al).

Pregnant women who are obese are at greater risk of poor pregnancy outcomes and of developing pre-eclampsia and gestational diabetes they are more likely to experience miscarriages, premature births, caesarean sections, stillbirths, congenital abnormalities or neonatal death. They are also unlikely to breastfeed their infants (CEMACH, 2007).

The National Institute for Health and Clinical Excellence (NICE) and Centre for Maternal and Child Enquiries (CEMACE formerly CEMACH) have both made recommendations to NHS Trusts and maternity units to ensure that obese mothers are given appropriate care and treatment during pregnancy and birth, including access to consultant-led care. These are evidence-based guidelines intended to improve outcomes for pregnant obese women, but nevertheless these are costly in economic terms, given the current climate.

The impact of obesity on the maternity services was highlighted in the annual RCM Heads of Midwifery (HOMs) survey in 2010. This year's survey showed that the main concerns of HOMs were the issues that are having a greater impact on already stretched staffing levels. These were: the increasing complexity of pregnancies, notably dealing with maternal obesity in addition to the rising birth rate and why their existing staffing levels do not meet the current demands on the service. It is estimated that obese mothers stay on average 4.43 days longer in hospital after birth and their babies were more likely to have immediate neonatal problems compared with a non-obese mother.

In July 2010, NICE released its public health guidance on dietary interventions and physical activity interventions for weight management before, during and after pregnancy. The guidance aimed to raise awareness of the growing problem of excess weight among childbearing women, the impact of obesity on the woman's own health and pregnancy outcomes and offered help to health professionals to support overweight women who are pregnant, planning a pregnancy or who have given birth. Two key recommendations in the guidance were that women should be encouraged to achieve a healthy weight before they become pregnant and the need to dispel the myth around 'eating for two' when pregnant. However, NICE was careful to stress that it does not recommend weight loss or dieting while pregnant. (NICE, 2010).

The Findings

The survey was posted online via the Netmums website between 18th and 31st October 2010 and was completed by 6,252 women with a child under 5 years old.

Women were asked to fill in the survey thinking of their most recent pregnancy, and two thirds of those responding had a child under the age of 2.

There was a good geographical spread with mothers from all over the United Kingdom involved and 86% described themselves as 'white British', so 14% came from other ethnic groups. 62% were aged between 26 and 35 years old, with 10% under 25 and 7% over 40.

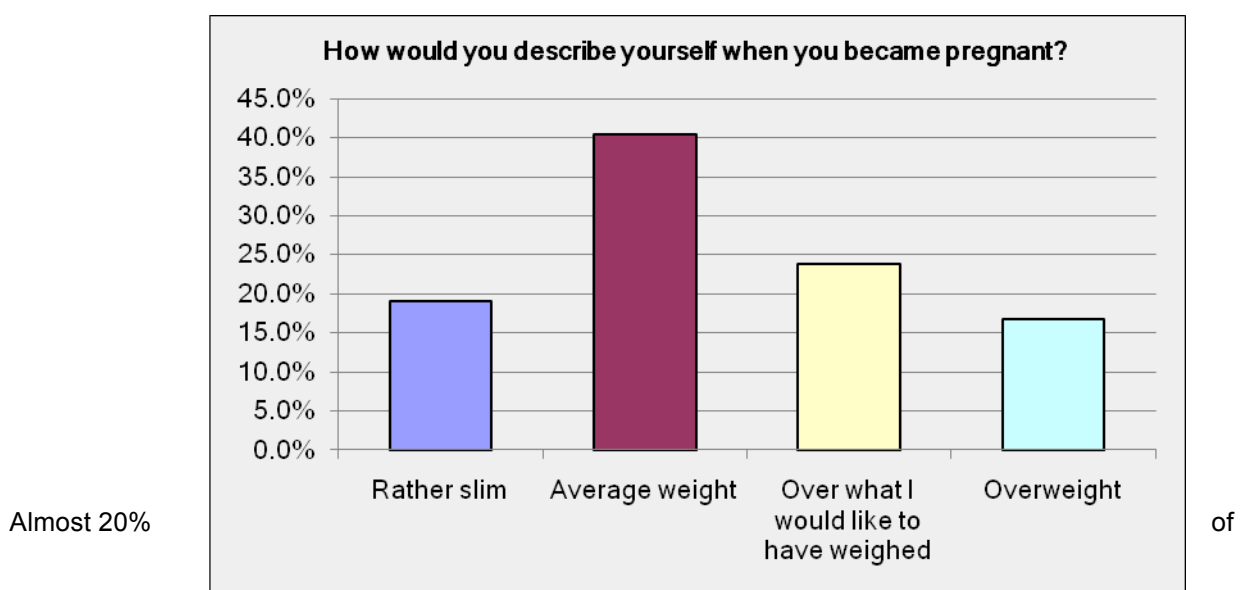
The results are separated into the following sections:

