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Obesity-Related Pregnancy Complications and Midwives Views

Saba Kar*

Department of Gynecology, University Hospital Southampton NHS Foundation Trust, Tremona Road, Southampton SO16 6YD, United Kingdom

Abstract

Key maternity care professionals include midwives and obstetricians, who are also the most reliable sources of information on diet and prenatal weight gain. However, there hasn't been any research done in Ethiopia on their perspectives, behaviours, or perceived difficulties in managing pregnancy-related weight gain. This study sought to examine the opinions and observations of obstetricians and midwives about prenatal weight growth and postpartum weight management.

Keywords: Maternity; Weight; Obstetricians; Pregnancy

Introduction

Weight increase in pregnant women is expected because of the physiological changes that occur during pregnancy. There are several recommendations for Gestational Weight Gain (GWG). The 2009 United States Institutes of Medicine (IOM) recommendations guideline was, however, the source of adaptation and similarity in the majority of them. None of these recommendations were made for Ethiopia or environments resembling Ethiopia. The IOM advises that obese women acquire 5 to 9 kg, overweight women gain 7 to 11 kg, normal weight women gain 11.5 to 16 kg, and underweight women gain 12.5 to 18 kg. Health concerns for both the mother and the baby can result from gestational weight gain that exceeds the IOM's guidelines. Low Birth Weight (LBW) and preterm birth are serious risks for pregnant women who do not acquire enough weight. The chances of caesarean delivery, pregnancy-related hypertension, postpartum weight retention, and the onset of long-term obesity, on the other hand, rise with high GWG [1].

Following pregnancy or during the postpartum period, women are most susceptible to making the switch from being of normal weight to being overweight or obese. Giving pregnant women advice on managing their diets and achieving healthy gestational weight enhances the probability that they will do so, which has an impact on their future health. A number of variables affect weight control during pregnancy. These include the knowledge, attitudes, and concerns of pregnant women regarding weight management; the knowledge and confidence of healthcare professionals regarding GWG counselling; the perceived sensitivity of GWG by healthcare professionals; the importance given to GWG issues; the lack of time available to discuss weight and nutrition during pregnancy care; and a lack of familiarity with GWG guidelines. During antenatal care appointments, midwives and obstetricians are in a good position to counsel expectant women on how much weight to gain and how to manage nutrition and GWG properly [2, 3].

The focused antenatal care model is still used in Ethiopia, despite the 2016 World Health Organization (WHO) Ante Natal Care (ANC) model recommending a minimum of eight ANC contacts. As a result, about 90% of women in places like Addis Ababa receive four ANC contacts (first contact before 16 weeks of pregnancy; second between 24 and 28 weeks of pregnancy; third at 32 weeks of pregnancy; and the fourth visit at 36 weeks of pregnancy). Women at Addis Abeba's public health facilities who are expecting naturally are cared for by midwives at the health centre level, while those who are expecting naturally but have complex pregnancies are cared for by obstetricians at the hospital level [4].

The most dependable source of knowledge on diet and GWG is midwives and obstetricians, who play a crucial role in providing maternity care. There aren't many research in Ethiopia that specifically address GWG. The opinions and procedures of obstetricians and midwives about GWG and postpartum weight control have not been the subject of any study. Given that obstetricians and midwives have a significant impact on perinatal women, it's crucial to comprehend their perspectives, obstacles they believe stand in the way of managing GWG, and GWG treatment techniques. The purpose of this study was to investigate how obstetricians and midwives in this environment felt about GWG and how to control postpartum weight [5-7].

Discussion

In the current study, obstetricians' and midwives' perspectives, behaviours, and observations related to GWG and postpartum weight control were examined. Participants in the study knew nothing about the ideal rate of prenatal weight increase. Nearly all participants were not aware of the IOM GWG guidelines' existence. The necessity for a GWG directive suitable for Ethiopia was considered by the attendees. They discovered that many women had the idea that it was better to avoid gaining weight while pregnant and instead wait to do so after giving delivery. Participants acknowledged that they did not offer prenatal counselling on weight management. Absence of consideration for GWG and postpartum weight loss difficulties was the most frequent justification for the lack of counseling [8].

All participants agreed that owing to physiological changes experienced during pregnancy, pregnant women need to acquire weight. However, scientists saw that pregnant women had no desire to put on weight. More than 67% of pregnant women in Ethiopia have weight increase below the IOM standards, according to research conducted in major Ethiopian towns like Harar and Addis Abeba. This may be because pregnant women limit their food intake because they believe that doing so might result in a baby that is big for gestational age and difficult to deliver, or because the IOM recommendations are

***Corresponding author:** Saba Kar, Department of Gynecology, University Hospital Southampton NHS Foundation Trust, Tremona Road, Southampton SO16 6YD, United Kingdom, E-mail: saba.kar@12.edu.in

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inappropriate in this situation [9].

The research participants' citations of GWG guidelines differ from one another and from those of the IOM. This may be partially attributed to the lack of relevant GWG recommendations for Ethiopia, which forces obstetricians to rely on a range of foreign resources, including books and websites. In contrast, the majority of midwives only identified a goal weight gain for women of average weight, and there was disagreement among midwives over how much GWG was anticipated for women who were underweight, overweight, or obese. Our results are in line with earlier research showing that midwives, especially in high-income nation settings, are unaware of the proper dosage of GWG. This suggests that there is a need to increase awareness of the necessity of GWG, the appropriate dosage, and the management of GWG by midwives and obstetricians [10].

Conclusion

Nearly all research participants were unaware of the IOM guideline's existence or its suggestions. They recommended that GWG policies be created specifically for Ethiopia. Obstetricians emphasised the need of include information in such a guideline on the nutrition and energy density of regional cuisines as well as the quantity of energy required during pregnancy. Midwives also lacked the assurance to provide dietary counselling. Another study conducted in Ethiopia suggested providing midwives with brief in-service training to assist with activities related to nutrition and GWG counselling. This study investigated the views of Ethiopian obstetricians and midwives on GWG and postpartum weight retention. According to the study, participants' knowledge and behaviours about counselling expectant mothers on healthy weight increase varied. The midwives and obstetricians have noted that many women have misunderstandings about how to maintain their weight during pregnancy. Obstetricians prioritized other health concerns above GWG and dietary advice whereas midwives lacked trust in their ability to do so.

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Conflict of Interest

None

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