

The Unbearable Lightness of Being Pregnant: Patient & Provider Perspectives of Pregnancy Weight Gain

Purpose: The primary goal of this exploratory study was to identify and describe the ways that primigravid women (women pregnant for the first time) and their obstetricians communicate about pregnancy weight gain.

Methods: In-depth semi-structured interviews were conducted with a total of seven obstetricians and 19 primigravid women, all recruited from one clinic. Participating patients also completed a demographic questionnaire. At the time of interviews, women ranged from 29 weeks to 40 weeks gestation. Interview data was analyzed using grounded theory and a two part process of open coding and axial coding.

Results: Analysis suggests that there are several important "mismatches" in patient and provider approaches to and understandings of weight-related counseling in pregnancy. Obstetricians reported that they routinely counsel women to gain weight within the guidelines put forth by the Institute of Medicine and that they offer advice related to nutrition and physical activity. While most women reported that their obstetrician advised them of a target weight gain for their pregnancy, some said that they received no such advice. Most women said that their obstetrician did not offer them unsolicited advice about nutrition or exercise. Obstetricians consider pregnancy weight gain to be important because they believe it is related to birth and long-term health outcomes as well as psychosocial outcomes. Despite their belief that weight is important, however, several barriers prevented them from adequately counseling patients about weight gain. Barriers include the perceived sensitivity of the topic, obstetricians' skepticism that physician counseling affects weight-related outcomes, and obstetricians' lack of weight-related expertise and time to devote to such counseling. About half of women said that they would not want additional weight-related advice from their obstetricians because they anticipated such advice would cause them increased anxiety and distress. They believed that if their weight was a significant problem, their obstetrician would address it. Otherwise, they preferred to have little discussion of the matter. Other women, however, were concerned that they did not receive more weight-related counseling. They said that their obstetricians were always willing to answer questions, but that sometimes they did not know what questions to ask since pregnancy was a new experience for them. Others said that they wished their obstetricians offered more feedback about the trajectory of their weight gain and associated advice to maintain healthy weight gain. Both obstetricians and patients agreed that translating weight goals into real-world success is a challenge because while all parties desire healthy weight outcomes, appetite, water retention, limited time, and other personal, social, and economic factors constrain women's ability to control their weight gain.

Conclusions: Rather than take a "one-size-fits-all" approach to counseling, obstetricians prefer to tailor their weight-related counseling approach to women, depending on the patient's level of concern about weight, nutrition, and exercise, and her weight gain trajectory throughout pregnancy. While some women like the approach, many women feel that they are not receiving as much education, support, and reassurance as they would like. In providing prenatal care, it may be useful for obstetricians to offer women different "tracks" of counseling. Those who prefer a more lax approach can tell their obstetrician that they will just raise questions as they arise, while women who want more unsolicited education can make that desire known. Some women may benefit from a counseling "supplement" in conjunction with but outside of their regular prenatal care, where they can receive education and support about nutrition and physical activity throughout pregnancy and the postpartum period. Some women suggested that such support might be especially useful if provided by lay health promoters who have experienced pregnancy themselves.