
Pregnant Women's Perspectives on:

**INADEQUATE WEIGHT GAIN
DURING PREGNANCY**

A Focus Group Research Study

Summer 2002

Sponsored by:

Women's Health Section

Colorado Department of Public Health and Environment

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EXECUTIVE SUMMARY

Background	<p>Inadequate weight gain during pregnancy has been found to be the largest contributor to Colorado’s low birth weight problem because one in four women fail to gain the minimum recommended weight during pregnancy. It is also potentially the most modifiable risk factor. In an effort to reduce this risk factor among pregnant women in Colorado, the Women’s Health Section of the Colorado Department of Public Health and Environment plans a multi-year campaign designed to effect weight gain behaviors of pregnant women throughout the state.</p> <p>To develop appropriate campaign messages it is necessary to first understand the underlying causes and motivations for inadequate weight gain among pregnant women. During the summer of 2002, six focus groups were conducted with Hispanic and Caucasian pregnant women of different ages and economic strata to gain this understanding. This report details the findings of the six focus groups and describes the women who participated. The actual instruments used to collect information and the flyers used to recruit women are included in the Appendix.</p>
Major Findings	<p>Major findings of this study are as follows:</p> <ul style="list-style-type: none">▪ Mid- to high-income women say their physicians do not speak to them about appropriate weight gain during pregnancy. Low-income women, however, receive information from nurse practitioners/midwives.▪ Although pregnant women are comfortable talking to their doctors about weight gain, most did not feel that their doctors wanted to talk to them about weight gain. They want doctors to tell them what they should be eating and gaining during various stages of their pregnancy.▪ With the exception of monolingual Hispanic women, the number one reason given for inadequate weight gain during pregnancy was the fear of becoming overweight, either during or after the pregnancy.▪ Many pregnant women want to keep their pregnancy weight at the low end of the recommended range in an effort to maintain a slim body image.▪ Pregnant women who have experienced both types of providers preferred talking to a nurse or nurse-midwife rather than a doctor about pregnancy weight gain.▪ Although most women receive encouragement to gain weight during pregnancy from family members and friends, some are still influenced by low weight gain guidelines of a previous generation.▪ Many women are skeptical about the direct correlation between adequate weight gain during pregnancy and healthy birth outcomes because they themselves or other women they know have had normal weight babies despite inadequate weight gain during their pregnancies.

WHO PARTICIPATED IN THE FOCUS GROUPS

Group Descriptions	<p>A total of 38 pregnant women participated in one of six focus groups, 23 Caucasian, 15 Hispanic. Groups were held in various locations around the Denver Metro area including Lakewood, Westminster, Aurora and Highlands Ranch. Caucasian and Hispanic women of varying ages and income status were represented. A complete schedule is included in the Appendix.</p>																																						
	<table border="1"> <thead> <tr> <th>Group</th> <th>Number in Group</th> <th>Race/Ethnicity</th> <th>Income Level</th> <th>Age Range</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>4</td> <td>Hispanic Bilingual</td> <td>low</td> <td>19 - 25</td> </tr> <tr> <td>2</td> <td>5</td> <td>Caucasian</td> <td>mid/high</td> <td>25+</td> </tr> <tr> <td>3</td> <td>9</td> <td>Caucasian</td> <td>high</td> <td>28+</td> </tr> <tr> <td>4</td> <td>6</td> <td>Hispanic Monolingual</td> <td>low</td> <td>19 - 25</td> </tr> <tr> <td>5</td> <td>5</td> <td>Caucasian</td> <td>mid</td> <td>25+</td> </tr> <tr> <td>6</td> <td>9</td> <td>Caucasian</td> <td>low</td> <td>19 - 28</td> </tr> </tbody> </table>	Group	Number in Group	Race/Ethnicity	Income Level	Age Range	1	4	Hispanic Bilingual	low	19 - 25	2	5	Caucasian	mid/high	25+	3	9	Caucasian	high	28+	4	6	Hispanic Monolingual	low	19 - 25	5	5	Caucasian	mid	25+	6	9	Caucasian	low	19 - 28			
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Age	<p>Most of the women who participated were between the ages of 19 and 28. Three were under 19 and fourteen were over 28. Hispanic participants were generally younger.</p>																																						
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WHO PARTICIPATED IN THE FOCUS GROUPS

Race/Ethnicity	Nearly 60 percent of participants were Caucasian.			
		Caucasian	58% (22)	
		Hispanic	39% (15)	
		Other	3% (1)	
	<i>The one "Other" is included in Caucasian data for the purposes of this report.</i>			
Income	Most Hispanic participants were in the low-income range. Caucasian participants reported medium to high incomes. Total participants were distributed nearly equally among all three income groups.			
		Less than \$20,000	\$21,000 to \$60,000	More than \$60,000
	Hispanic	25% (9)	8% (3)	3% (1)
	Caucasian	8% (3)	28% (10)	28% (10)
	Total	33%	36%	31%
	<i>Two participants did not reveal their income range.</i>			
Which Pregnancy	Sixty percent of participants were in their first pregnancy.			
		First Pregnancy	Subsequent Pregnancy	
	Hispanic	34% (13)	6% (2)	
	Caucasian	26% (10)	29% (11)	
	Total	60%	35%	
	<i>Two participants did not reveal which pregnancy.</i>			
When Started Prenatal Care	Most participants started prenatal care during their second month of pregnancy.			
		Most Common Start Time for Prenatal Care	Latest	Earliest
	Hispanic	2 nd month	4 th month	1 st month
	Caucasian	2 nd month	5 th month	1 st month

WHO PARTICIPATED IN THE FOCUS GROUPS

Type of Provider	Higher income Caucasian women were more likely to see a doctor for prenatal care. Lower income Caucasian and Hispanic women were more likely to see a nurse practitioner or midwife.				
		Doctor	Nurse Practitioner	Nurse Midwife	Alternate Between MD and NP
	Hispanic	40% (6)*	27% (4)	20% (3)	0
	Caucasian	48% (11)	30% (7)	4% (1)	17% (4)
	<i>Two participants did not specify type of provider.</i>				
	<i>*Many Hispanic women call their nurse practitioner/midwife a doctor. All of the women in the focus groups were attending a Nurse Midwife clinic.</i>				
Referral to a Nutritionist	Most of the participants did not receive a referral to a nutritionist.				
		Yes	No		
	Hispanic	20% (3)	80% (12)		
	Caucasian	13% (3)	87% (20)		
BMI	The majority of participants were in the normal BMI range prior to becoming pregnant. At the time of the focus group, participants' pregnancy weight gain was calculated and compared to the prenatal weight gain chart. Most participants had gained more than the recommended minimum for their BMI and gestational stage.				
	PRE-PREGNANCY BMI				
	Low	Normal	High	Obese	
	13% (5)	66% (25)	11% (4)	11% (4)	
PREGNANCY WEIGHT GAIN					
Percent/ number of women	Above minimum weight gain recommended for BMI		Below minimum weight gain recommended for BMI		
	69% (25)		30% (11)		

WHO PARTICIPATED IN THE FOCUS GROUPS

Behaviors

Participants were asked to describe their smoking and weight gain behaviors when they are and are not pregnant. Answers were similar between Hispanic and Caucasian women with two exceptions: 1) Hispanic participants reported eating less junk food during pregnancy; 2) More Caucasian women reported trying to keep their weight down during pregnancy.