- ◆ the thoughts of mums before and during pregnancy – the views of mum-to-be,
- ◆ the interaction with midwives and other health professionals,
- ◆ the birth itself,
- ◆ mothers' feelings and the support they received post-birth.

Views of mums-to-be

How would you describe yourself when you became pregnant?

Answer Options	Response Percent	Response Count
Rather slim	19.0%	1187
Average weight	40.4%	2522
Over what I would like to have weighed	23.8%	1483
Overweight	16.8%	1045
<i>answered question</i>		6237



respondents described themselves as overweight and almost a quarter as *'over what I would like to have weighed'*.

Which term best describes how you felt about your body and weight when you pregnant?

Answer Options	Response Percent	Response Count
Confident	22.6%	1406
Unattractive	13.1%	814
Invisible	0.7%	45
Heavy	25.1%	1563
Not confident	8.0%	497
Blossoming	25.9%	1612
Other (please specify)	4.7%	292
answered question		6229

While on average 49% of women described themselves as feeling confident or blossoming, of those who were overweight only 34% felt this way compared with 54% of those of average weight.

Of those who ticked 'other', the responses ranged from the very negative such as *'Disgusting!'*, *'Elephant-like'* and *'fat ugly big , embarrassing and felt down'* to the very positive *'happy and proud'*, *'Radiant and useful! I loved it blood clots and all'* and *'I loved my bump'*.

A few mothers said *'felt being pregnant validated being overweight at last!'* and one lady said she felt *'Technically obese, and wanting to lose weight, but a hottie anyway'*.

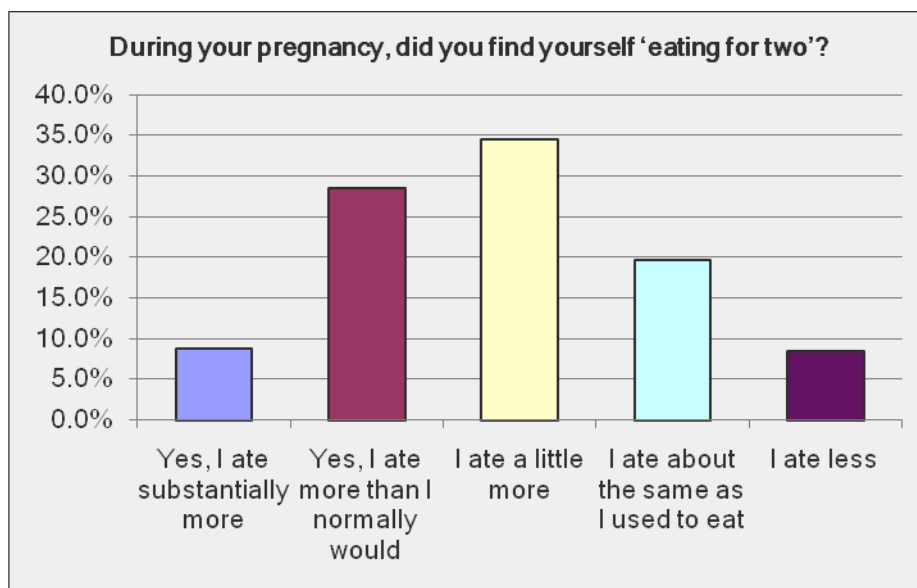
During your pregnancy were you concerned about your weight?

Answer Options	Response Percent	Response Count
Yes, I thought being underweight might be a problem	1.9%	119
Yes, I thought being overweight might be a problem	17.4%	1081
Yes, I thought that I was gaining too much weight	22.0%	1370
I wasn't worried	53.4%	3326
Other (please specify)	5.3%	330
answered question		6226

Over 40% admitted to being worried about their weight during pregnancy. Those who ticked 'other' gave more specific responses and it was clear that for many they were primarily worried about managing their weight gain, and whether they would be able to lose the weight after the birth. A few had additional related concerns such as suffering from hyperemesis (with some women losing over a stone in weight as a result) or diabetes.