	Hispanic		Caucasian	
	<u>yes</u>	<u>no</u>	<u>yes</u>	<u>no</u>
WHEN I'M PREGNANT:				
I smoke.	0	100%	4%	96%
I eat junk food.	47%	53%	65%	26%
I have trouble gaining weight.	20%	80%	13%	87%
I try to keep my weight down.	20%	73%	48%	52%
I feel supported about my weight gain.	80%	13%	100%	0

	Hispanic		Caucasian	
	<u>yes</u>	<u>no</u>	<u>yes</u>	<u>no</u>
WHEN I'M <u>NOT</u> PREGNANT:				
I smoke.	20%	80%	9%	91%
I eat junk food.	87%	13%	83%	13%
I have trouble gaining weight.	13%	80%	17%	78%
I try to keep my weight down.	67%	33%	83%	17%
I feel supported about my weight gain.	60%	27%	61%	9%

Not every participant answered every question, particularly the last question.

WEIGHT GAIN DURING PREGNANCY

<p>Ranges Recommended by Providers/ Cited from Books</p>	<p>Focus group participants cited various overlapping ranges for expected weight gain during pregnancy. Several women were not given an expected weight gain range by their provider so they cited a figure they read in a book. For the most part, higher income Caucasian women cited ranges with higher upper limits (40, 45) than low-income Caucasian or Hispanic women (30, 35).</p>
<p>What Women Think They Should Gain</p>	<ul style="list-style-type: none"> ▪ Most frequent response: 25 to 35 lbs. ▪ Next most frequent response: 20 to 30 lbs. ▪ Highest range: 40 to 45 lbs. ▪ Lowest range: 20 to 30 lbs. ▪ Narrowest range: 32 to 35 lbs. ▪ Widest range: 25 to 40 lbs. ▪ Monthly range: 4 to 5 lbs per month ▪ Weekly range: 5 lbs. the first trimester; 1 lb. every week after that <p>Women look to their doctors for guidance about weight gain during pregnancy. Most believe they should gain no more that 35 pounds.</p> <ul style="list-style-type: none"> ▪ Most frequent response: whatever the doctor says ▪ Next most frequent response: 25 to 35 lbs. ▪ Next most frequent response: 40 to 50lbs. ▪ Next most frequent response: 20 to 30 lbs.
<p>Many Women Want to Stay At The Low End of Normal</p>	<p>Although most women agree with the recommended weight gain guidelines they received from their provider or read in a pregnancy guidebook, many set a threshold for their own weight gain that generally coincides with the lower end of the recommended range. The desire to keep weight at the low end of normal was more characteristic of Caucasian women than Hispanic women.</p> <ul style="list-style-type: none"> ▪ <i>“When they told me 25 to 40 pounds I thought that was a lot.”</i> ▪ <i>“I’d love to stay on the low side of the normal range so I don’t have to lose so much afterwards.”</i> ▪ <i>“The doctor said 25 to 35 but I don’t want to go over 25.”</i> ▪ <i>“I gained 20 pounds in 2 months after not gaining anything because I was puking all the time. Now I’m freaking out. I don’t want to gain more than 5 pounds more. I don’t want to have to lose all that.”</i> ▪ <i>“I’m active: I swim a lot and walk every day. So I’m behind but I’m not worried. I just don’t want to gain more than 25 pounds.</i>

WEIGHT GAIN DURING PREGNANCY

<p>High BMI Women</p>	<p>Providers gave women with a high pre-pregnancy BMI lower weight gain expectations or suggested no weight gain at all.</p>
<p>No Guidance from Provider</p>	<p>Over one-third of the women who participated in the focus groups told us they received no guidance from their provider regarding recommended weight gain. This comment was not limited to any specific ethnic or income group, nor did women who were in a subsequent pregnancy more frequently mention it. Many of these un-informed women sought out information in pregnancy guide-books like <i>What To Expect When You're Expecting</i>.</p>
<p>Some Say It Doesn't Matter</p>	<p>Some women claim it doesn't matter what they gain.</p>

- *“When I had my first visit, the nurse said I better not gain a pound since I was overweight already”*
- *“I was told 20 to 30 pounds but since I’m overweight they said it would be OK not to gain anything.”*
- *“I was told up to 15 pounds since I was overweight when I got started.”*
- *“My doctor said ‘ your weight gain is low but you’re tall so that’s fine’.”*
- *“The doctor said nothing but the nutritionist said no higher than 15 pounds because I was overweight.”*

- *“My doctor wouldn’t tell me what to gain until I hounded him.”*
- *“I’m supposed to gain 25 pounds but I don’t think it’s going to happen. At 31 weeks I’ve gained 9 pounds so far.....until this last visit they didn’t say anything.”*
- *“My provider never told me anything; I read it in a book.”*
- *“I don’t remember getting any information at the beginning of my pregnancy.....around 24 weeks I got a handout.”*
- *“Even if it’s my second or third pregnancy the doctor needs to know that I need to hear it again.”*
- *“Until recently, I received medical care in Mexico. I haven’t been told anything about weight gain, either here or in Mexico.”*
- *“When I ask they just shrug their shoulders and say, ‘yeah, it’s fine.’”*
- *“I’m sure the only reason they said anything was because I was losing.”*

- *“It doesn’t really matter since every pregnancy is different.”*
- *“I don’t concern myself with my weight gain.....my baby’s obviously healthy because he’s kicking around.”* (Comment made by a low-income woman who has not gained recommended weight.)
- *“I don’t think it matters. Lots of big babies come from low weight gain during pregnancy.”*

NUTRITION DURING PREGNANCY

<p>Where Upper Income Women Get Information</p>	<p>The most common sources of nutrition information for mid- to upper-income women include books, pamphlets and the Internet.</p> <ul style="list-style-type: none"> ▪ Books: <i>What To Expect When You're Expecting</i>; <i>The Girlfriend's Guide to Pregnancy</i> ▪ Pamphlets from <i>Similac</i> and <i>Pampers</i> ▪ Book, handouts given out at the doctor's office ▪ Internet sites: <i>BabyZone.com</i>; <i>BabyCenter.com</i>; <i>WebMed.com</i>; <i>Enfamil.com</i>
<p>Where Low-Income Women Receive Information</p>	<p>Low-income women receive nutrition information from their midwife, the nurse or nutritionist at the WIC clinic or their mother.</p> <ul style="list-style-type: none"> ▪ Midwives provide and explain the food pyramid ▪ Nurses/nutritionists at WIC review the food pyramid ▪ Pamphlets from WIC ▪ Mothers provide guidance ▪ Vitamin Cottage
<p>What Women Are Told To Eat</p>	<p>Women consistently receive good nutritional information from many sources. They also learn what foods to avoid during pregnancy.</p> <ul style="list-style-type: none"> ▪ Eat vegetables, fruits, low-fat foods and lots of milk ▪ Eat less fruit because of its high sugar content ▪ Avoid runny eggs, Sushi and swordfish ▪ Switch from whole milk to 2% or skim
<p>Women Find Information Helpful</p>	<p>Participants were glad to have information about nutrition. Mid to high-income women were more likely to seek it out on their own. Most low-income women received information during a prenatal or WIC visit.</p> <ul style="list-style-type: none"> ▪ <i>"Where they really focus on nutrition education is the WIC clinic."</i> ▪ <i>"On WebMed there's a prenatal chart where I can track my weight weekly."</i> ▪ <i>"BabyZone tells what developmental changes occur each month and what is especially important to eat for that stage."</i> ▪ <i>"What To Expect When You're Expecting stresses that everything you put in your mouth affects your baby.....it can put a lot of guilt on you."</i> ▪ <i>"BabyCenter gives weekly updates when you put in your due date. It gives you a calendar that tells what to eat at various stages of the baby's development like folic acid and protein."</i>

NUTRITION DURING PREGNANCY

<p>Reasonable But Hard to Follow</p>	<p>Although participants claimed that information they received was reasonable, they sometimes found it hard to follow. Special diets and food repulsions were the main reasons. They also said that handouts given at the doctor’s office are sometimes more scientific than practical making the information more difficult to readily apply.</p>
<p>Women Want Doctors To Talk to Them About Nutrition</p>	<p>Several mid to high-income women complained that their doctors did not speak to them about nutrition. Only a few had the opportunity to visit with a nutritionist.</p>

- *“It’s good information but I don’t want to eat protein because it doesn’t agree with me.”*
- *“I have trouble getting enough vegetables.”*
- *“Chocolate ice cream and big juicy hamburgers are my downfall.”*
- *“What some people don’t realize is how little a serving is.”*
- *“I’m on a low-fat diet because of some health problems so I can’t eat a lot of things.”*
- *“It doesn’t matter what they tell me to eat, I get sick too much to follow their advice.”*
- *“The handout from the doctor didn’t say what foods to eat, just what nutrients to take in.”*

- *“I would like to have the doctor talk about what I should eat.”*
- *“I read magazines and books since the doctor hasn’t talked to me about it.”*
- *“I got no information from the doctor and I’m high risk.”*
- *“It made me sad to think that I had to go out and get information on my own..... I know low-income women who couldn’t.”*
- *“This is my first pregnancy and, frankly, I was quite surprised there weren’t more instructions from the doctor.”*
- *“It was ten weeks before I got my first appointment..... it’s a critical time for development so I went and got books from the bookstore.”*
- *“The doctor didn’t tell me..... I just got on the Internet and found it myself. It’s my first baby.....I need to know.”*

NUTRITIONAL NON-COMPLIANCE

Fear of Becoming Overweight

When asked about barriers to eating according to recommended nutritional guidelines for pregnant women, the most frequently given response was fear of gaining too much weight. Women fear gaining weight that they might not be able to lose after pregnancy. They cited similar experiences among pregnant friends. Some talked about the influences of societal messages regarding weight and body image. The issue is most common among Caucasian mid to upper income women and young bilingual Hispanic women.

- *“Everywhere you look the message is not to get fat.”*
- *“That’s my biggest fear. I’m getting huge.....I look like a beached whale.”*
- *“You see [movie] stars who get pregnant and don’t gain weight.....just a bigger belly.....it’s unrealistic. It’s more common to see stars pregnant now so that’s (low weight gain) what women expect of themselves.”*
- *“I know three pregnant women (in their 30’s) who have pictures of models on the inside of their kitchen cupboards so when they open the cupboard they don’t eat so much.”*
- *“We’re going back East after the baby (to see family) so the pressure is on to lose the weight.”*
- *“I think if I eat this much I’ll be a cow. When I’m not pregnant I can go for hours without eating.”*
- *“I have friends who don’t want to look pregnant. They don’t think it’s OK to look fat. They’re afraid of what their boyfriend might say.”*
- *In the pregnancy magazine (In Shape) the pregnant women look skinny.....no fat, no cellulite.”*
- *“It’s already hard to lose weight in general let alone pregnancy weight.”*
- *“You always see stars on TV with an amazing body right after they give birth.....how can that happen for me?”*
- *“If you don’t have an active lifestyle then you control your weight with food.”*
- *“My cousin was skinny when she got pregnant and afraid of getting fat. She kept fainting when she was pregnant.....she only weighed 98 pounds and gave birth to a 5 pound boy.”*

Due to Morning Sickness

The second most frequently cited reason for inability to follow pregnancy nutritional guidelines pregnancy was nausea and morning sickness. Despite good intentions to eat well, nausea sometimes precludes it.