During your pregnancy, did you find yourself 'eating for two'?

Answer Options	Response Percent	Response Count
Yes, I ate substantially more	8.7%	545
Yes, I ate more than I normally would	28.5%	1778
I ate a little more	34.5%	2153
I ate about the same as I used to eat	19.7%	1231
I ate less	8.5%	529



Around seventy percent of mothers eat more than they usually would during their pregnancy, although half of them said it was only a *little more*.

Those who were more likely to eat more were those who were of slim or average weight to start with: 78% of those who were slim, compared with 48% who described themselves as overweight.

The role of midwives

When you had your first antenatal appointment with the midwife did she explain or discuss Body Mass Index (BMI) with you?

Answer Options	Response Percent	Response Count
Yes	37.1%	2314
No	62.9%	3918

37% said that their midwife *discussed* weight issues with them, leaving 63% who didn't. For those who considered themselves to be overweight, midwives discussed their weight in 54% of cases.

Did she measure your BMI?

Answer Options	Response Percent	Response Count
Yes	49.2%	3059
No	50.8%	3157
answered question		6216

Half of those surveyed said that the midwife measured their BMI (so some had their BMI measured without the results being discussed). For women who were overweight, two thirds of them had their BMI measured, and for some who ticked 'no' it is possible that a doctor may have checked their BMI.

Did your midwife explain what BMI was considered *overweight* in pregnancy?

Answer Options	Response Percent	Response Count
Yes she did	18.6%	1156
No she didn't, but it would have been interesting	41.9%	2608
No, but I don't think it would have applied to me	25.1%	1561
None of the above	14.4%	896
answered question		6221

Did your midwife explain what BMI was considered *underweight* in pregnancy?

Answer Options	Response Percent	Response Count
Yes she did	6.2%	388
No she didn't, but it would have been interesting	29.2%	1815
No, but I don't think it would have applied to me	50.2%	3120
None of the above	14.4%	895
answered question		6218

When asked more specifically whether midwives explained what the BMI was for someone to be considered underweight or overweight, it seemed that midwives did not explain this issue to women.

While midwives explained what the BMI was for someone overweight for 19% of those surveyed, the figure was highest amongst those who described themselves as overweight and this was to be expected. Nevertheless, 45%, (less than half) of overweight mums-to-be were given explanation about their BMI status.

Only 6% of women had an explanation of what their BMI was, for those classed as underweight, and of those describing themselves as 'rather slim' the figure was still only 10%.

What were you told was the BMI (in kilogrammes) for being overweight during pregnancy?

Answer Options	Response Percent	Response Count
20 or more	1.9%	113
25 or more	9.9%	597

30 or more	12.2%	738
None of the above	76.0%	4580
answered question		6028

The BMI for someone considered overweight in pregnancy is 25 to 29, and some considered obese is 30 or more. Only a small proportion of women knew this.

During your first antenatal appointment with a midwife, did you have enough time to discuss your concerns about weight management and nutrition?

Answer Options	Response Percent	Response Count
Yes	39.3%	2425
No	60.7%	3749
answered question		6174

61% of mums felt they were not given enough time to talk about their concerns about weight and nutrition. Interestingly, the group who most felt they didn't have enough time were those who described themselves as weighing '*over what they would like to have weighed*'. It is likely that midwives are not aware that this group have worries, because their weight did not appear to be immediately impacting on their pregnancy compared with those who are deemed to be more overweight.

During your pregnancy, did your midwife or doctor inform you that your BMI was high?

Answer Options	Response Percent	Response Count
Yes	14.8%	916
No	85.2%	5283
answered question		6199

16.5% of all respondents were identified by midwives as having a high BMI. This was 58% of those who said they were overweight at the start of their pregnancy, leaving 42% who either fell below the threshold, had their BMI measured by a doctor, had it measured by a midwife but had forgotten, or did not have their BMI measured.

If you were informed by either a midwife or a doctor during your pregnancy that your BMI was high, did you think that you could not have a normal birth (without medical intervention i.e. epidural, pain relief or a c-section)?