- *“If you would have told me to eat this food before I was pregnant, I would have eaten it with no problem; but now that I’m pregnant I can’t because it makes me sick.”*
- *“Due to morning sickness I eat what I can and try to make it nutritious.”*
- *“After morning sickness is over it’s hard to catch up.”*
- *“I can’t eat meat for my protein [requirement]..... It makes me nauseous.”*

NUTRITIONAL NON-COMPLIANCE

<p>Cravings for Junk Food and Packaged Food</p>	<p>Most of the pregnant women we talked to had many other demands on their life besides the pregnancy: jobs, school, other children, etc. In an effort to juggle the multiple demands of their lives, their own nutrition sometimes suffered. They said convenience foods replaced more nutritious meals even when they knew better. Sweets were the best antidote for stressful moments.</p>
	<ul style="list-style-type: none"> ▪ <i>“I have no time to prepare something ahead to take for lunch so I end up eating fast food at work.”</i> ▪ <i>“The worst way to get calcium is milkshakes and I like milkshakes.”</i> ▪ <i>“A chocolate candy bar is too good of a stress reliever.”</i> ▪ <i>“It’s hard to plan ahead to always have nutritious food available. It’s much easier to reach for packaged food or junk food.”</i> ▪ <i>“When I let myself get really, really hungry I grab the first thing.”</i>
<p>Depression Anxiety</p>	<p>Both Hispanic and Caucasian women mentioned depression and anxiety as a source of inadequate weight gain during pregnancy.</p>
	<ul style="list-style-type: none"> ▪ <i>“My sister had emotional problems due to difficulties with the baby’s father. She had to be put on medication because she wasn’t eating enough.”</i> ▪ <i>“Anxiety and worry get in the way of eating right.....they’re even worse during pregnancy.”</i>
<p>Pre-pregnancy Eating Habits</p>	<p>Both high and low-income Caucasian women talked about the influence of poor eating habits prior to pregnancy.</p>
	<ul style="list-style-type: none"> ▪ <i>“I never had good eating habits.....even before I was pregnant.”</i>
<p>Inadequate Nutritional Information in Spanish</p>	<p>Higher-income Caucasian women felt their access to current nutritional information was more than adequate through various pregnancy books, recipe books and the Internet. They feared that some groups of women, particularly low-income pregnant women might not have the same access to resources. Low-income Caucasian women said they receive plenty of nutritional information from nurse-midwives and WIC but Spanish-speaking low-income women lack nutritional information in their language.</p>
	<ul style="list-style-type: none"> ▪ <i>“Some women don’t have books or the Internet or don’t get prenatal care.”</i> ▪ <i>“They should offer classes in Spanish about cooking nutritiously during pregnancy, what to expect during pregnancy and fetal development.”</i> ▪ <i>“Offer magazines and books in Spanish about what to eat during pregnancy.”</i>

PREGNANCY WEIGHT GAIN GRID

<p>Ever Seen One?</p>	<p>Few mid to high-income pregnant women (both 1st and subsequent pregnancies) said they had ever seen a weight gain grid. One woman saw the grid on <i>Web Med</i> and another saw it in <i>Pregnancy for Dummies</i>. Low-income Caucasian and Hispanic women are exposed to the grid at WIC and nurse-midwife visits. None of the monolingual Hispanic women had ever seen one, probably due to its unavailability in Spanish.</p>
<p>Those Who Had Seen/Used the Grid</p>	<ul style="list-style-type: none"> ▪ Few (3 out of 19) mid to high-income Caucasian women had ever seen the grid. ▪ Most (6 out of 9) low-income Caucasian women were familiar with the grid ▪ Most (3 out of 4) low-income bilingual Hispanic women were familiar with the grid. ▪ None of the monolingual Hispanic women had ever seen the grid. <p>With few exceptions, pregnant women who had seen or used the weight gain grid did not find it to be particularly useful.</p> <ul style="list-style-type: none"> ▪ <i>“I have too many things to look at already.”</i> ▪ <i>“It’s a helpful guide but doesn’t really help me control my weight.”</i> ▪ <i>“I like to use my maternal instincts rather than follow that little line.”</i> ▪ <i>“It’s hard to always hear, ‘you’re not on the chart, you’re not on the chart.’”</i> ▪ <i>“What concerns me about the chart is that it reinforces weight gain rather than the health of your baby.”</i> ▪ <i>“Charts make me feel anxious.”</i> ▪ <i>“It’s hard to follow the grid.....you gain in spurts.....you can’t control it.”</i> ▪ <i>“It doesn’t look at my overall health.....it’s narrow and biased.”</i> ▪ <i>“It’s hard when you’ve already gained the upper limit and it’s (the pregnancy) not over.”</i>
<p>Those Who Had Not Seen/Used the Grid</p>	<p>Those who had not seen or used the grid thought it might be helpful if used with caution. They agreed it should never be used in isolation.</p> <ul style="list-style-type: none"> ▪ <i>“If it was presented the wrong way it could give the impression that weight gain is more important than what you eat.”</i> ▪ <i>“It might have a negative impact on those who are gaining too much.....they may think they should stop eating.”</i> ▪ <i>“I don’t know how you’d plan your weight gain to happen like on the chart.”</i> ▪ <i>“Everyone’s different. Nothing would replace talking with the doctor or nurse.”</i> ▪ <i>“It might make me worry more.”</i>

PREGNANCY WEIGHT GAIN GRID

Perceptions of Monolingual Hispanic Women	<p>Although they had never seen or used the grid, monolingual Hispanic women anticipated it would be useful in informing them of the amount of weight to gain and in controlling the rate of weight gain.</p> <p><i>“It’s good to know how much weight to gain to arrive at a good weight.”</i> <i>“It would be helpful now that I have to start controlling my weight.”</i></p>
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TALKING TO THE PROVIDER ABOUT WEIGHT GAIN

<p>Comfort Level</p>	<p>Almost all the women who participated in the focus groups felt comfortable talking to their provider (MD or midwife) about weight gain during prenatal visits. A few related incidents of discomfort.</p> <ul style="list-style-type: none"> ▪ <i>“I feel OK about it.”</i> ▪ <i>“I feel pretty comfortable.”</i> ▪ <i>“Midwives are friendly and you can share anything.....they’re wonderful.”</i> ▪ <i>“I feel comfortable.....it’s just a regular check-up.”</i> ▪ <i>“With the doctor (midwife) it’s fine to talk about weight gain but I’m uncomfortable talking about it later with other people.”</i> ▪ <i>“ I also feel comfortable asking the doctor (midwife) about how to return to ‘normal’ weight after pregnancy and how to eat when breast feeding.”</i> ▪ <i>“My doctor is judgmental about my weight gain. She won’t tell me what to do to keep my weight down. She just yells at me every time so I moved my appointment up a week this time to delay seeing her.”</i> ▪ <i>“During my first pregnancy my OB called me fat.....it made me feel bad and harder to lose weight.”</i> ▪ <i>“I usually don’t tell them about weight gain or eating junk food. I just keep it to myself because I know what they’re going to end up saying.”</i>
<p>Doctors Don’t Want to Talk</p>	<p>Although most pregnant women are comfortable talking to their doctors about weight gain, most did not feel that doctors wanted to talk to them about it. Their comments apply to medical doctors of both genders. No such comments were made about nurse midwives.</p> <ul style="list-style-type: none"> ▪ <i>“It seems like doctors feel it’s such common information they’re bored by it and don’t think we want to hear about it.....but we do.”</i> ▪ <i>“I wish my doctor would ask ‘what are you eating,’ ‘how are you eating,’ ‘how often are you eating,’ but he just listens to the heart beat.”</i> ▪ <i>“I assume the doctor looks over my weight before he comes in but I don’t know.”</i> ▪ <i>“It would be nice if they said ‘you’re in the range, that’s great,’ but they don’t unless I ask.”</i> ▪ <i>“I hope they look at the weight gain.....I’d like them to say something.”</i> ▪ <i>“The last time she (doctor) said I gained two pounds.....she didn’t say but I assumed that was OK.”</i> ▪ <i>The only time they said anything was when I was put in the hospital for dehydration.”</i>