Answer Options	Response Percent	Response Count
Yes	26.7%	240
No	73.3%	659
answered question		899

Were you advised about healthy eating?

Answer Options	Response Percent	Response Count
Yes, by a midwife	50.3%	453
Yes, by a GP	9.7%	87
Yes, by an obstetrician	9.1%	82
No	43.0%	387
answered question		901

Despite being told that their BMI was high, only 57% of the women reported that they were given advice on healthy eating. Interestingly, over 25% of these women reported that they believed their weight would have an impact on their birth experience in that they could not have a vaginal birth without intervention.

Were you referred to a nutritionist/dietician?

Answer Options	Response Percent	Response Count
Yes, by a midwife	7.0%	63
Yes, by a GP	1.1%	10
Yes, by an obstetrician	3.9%	35
No	88.4%	792
answered question		896

12% of those identified as having a high BMI were referred to a dietician or nutritionist. There were also nine women referred for other reasons, possibly having a low BMI. In total, 2% of all those surveyed were referred on for additional support.

During your pregnancy did you go to NHS-provided antenatal classes that addressed nutrition and weight management?

Answer Options	Response Percent	Response Count
Yes	5.2%	322
No	94.8%	5872
answered question		6194

Only 5% of those responding went to antenatal classes that addressed nutrition and weight management

Do you think the NHS should provide midwife-led antenatal classes to address healthy eating and weight management?

Answer Options	Response Percent	Response Count
Yes (in a hospital) as part of antenatal classes	9.9%	618
Yes (in a community setting) as part of antenatal classes	73.3%	4558
No	16.8%	1046
answered question		6222

While 83% felt that issues relating to weight management and healthy eating should be covered, 73% thought the right place was within antenatal classes in the community.

The birth

Where did you give birth?

Answer Options	Response Percent	Response Count
Home	5.0%	301
Birth Centre	2.4%	145
Midwife-led Unit	6.2%	372
Hospital	86.5%	5227
answered question		6045

In this study, 5% of those responding had given birth at home (which is slightly higher than the national average of 3%). When comparing those who described themselves as 'rather slim' and those who were 'overweight', it was found that those who were slim are twice as likely to have a home birth (6.2% compared with 3.2%). The same applied for birth centres and midwife-led units.

The vast majority of women have their babies in hospital. The average is 87% overall, but 92% for those who said they were overweight at the start of their pregnancy.

What type of birth did you have?

Answer Options	Response Percent	Response Count
Normal Vaginal Birth	59.4%	3578
Forceps, or ventouse	14.1%	847
Emergency Caesarean section	16.3%	980
Planned Caesarean section	10.3%	619
answered question		6024

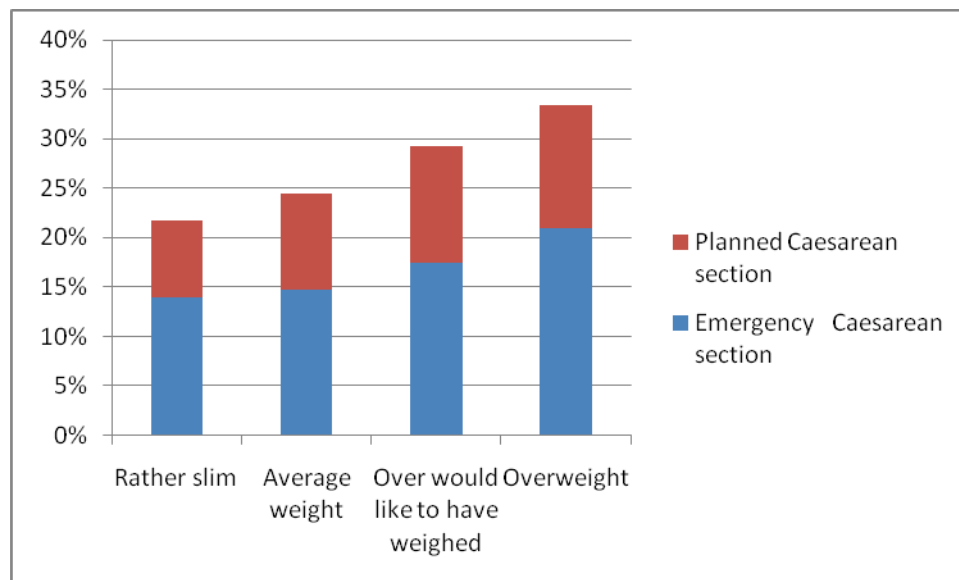
Analysis of the results by group showed that a normal vaginal birth was the most common outcome for all women, but that there were some variation relating to women's weight when they became pregnant.