TALKING TO THE PROVIDER ABOUT WEIGHT GAIN

Medical Doctors vs. Nurse Midwives

Women who had experienced both types of providers preferred talking to a nurse midwife over a physician about weight gain during pregnancy. Some women said they would rather speak to the nurse in their physician's office.

- *"It's easier to talk to a mid-wife than a doctor."*
- *"I'd be more uncomfortable with a regular doctor."*
- *"I feel more comfortable asking the nurse questions than the doctor."*
- *"First of all, I don't like going to the doctor. I don't like hospitals and I think having a male doctor would be worse [than seeing a nurse midwife]."*

ADVICE FROM FRIENDS AND FAMILY ON WEIGHT GAIN

Encouraged to Gain	<p>Most of the women who participated in the focus groups were encouraged to gain an adequate amount of weight during pregnancy by friends and relatives. If they were gaining less than recommended guidelines it generally was not due to outside influences. Relatives of Hispanic women were particularly supportive.</p> <ul style="list-style-type: none"> ▪ <i>“I’m my own worst critic.”</i> ▪ <i>“My sister is very supportive.....she doesn’t set weight guidelines.....with one pregnancy she gained 15 pounds, another 40 pounds.”</i> ▪ <i>“Everyone says I’ll gain what I gain.....be happy.....it’ll come off.”</i> ▪ <i>“Because I was dieting before I got pregnant everyone was concerned so they told me to keep gaining weight.”</i> ▪ <i>“My husband wants me to eat healthy so that makes it easier.”</i> ▪ <i>“My husband wants me to gain more because I gained 60 to 70 pounds with the first two babies and they weighed less than 7 pounds.”</i> ▪ <i>“I told my aunt I was worried about gaining too much weight and that I should go on a diet. She said ‘diet, what diet? You’re pregnant.....eat all you want.’”</i> ▪ <i>“Eat what they (doctor, nurse) tell you to eat. Eat till you feel full.”</i> ▪ <i>“It doesn’t matter to the [Hispanic] men if I gain weight.....they also tell me to eat more.”</i>
Nutritional Advice	<p>The nutritional advice women received usually came in the form of what not to eat rather than what to eat. Several women were counseled to stay away from salt during pregnancy. Others were told to avoid starch, fatty food and junk food.</p> <ul style="list-style-type: none"> ▪ <i>“My mom said ‘no starch’ because I was heavier before I got pregnant.”</i> ▪ <i>“Friends tell me to stay away from salt.”</i> ▪ <i>“My mom says ‘don’t eat salt.’”</i> ▪ <i>“Avoid junk food.”</i> ▪ <i>“Eat healthy not fattening foods.”</i>

ADVICE FROM FRIENDS AND FAMILY ON WEIGHT GAIN

<p>Erroneous Advice</p>	<p>Some women receive erroneous nutritional advice from those close to them. Although inaccurate and often unhealthy, the advice given is usually intended to promote weight gain.</p>
	<ul style="list-style-type: none"> ▪ <i>“Drink whole milk.....[but] my doctor said no.”</i> ▪ <i>“Eat everything you want.”</i> ▪ <i>“My mom tells me to eat more but I eat when I’m hungry and I eat ‘til I’m full.”</i> ▪ <i>“My sister-in-law weighed 280 when she gave birth and I weigh 150 so everyone tells me my baby will be born malnourished.”</i> ▪ <i>“Eat a lot of fatty foods to help gain weight.”</i> ▪ <i>“Take children’s vitamins instead of regular if you have stomach problems.”</i>
<p>Lack of Support</p>	<p>Unfortunately, not all women receive support in adequate weight gain during pregnancy. Some find themselves influenced by the weight gain guidelines of a previous generation. Note: None of these comments come from Hispanic women.</p>
	<ul style="list-style-type: none"> ▪ <i>“During my first pregnancy my husband was concerned I’d gain too much because his mother did (and didn’t lose it afterward). After he saw how I lost it in my first pregnancy he’s OK this time.”</i> ▪ <i>“The first thing my brother-in-law said was ‘Don’t gain too much because when your mom was out visiting when your sister (his wife) was pregnant she gave her a hard time’.”</i> ▪ <i>“My husband used to call me fat..... I told him to cut it out.....now he treats me like a queen: he let’s me have a big juicy hamburger once a week.”</i> ▪ <i>“I wore a big dress when my mother came out [to visit] so she wouldn’t see how much I gained.”</i> ▪ <i>“My boyfriend isn’t crazy about weight gain in general.....he’s not around now but I don’t think he’d like it if he knew.”</i>

CORRELATION: WEIGHT GAIN AND BABY'S HEALTH

<p style="text-align: center;">Some Correlation</p>	<p>Most focus group participants acknowledged that, in general terms, there was some correlation between weight gain and baby's health. They felt there existed at least a minimum threshold to achieve to ensure a healthy baby. Monolingual Hispanic women uniquely felt there was a strong correlation and took the responsibility of eating healthy during pregnancy seriously.</p> <ul style="list-style-type: none"> ▪ <i>"You need to gain a certain amount of weight for the baby to be healthy."</i> ▪ <i>"It's (adequate weight gain) good for yourself and good for the baby."</i> ▪ <i>"You do need to be careful not to gain too little weight."</i> ▪ <i>"There's quite a bit of correlation.....my cousin gained nothing during pregnancy and had a very sick 2 pound baby."</i> ▪ <i>"They get their nutrition from what you eat so if you eat healthy they do too."</i> ▪ <i>"The baby needs to have fat stores to stay warm after it's born."</i> ▪ <i>From a monolingual Hispanic woman: "I worry most about my baby's health and what I need to eat for the baby. After all, I can always go on a diet afterwards."</i> ▪ <i>From a monolingual Hispanic woman: "I always used to worry about my image. I used to diet a lot and do a lot of exercise but now I tell myself, 'you've done all those things for yourself, now it's time to think about your baby and do what's healthy for him'."</i>
<p style="text-align: center;">Skepticism About Correlation</p>	<p>Although most women agreed conceptually with the correlation between and healthy weight gain and a healthy baby, some of them were skeptical based on stories they related to the contrary.</p> <ul style="list-style-type: none"> ▪ <i>"I don't know.....I've gained 30 pounds and the baby measures small."</i> ▪ <i>"So what if it is small.....what difference does it make.....6 pounds or 8 pounds."</i> ▪ <i>"I don't think about it.....they told me if the baby was born today (at 4.5 lbs.) it would be healthy."</i> ▪ <i>"I gained 40 pounds with one baby who weighed 7 pounds, 8 ounces and 31 pounds with the next baby who weighed 7 pounds, 9 ounces."</i> ▪ <i>"My sister-in-law gained almost 50 pounds and the baby weighed 5 pounds, 8 ounces."</i> ▪ <i>"My cousin gained a lot of weight (40 lbs.) during her pregnancy and the baby only weighed 6 pounds."</i>

CORRELATION: WEIGHT GAIN AND BABY'S HEALTH

Quality vs. Quantity	<p>Many women believe what they eat during pregnancy is more important than how much they eat.</p> <ul style="list-style-type: none"> ▪ <i>“It’s good to have a balanced diet but I don’t believe what people say that more weight gain the bigger the baby’s going to be.”</i> ▪ <i>“It’s what you eat rather than how much you gain. You can have a healthy baby if you just eat the right foods.”</i> ▪ <i>“You may gain 4 pounds but have a 9 pound baby because you’ve eaten the right things.”</i> ▪ <i>“I get essential nutrients from my prenatal vitamins.”</i> ▪ <i>“I rely on the blood tests for iron, glucose, etc.....you think if something was wrong they would tell you.”</i> ▪ <i>“The nutrients one consumes are more important than the mere fact of gaining weight.”</i> ▪ <i>“You could gain a lot and the baby still could be tiny because of what you were taking in.”</i> ▪ <i>“The nurse told me if I eat too many carbs the baby could be hypoxic and have brain damage.....that scared me..... I was eating a lot of bread and pasta.”</i>
Other Variables	<p>Focus group participants talked about other variables that influence the correlation between weight gain and pregnancy outcome. These include genetics, altitude, digestion and first trimester nausea.</p> <ul style="list-style-type: none"> ▪ <i>“I wonder what effect the altitude has.”</i> ▪ <i>“Genetics has a lot to do with the size.”</i> ▪ <i>“It’s genetics.....if the parents are small, so is the baby.”</i> ▪ <i>“It depends on the woman and how her digestive system works.”</i> ▪ <i>“It’s hard to control weight gain early on since vomiting and nausea are so common.”</i> ▪ <i>“Small babies might look OK when they’re born but eventually they have health problems.”</i>
Baby First	<p>Some pregnant women tend to worry less about their own weight gain because they believe that their body gives first priority to the baby.</p> <ul style="list-style-type: none"> ▪ <i>“The baby takes it (nutrition) first and then your body gets what’s left over.”</i> ▪ <i>“The baby gets the nutrition first so I would be the one deprived and the baby would be fine.”</i> ▪ <i>“If you deprive yourself, you deprive your baby.”</i>

CORRELATION: WEIGHT GAIN AND BABY’S HEALTH

Rate of Weight Gain	<p>All of the participating women said it would be ideal to gain weight at a steady rate throughout their pregnancy while at the same time acknowledging how difficult this may be to actually achieve.</p> <ul style="list-style-type: none"> ▪ <i>“It’s good if you can [gain steadily] but you can’t always control it.”</i> ▪ <i>“It’s not a gradual gain.....it always comes in spurts.”</i> ▪ <i>“You shouldn’t gain it all at the end but some weeks/months will be different.”</i> ▪ <i>“It would be helpful to have information on why and at what stages we could expect to gain more weight.”</i> ▪ <i>“It’s better for everyone to gain slowly.”</i> ▪ <i>“The baby needs to eat all nine months, not the just the last ones.”</i> ▪ <i>“I was never told how much to gain month by month.”</i> ▪ <i>“Personally I gained very little until the sixth month but I would have felt better gaining a steady amount each month.”</i>
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PREGNANCY WEIGHT /POST-PREGNANCY WEIGHT

<p>Confidence in Achieving Desired Post-pregnancy Weight</p>	<p>Monolingual Hispanic women were the least concerned of all focus group participants about achieving their pre-pregnancy weight after the baby was born. A minority of the Caucasian and bilingual Hispanic women shared their lack of concern.</p> <ul style="list-style-type: none"> ▪ From a monolingual Hispanic woman: <i>“There’s always time to lose weight later.....the baby’s health is more important.”</i> ▪ From a monolingual Hispanic woman: <i>“It’s good to take at least nine months to lose the weight it took nine months to gain.”</i> ▪ From a monolingual Hispanic woman: <i>“I know that breast-feeding will help me lose weight for the first year. I will have to keep eating a lot while breast-feeding to make sure my baby gets what it needs.”</i> ▪ <i>“I don’t worry about how much I gain because I lost it the first time.”</i> ▪ <i>“I’m not worried.....I plan to nurse.”</i> ▪ <i>“It won’t all come off all at once because you didn’t gain it all at once.”</i> ▪ <i>“It’s difficult but not impossible to lose weight.....it’s not a big concern. Often it’s easy to lose weight just by taking care of the baby.”</i>
<p>Fear of Achieving Desired Post-pregnancy Weight</p>	<p>Mid- to high-income Caucasian women were particularly concerned about achieving their desired weight after the baby was born. They feared that some of their pregnancy eating habits would remain with them after they delivered.</p> <ul style="list-style-type: none"> ▪ <i>“I’m concerned because I gained everywhere else [besides the belly].”</i> ▪ <i>“I worry that I might not be able to reduce my portions back down to normal.”</i> ▪ <i>“I keep looking at my jeans and saying [hopefully] I’ll be back to you someday.”</i> ▪ <i>“My mom kept on a lot of weight and I don’t want to.”</i> ▪ <i>“It’s easier if you gain less.....not more than 30 pounds.”</i> ▪ <i>“Hopefully I won’t be as hungry after the baby.”</i>
<p>Doctors’ Advice</p>	<p>One woman’s doctor said she’d lose most of it in a week. Another’s cautioned her not to eat during pregnancy just because she was hungry.</p> <ul style="list-style-type: none"> ▪ <i>“My doctor told me it’s a lot of water and I’d lose it in a week.”</i> ▪ <i>“My doctor says it’s the extra progesterone in my body that makes me want to eat, not the baby so I shouldn’t always eat when I’m hungry.”</i>

PREGNANCY WEIGHT /POST-PREGNANCY WEIGHT

Need More Information

Some women don't know what to expect their bodies to do after pregnancy.