	Rather slim	Average weight	Over would like to have weighed	Overweight
Normal Vaginal Birth	62%	61%	58%	55%
Forceps, or ventouse	17%	15%	13%	11%
Emergency Caesarean section	14%	15%	18%	21%
Planned Caesarean section	8%	10%	12%	13%

The first notable difference is that the likelihood of choosing a planned Caesarean increases slightly, with 13% of those overweight having this type of birth.

On average, 90% were hoping for a normal birth and of these women, the slimmer you are the more likely you are to achieve a normal birth. Interestingly, for those who need intervention, you are most likely to have forceps/ventouse if you are slim and more likely to have an emergency caesarean if you are overweight.

The overall figures showed that a third of women who are overweight end up having a Caesarean section, either planned or emergency, compared with 22% of women who are of slim build.



When looking at the women who midwives or doctors had identified as having a high BMI, the rate of Caesarean sections was just slightly lower than for the whole group who described themselves as 'overweight', as 20% had an emergency Caesarean (compared with 21%), and 11% had a planned Caesarean (compared with 13%). Thirteen percent had a forceps or ventouse delivery leaving 56.5% who had a normal vaginal birth,

When looking at those who had a high BMI and were also referred to a nutritionist, in other words those who seem to have been identified as most in need of support (99 women), 17% had a planned Caesarean and 23% had an emergency Caesarean, which means that in total 40% of this group had a Caesarean section.

After the birth

Did you have anxieties about your weight post-birth?

Answer Options	Response Percent	Response Count
Yes	67.2%	4115
No	32.8%	2013
answered question		6128

Two thirds of respondents were anxious about their weight after the birth. This anxiety was not only felt amongst those who are overweight to start with, but equally distributed amongst all women in the survey.

Did you think that seeing so many celebs lose their post-baby weight quickly meant you put more pressure on yourself to lose weight?

Answer Options	Response Percent	Response Count
Yes	58.5%	3582
No	41.5%	2543
answered question		6125

6 out of 10 mums felt that our celebrity culture meant they put more pressure on themselves to lose weight quickly after having their baby.

How did you approach losing weight?

Answer Options	Response Percent	Response Count
Diet	16.8%	1028
Exercise	9.6%	589
Diet and exercise	44.8%	2737
Surgery	0.0%	3
I did not need to	14.1%	861
Other (please specify)	14.7%	897
answered question		6115

On average two thirds of the women dieted after they had their baby, including 44% of those who were 'rather slim' before pregnancy and 75% of those who described themselves as overweight before becoming pregnant. 'Other' suggestions included breastfeeding and a few who said they used diet pills, but many mums also said that they were still trying to lose weight but had so far been unsuccessful.

After giving birth, did you have the opportunity to discuss healthy eating and weight management issues with your midwife?

Answer Options	Response Percent	Response Count
Yes	11.2%	672
No	88.8%	5332
answered question		6004

After the birth, only 11% of mums said they had the opportunity to discuss nutrition and weight management with their midwife. Of those who had originally been told their BMI was high and had been referred to a nutritionist during their pregnancy, only 8% had the opportunity to discuss the management of their weight with midwives

after the birth. These women were clearly very much in need of support, especially in view of the fact that 40% of them had undergone Caesareans, and yet the issue was not being discussed.

Do you feel that you were given active support and encouragement with nutrition and weight management issues by your midwife?

Answer Options	Response Percent	Response Count
Yes	11.3%	678
No	88.7%	5323
<i>answered question</i>		6001

The same individuals who were given the opportunity to discuss their weight and nutrition also reported that they felt they were given 'support and active encouragement'. In other words, it seems the discussion alone was found to be helpful.

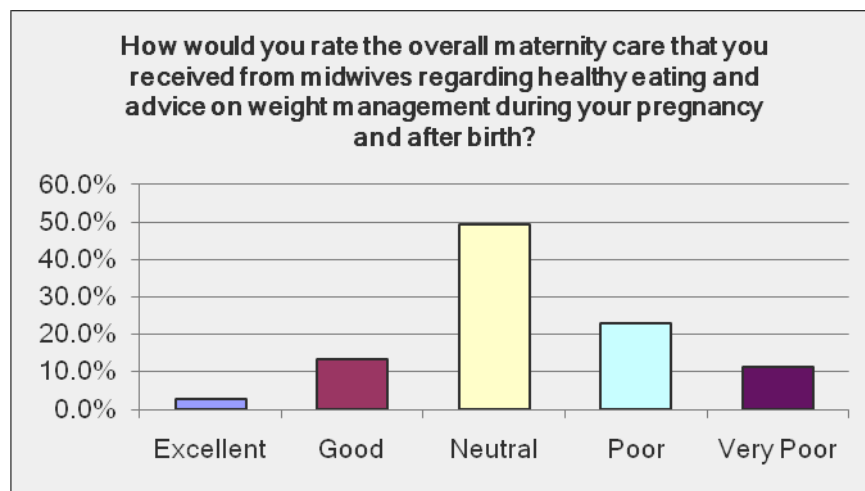
Do you feel that midwives should give active support and encouragement on nutrition and weight management issues to mothers who need it?

Answer Options	Response Percent	Response Count
Yes, I think it's important	64.3%	3928
No, I think it's unnecessary	6.8%	413
No, I think it's too soon after the birth	29.0%	1771
<i>answered question</i>		6112

64% of mums thought it should be the role of a midwife to provide encouragement on these issues, so there is a clear mismatch between the needs of women and the care they are currently receiving on this issue.

How would you rate the overall maternity care that you received from midwives regarding healthy eating and advice on weight management during your pregnancy and after birth?

Answer Options	Response Percent	Response Count
Excellent	2.8%	170
Good	13.4%	822
Neutral	49.3%	3017
Poor	23.1%	1411
Very Poor	11.4%	699
<i>answered question</i>		6119



Only 16% of those surveyed rated their overall care as good or excellent when it came to advice on healthy eating compared with 34.5% who said it was poor or very poor.

Analysis of the results showed firstly that, in their rating of care, there was little difference in the standards of care experienced between individuals of differing weight, although there was a slight rise in those who were overweight in the number who considered their care to be 'very poor'. Secondly it was found that 41% of those who had an emergency Caesarean rated the advice they had on healthy eating and weight management as poor or very poor.

What is the most important tip you would like to give to other women on healthy eating or managing weight after giving birth?

Answer Options	Response Percent	Response Count
Eating a balanced meal	77.6%	4742
Avoid ready cooked meals	8.1%	495
Breastfeeding	45.5%	2782
Walking	65.7%	4016
Pelvic Floor exercises	15.7%	960
Pilates or yoga	5.0%	304
Swimming	14.0%	853
Cycling	0.6%	36
Dancing	2.0%	122
Slimming World	4.6%	284
Weight Watchers	7.2%	443
Other (please specify)	9.1%	557
answered question		6113

Respondents were invited to tick their top three suggestions; eating a balanced meal walking and breastfeeding were the most favoured practical suggestions by a wide margin.

Discussion

There is a tendency for some women to put on weight during pregnancy, and previous Netmums surveys (for example, A Mum's Life, 2007) have shown that concerns about body image are one of the main sources of stress amongst mothers of younger children and contribute to low self-esteem. Pregnancy and the period immediately following birth can be characterised by a range of emotions. The challenges of becoming a mother, can sometimes involve disruption to women's lives, their relationships and their roles. The images projected by the celebrity culture "yummy mummies" encourage women to believe that they can emulate the female stars who regain their svelte figures and pre-pregnancy weight through means unavailable to the ordinary woman.

There are key issues such as the availability of the right types of food and how food choices are made, family diets and eating habits. We know the rate of obesity has increased mainly among women who live in deprived areas. The latest guidance from the NICE suggested that women should not eat more than usual when they become pregnant, but many find that they do so, with this survey suggesting that around 70% eat more than they did before. For some women, they were obese before entering pregnancy and as such weight management and healthy eating advice needs to go beyond pregnancy and birth. There is a public health message that needs to be articulated about the impact of being overweight or obese on pregnancy outcomes and its impact on the family as a whole.