- *“No one tells you what to expect after pregnancy.....will my stomach go back down right away? What do you eat when nursing?”*
- *“I'd like to know how breast-feeding affects my weight loss after I deliver.”*

SUGGESTED PUBLIC HEALTH MESSAGES

<p>Focus on Having a Healthy Baby</p>	<p>When asked what kinds of messages might be most helpful in influencing women to achieve adequate weight gain during pregnancy, the most consistent response across groups emphasized the correlation between adequate weight gain and the health of the baby.</p>
<p>Potential Consequences of Inadequate Weight Gain</p>	<p>Some participants thought it would be important to remind pregnant women who try to minimize weight gain during pregnancy of the potential adverse consequences for the baby.</p>
<p>Provide Weight and Nutritional Education</p>	<p>In every focus group there was a sense that some pregnant women do not have the information they need to achieve appropriate weight gain and eat nutritiously. Hispanic women thought pregnant women should be encouraged to talk to their doctor (midwife) about these issues.</p>

- *“Tell them they need to think of their babies, not themselves first.”*
- *“Remind them they are bringing a new life into the world.....they should do what they can to make it a healthy life.”*
- *“A pregnant woman’s first priority should be her baby.”*
- *“Focus on the health of the baby.....it’s why some babies are at risk.”*
- *“Give words of encouragement about how what they eat affects their baby.”*

- *“Emphasize the correlation between inadequate weight gain and pre-term labor.”*
- *“Talk about the long-term health impact to premature babies.”*
- *“Not having a high risk baby is motivation for me to eat well.”*
- *“Stress consequences to the baby [of inadequate weight gain].”*
- *“It’s easier to lose weight than to lose a child.”*
- *“An early baby is usually sickly not just as a baby but their entire childhood.”*
- *“Give them the information that the SIDS Foundation puts out. They say that a higher percentage of low birth weight babies die from SIDS.”*

- *“Give information on how the weight is distributed: placenta, breasts, blood, etc.....how it adds up to 24 pounds.”*
- *“Talk about what happens to your body and how you should feel.”*
- *“The range of normal weight should be raised.”*
- *“They need to take in as many nutrients as possible, especially protein and dairy.”*
- *“The pregnant women I know aren’t gaining.....they need to hear how important it is to gain.”*
- *“Some women stop when they gain 20 pounds.....give the message that 40 to 60 pounds is OK.”*
- *“Tell them to go to the doctor (midwife) to get the information they need.”*
- *“Say don’t go on a diet while pregnant unless recommended by a doctor.”*
- *“A lot of people think labor would be easier with a small baby.”*

SUGGESTED PUBLIC HEALTH MESSAGES

Women Need to Feel Supported	<p>Some of the participants felt pregnant women need to feel supported in gaining weight during pregnancy. The type of support might be different for married versus single women.</p> <ul style="list-style-type: none"> ▪ <i>“Tell them that it’s OK to gain weight [during pregnancy] and if you don’t lose it [later] that’s OK too.”</i> ▪ <i>“Women need to feel supported.....have a phone number to call.”</i> ▪ <i>“Lots of women are scared if it’s their first time.....they need to be supported.”</i> ▪ <i>“We need different messages for women who are supported by a spouse and those who are not.”</i> ▪ <i>“You get a whole list of what not to eat but not what you can eat.”</i> ▪ <i>“Emphasize TRY TO.....not HAVE TO” (regarding eating nutritiously).</i>
Who Should Deliver the Message	<p>When asked who should deliver these messages to pregnant women the most popular answer among Caucasian and bilingual Hispanic women was other non-celebrity pregnant women. Monolingual Hispanic women emphatically insisted that messages come from the doctor (mid-wife.) Some mid- to higher-income Caucasian participants also wanted to hear it from their own doctor. Low income Caucasian suggested a nurse or WIC clinic provider. In a couple of groups the suggestion was made to have a woman who had a poor birth outcome due to inadequate weight gain deliver the message.</p> <ul style="list-style-type: none"> ▪ <i>“A young healthy looking pregnant woman.....not a movie star.”</i> ▪ <i>“I want to hear it from women who’ve been there.....it feels better that way.”</i> ▪ <i>“Show different types (sizes) of pregnant women..... a whole range of normal.”</i> ▪ <i>“We have a tendency to compare ourselves to other people so I would like to see more normal looking pregnant women.”</i> ▪ <i>“The Hollywood stars give a false impression of what a pregnant lady should look like.”</i> ▪ <i>“Celebrities may not be people we can identify with.”</i> ▪ <i>From a Monolingual Hispanic woman: “I’ll pay more attention to the doctor than my husband.”</i> ▪ <i>“If you hear it from your doctor over and over it might be more meaningful.”</i> ▪ <i>“Male doctors shouldn’t give information on weight gain.....all they know is from books.”</i> ▪ <i>“No doctor really knows your body like you do.”</i> ▪ <i>“A midwife [should give the message] if she’s had a baby herself.”</i> ▪ <i>“Our society is so obsessed with weight.”</i>

SUGGESTED PUBLIC HEALTH MESSAGES

How Should Messages Be Delivered

Universally, participants felt enriched by engaging in the focus groups. Many thought it would be an ideal forum for delivering messages on weight gain and nutrition. Monolingual Hispanic women long for pamphlets and brochures in their own language. Women of both cultures suggested TV spots, the Internet and popular magazines as places to deliver public health messages regarding appropriate weight gain during pregnancy.