Midwives need to work with and support mothers with information and advice, to improve their general health and that of their family in the longer term, through stepped changes and not only when pregnant. This has to be done in the context of a wider culture which fixates on celebrities and puts such emphasis on being slim and which affects women's confidence.

While some, particularly those who are identified as being overweight, are concerned about whether they will be able to have a normal birth, for many the main concern is that they might struggle to lose weight after the baby is born.

In fact, this survey again demonstrated that a woman's weight can indeed affect her likelihood of having a medical intervention during the birth, and the likelihood of an emergency Caesarean is 50% higher for those who are overweight compared with those who are slim, with 21% of those overweight having that outcome compared with 14% for those of slim build.

The survey clearly showed that many midwives are not taking the time (or are not able to take the time) to discuss the issue of healthy eating and weight management with women, and yet most women are clearly saying they would value some advice. Even amongst those who feel they were overweight, over half did not have the opportunity to discuss what they could do or how it would affect them. With 84% of respondents describing their care in relationship to weight management as neutral, poor or very poor, mums-to-be would no doubt benefit from further resources and midwife input. In some cases the opportunity a positive discussion is invaluable; in other instances midwives and health professionals must work to ensure that women who are overweight or obese feel cared for and not derided.

During my booking in appointment with the midwife, I was weighed and it was put in my notes that my weight was a "risk factor" and of "concern." However, this was not discussed directly with me, and no suggestions or advice were given around the issue. To be honest, it was not something I would have been terribly keen to discuss, either. My view was that I was obese and pregnant. I could not significantly change this, but I could do my best to have the healthiest pregnancy possible within my own personal circumstances. And that is what I set out to do. I did not seek to actively lose weight but I ate healthily, and exercised within my ability.

The issue of my weight, I feel disproportionately affected my second (and final) pregnancy to the point where I dreaded going to appointments, scans or check-ups. And the responses I got very much depended, I felt, on the personal viewpoint of the healthcare professional. Some didn't mention my weight at all, others were almost angry with me, or treated me with contempt... I in no way set out to harm my baby and whilst I fully accept I am responsible for my situation; I do not believe I deserved the belittling and derision handed out to me by so many along the way.

Of course, it is true that for many women who are overweight, by the time a midwife is able to discuss the issue with the mum-to-be it is most likely that it will be too late for her to make sufficient difference to change the outcomes. Referral to a nutritionist is helpful but unlikely to influence the immediate pregnancy.

The key here is that if weight is not lost after the pregnancy, and the mum goes on to have other children, then the problems may be exacerbated as time goes on,

Pregnancy is a time when we are all very aware of trying to stay healthy and so it is a good time to help women to understand good eating habits and how they can influence their weight. The difficulty is that if it's just one input for a short period of time – one discussion with a midwife and perhaps a few sessions with a nutritionist, and then the advice does not continue post-birth it is very easy for women to be set adrift,

The number of women who had advice on healthy eating from a midwife post birth was extremely low, at 11% compared with 64% who thought it would have been helpful. Many women were anxious about losing weight and 60% felt under pressure from seeing celebrities losing their baby weight so quickly, so ensuring women have the right expectations while at the same time giving them practical advice is a key part of the recovery from the birth.

Clearly, some midwives are unable to discuss these matters, perhaps because they feel they have a lack of training, or because they don't have enough time. It is important that all women receive this support – those who were not necessarily overweight, but weighed over what they wanted to, felt they were particularly missing out. With the support of the RCM, it is hoped that midwives will pick up on this issue, which is so important in the care of mothers, and that employers will make sure they have the resources available and the time to support parents properly.

Conclusion and Recommendations

The results from this survey are in some ways encouraging, as they suggest that the health message about overweight and healthy eating in pregnancy is being discussed by some healthcare professionals, and mums-to-be are starting to become aware of the problems associated with being overweight when pregnant.

These results demonstrate the need for on-going research into the problems associated with being overweight in pregnancy. The findings also highlight the importance of listening to women and their views about the challenges associated with pregnancy and weight management.

The 'take-home' messages for midwives and, more importantly, for service providers are as follows:

The need isn't restricted to a few

Many women worry about their shape and size and 40% said they weighed more than they would like to when they became pregnant. It is a time in people's lives when women do tend to start to put on some weight, and then they find it difficult to lose it after the birth of a baby. A mother's overall well-being and her health in future pregnancies can all be helped with timely and caring support from midwives and it should not only be those who are very overweight or underweight who have that opportunity.

Only 15% of those surveyed were reported as being overweight by a health professional, suggesting that women are realistic and may be concerned about their weight even when the maternity service is not moving to take action.

Recommendation:

The over-riding message is that resources have to be invested into addressing both the problems of obesity and women's concerns with weight management more generally, so that midwives and those who work with mothers can support them.

The importance of talking

This study has shown that very many women (61%) are not having the opportunity to discuss any concerns about their weight, even though midwives may be recording it within their notes. Many women don't remember the relevant figures for Body Mass Index (BMI), and it is likely that a more scientific discussion of risks is less powerful than a personalised discussion of a women's approach to health in this area. It was also noted that 70% of women ate more during pregnancy than they did before and 9% of them substantially more.

Recommendation:

There needs to be adequate time allocated in the antenatal period so that midwives and women can enter into meaningful and individualised conversations about weight gain in pregnancy and post birth.

Support within the community

Even fewer of those surveyed had the opportunity for a more general discussion within antenatal classes with only 5% having been to an antenatal class that covered weight management and nutrition.

Recommendation:

There should be greater resources allocated for researching and developing community-based interventions, as opposed to hospital-based interventions to enable midwives to address the issue of weight gain and to support women.

A partnership and long-term approach

Those surveyed were very open about their weight and how they felt about themselves. The simple question 'how would you describe yourself' elicited many different responses from those who were very positive about how they looked and felt to the very negative. These sorts of simple routes into women's perceptions and feelings will help to build trust.

Recommendations:

It is important to work in partnership with women to reduce the problems of being overweight, particularly related to childbirth.

Postnatal midwifery services need to be expanded to support women in a community setting and joined up with other postnatal services to give continuity; not only in relation to healthy eating, but use the opportunity to address other key public health issues which could have a positive impact on the woman's family after the birth of their baby.

References

Lewis G (ed) (2007) Saving mothers' lives: reviewing maternal deaths to make motherhood safer 2003–2005. London: RCOG Press.

CEMACH (2007) Perinatal Mortality 2005. CEMACH: London.

<http://www.cmace.org.uk/getattachment/7a1dc6ed-b557-419f-be13-662130afe2f5/Perinatal-Mortality-2005.aspx>
[Accessed 09/11/10]

Department of Health (2006) Profile of England. London: Department of Health.

Department of Health (2004) Choosing Health: Making Healthier Choices Easier. London: Department of Health.

Heslehurst, N. et al. (2008) 'The impact of maternal BMI status on pregnancy outcomes with immediate short-term obstetric resource implications: a meta-analysis', Obesity Reviews, 9 (6), pp.635-683.

Information Centre (2008) Statistics on obesity, physical activity and diet: England, January 2008. The Information Centre: London, 2008.

<http://www.ic.nhs.uk/webfiles/publications/opan08/OPAD%20Jan%202008%20final%20v7%20with%20links%20and%20buttons%20-%20NS%20logo%20removed%2020112008.pdf>
[Accessed 09/11/10].

The National Obesity Observatory

<http://www.noo.org.uk/>
[Accessed 09/11/10].

National Institute for Health and Clinical Excellence (2010) Dietary interventions and physical activity interventions for weight management before, during and after pregnancy.

<http://www.nice.org.uk/nicemedia/live/13056/49926/49926.pdf>
[Accessed 09/11/10].

Netmums (2007) 'A Mum's Life' http://www.netmums.com/campaigns/A_Mum_s_Life.656/

Report Authors

Sally Russell, BSC, MSc, FRSA, co-founder, Netmums

Email: Sally@netmums.com

Janet Fyle, MA, RM, RN, Professional Policy Advisor, RCM

Email: Janet.fyle@rcm.org.uk

Manuela Da Costa-Fernandes, BA(Hons), MA, MCIPR, Press and Media Officer, RCM

E-mail: Manuela.dacosta-fernandes@rcm.org.uk

Janine Stockdale PhD, BSc Hons, PG CHSE, RM, RGN, Research Fellow (RCM)