- *“Have groups where mothers can ask questions.”*
- *“Deliver messages in small groups like this.”*
- *“Pregnant women can learn from each other.”*
- *“The Internet.”*
- *“I would trust a doctor more than a TV spot.”*
- *“Popular magazines like Time, People, Vibe, Good Housekeeping”*
- *“Television”*
- *From monolingual Hispanic women: Pamphlets, brochures, magazines in Spanish.”*

OTHER IDEAS FOR SUPPORTING WEIGHT GAIN

<p>Groups, Groups, Groups</p>	<p>Women who attended the focus groups thought it was the ideal forum for supporting pregnant women in adequate gain. They particularly like learning from and being supported by each other. Monolingual Hispanic women suggested a group led by a health care professional. Some women found incredible support just from being around other pregnant women in their pregnancy exercise classes.</p>
	<ul style="list-style-type: none"> ▪ <i>“Hold more groups like this with opportunities to talk with other women.”</i> ▪ <i>“That’s why I wanted to come to the focus group.....I wanted to hear about women and health and what they’re eating.”</i> ▪ <i>“It’s nice to talk to women who are currently pregnant.”</i> ▪ <i>“I would like a pregnant support group.....I feel so alone being pregnant.”</i> ▪ Suggested by monolingual Hispanic women: <i>“Have conversational groups with a doctor or nurse who has given birth and can explain what will happen to us.”</i> ▪ <i>“Have support groups for women who aren’t gaining enough weight led by someone who has gone through the same thing and can teach them that it’s not impossible to lose the weight afterwards.”</i> ▪ <i>“Publicize the women’s groups that are already available. When I found the pregnancy exercise class I felt supported. I liked being with other pregnant women.....it gave me a positive outlook.”</i> ▪ <i>“I joined the YMCA and every Tuesday we have exercise class and get emotional support as well.”</i>
<p>Intercept Societal Messages</p>	<p>Although women acknowledged that changing societal messages was probably beyond the scope of this project, they wanted to voice their opinions about it.</p>
	<ul style="list-style-type: none"> ▪ <i>“Stop putting skinny people on billboards and TV.”</i> ▪ <i>“Change societal messages about the importance of being thin. Movie stars aren’t seen the first three months after they deliver until they have their tiny stomach back.”</i>
<p>Make Information Affordable/ Accessible</p>	<p>Although they acknowledge that there is plenty of information available on pregnancy and nutrition in print and video format, some women find it expensive or inconvenient to access the information.</p>
	<ul style="list-style-type: none"> ▪ <i>“ Books are expensive. Week by Week is \$30; the DVD I wanted is \$22.”</i> ▪ <i>“Kaiser has things to watch at the clinic but my boyfriend works during the day.”</i> ▪ <i>“Things at the library are really outdated.”</i> ▪ <i>“If I have a nutrition question no one in the doctor’s office will want to take time to listen. I’d have to leave a message and no one would call me back for a couple of days. They should be more accessible.”</i> ▪ <i>“Have a place to rent the movies.”</i>

OTHER IDEAS FOR SUPPORTING WEIGHT GAIN

More Education

Participants brainstormed several creative educational ideas for supporting pregnancy weight gain from insurance companies promoting information to a 24- hour hotline. Monolingual Hispanic women wanted visual charts and cooking classes. Some women took one final opportunity to emphasize the need for doctors to educate them in their offices.

- *“Get the doctors talking about it.....they need to give more information and spend more time.”*
- *“Have a class early in pregnancy like they have Lamaze later in pregnancy, to talk about nutrition.”*
- *“Maybe insurance companies could promote the messages when their clients get pregnant.”*
- *From a high-income Caucasian woman: “Maybe WIC, Planned Parenthood and Social Services could give out information.”*
- *“Offer information about how to prepare healthy food and make visual charts showing the foods we should buy.”*
- *“Offer cooking classes in Spanish.”*
- *“Establish an 800 line that offers information about pregnancy in English and Spanish. Advertise the line on TV.”*
- *“At 28 weeks you’re in and out of the office. Maybe that would be a good time to talk about nutrition.”*

Better Maternity Clothes

Some participants thought that current maternity fashions only add to the problem of women feeling fat during pregnancy. They suggested that more slimming fashions might reduce the fixation many women have with weight gain during pregnancy.

- *“I couldn’t fit into anything at ‘Pea in the Pod.’ They need to make maternity clothes bigger.”*
- *Maternity clothes should be more attractive.....everything I saw at ‘Kohl’ was bright orange or lime green or had polka dots. Why do they think you want to wear that when you’re big already?”*
- *“They should make maternity clothes to be slimming.”*

CONCLUSIONS

Pregnant women often struggle with a lack of support for the weight they should gain during pregnancy. They are not supported by a society that promotes slim female bodies, even during pregnancy. They do not feel supported by physicians who do not talk to them about weight gain expectations during pregnancy. Some do not even feel supported by their mothers who themselves were advised to keep pregnancy weight gain below 20 pounds.

As a result, many pregnant women try to emulate pregnant movie stars and the thin pregnant models they see in pregnancy magazines. They fear they will not return to pre-pregnancy weights after delivery so they set their pregnancy weight gain goals at the lower end of normal. Several have known women who have had healthy babies despite low pregnancy weights, so they dispute the correlation between healthy pregnancy weight gain and a healthy baby. With the exception of monolingual Hispanic women who still subscribe to cultural norms that support healthy pregnancy weight gain, many pregnant women are determined to minimize the number of pounds they gain during pregnancy.

Although information about pregnancy weight gain is abundant through numerous books, pamphlets and Internet sites, knowledge is not enough. Women want ongoing information and support regarding pregnancy nutrition and appropriate weight gain from their health care providers. Those who have experienced both types of providers prefer to discuss weight gain with a nurse or nurse-midwife rather than the doctor. Women also say they feel supported when they can talk with other pregnant women who, they feel, normalize their weight gain experience.

Campaigns designed to improve pregnancy weight gain behaviors must therefore be targeted at both medical providers and pregnant women. Physicians must be made aware of the critical role they play in supporting women's weight gain during pregnancy. They must also know that they may not be the ideal person to counsel and support women in healthy weight gain but instead be able to refer pregnant patients to other female providers (nurse mid-wives, nurses, nutritionists) who can. Campaigns targeted at pregnant women should include messages that stress the atypical features of movie star pregnancies and dispel fantasies about unrealistically low pregnancy weight goals. They must strongly emphasize the correlation between adequate pregnancy weight and healthy birth outcomes. They should also reassure women about the ease of post-pregnancy weight loss especially for those who breastfeed.

Lastly but most importantly, messages should leave women with information about where to find supportive environments where they can interact with other pregnant women, nurse midwives and nutritionists who understand and promote healthy pregnancy gain. Only when women can accept weight gain as the normal and healthy aspect of pregnancy that it is, can we expect to affect the low birth weight problem associated with inadequate weight gain during pregnancy.

