Information on Nutrition during Pregnancy : Experiences of Pregnant Women and Practices of Midwives and Dietitians

SCHMIED Marielle[1], CARRARD Isabelle[2], GERBER Cindy[1] & HAMMER Raphaël[1]

Introduction

Pregnancy is a key time for adopting healthy eating habits. Expectant mothers become more mindful of their diet, aware of its impact on their well-being and their child's[3]. However, nutritional recommendations can be difficult to follow on a day-to-day basis due to physical and physiological changes, and societal expectations of motherhood[4].

This qualitative study explores pregnant women's perceptions and understandings of dietary recommendations, as well as views of midwives and dietitians on their practices regarding nutritional advice.

Data

Twenty pregnant women, between 17 to 35 weeks of amenorrhea, with no particular eating disorders or risk factors were interviewed about eating habits changes, weight gain concerns and perception of nutritional recommendations during pregnancy.

Six midwives and four dietitians were also interviewed in focus groups about their information practices.

All interviews were transcribed, and thematic analysis was applied.

Pregnant women's experiences

Pregnant women reported often receiving **insufficient information,** particularly from their gynaecologist, regarding high-risk foods and nutritional guidance. As the first consultation often occurs at the end of the first trimester and covers many topics, nutrition is addressed only briefly - primarily in relation to infection risks - leaving **little room for personalised discussion**.

Faced with **contradictory advice** and a **lack of clear** professional **guidance,** pregnant women developed coping strategies like putting things into perspective or creating their own rules, but feelings of **guilt**, **anxiety** and **discontent** were common.

Most interviewees received little support from their partner and assumed alone their dietary changes. In search of more information on how to do things properly, they mainly turned to the Internet and books, while keeping at bay the advice of older people, friends and family.

Pregnant women reported **concealing their pregnancy** until the end of the first trimester, making dietary adaptation particularly **challenging**, especially **in** social settings**,** where adhering to food safety precautions proved more difficult.

"It was quite anxiogenic for me, to learn that I'm pregnant, I hadn't been careful to some things before, and I had to wait for this first appointment where we get the information."

"From one gynaecologist to another, and between midwives and gynaecologists, they don't say the same things. So, at some point, you kind of have to make a choice... there are so many contradictions…"

"It's precisely during the first three months, when we can't really talk about it because the pregnancy isn't sure, that's when there are loads of questions..."

Midwives / dietitians perspective

Health professionals regretted seeing the women **late in pregnancy** and often in group settings, making it difficult to provide personalised follow-up—except for the midwives who had been involved since the beginning of the pregnancy. Most professionals reported **fear of stigmatising** women for their food choices or weight, leading them to provide only brief information or to avoid some topics.

"It's tricky, because if I meet these groups late, I don't want to make them feel guilty about something they haven't been informed about earlier."

Key Points

- ✓ Nutritional monitoring struggles to meet women's needs.
- ✓ Three primary concerns were highlighted by women in order:
  - The risk of infection
  - Weight management (both during and after pregnancy)
  - The aspiration to adopt healthier eating habits

Implication for practice

- ✓ Early nutritional consultation during pregnancy by a midwife and/or a dietitian could provide personalised guidance and support the implementation of healthy eating behaviours.
- ✓ Individualised information on gestational weight gain – aligned with nutritional advice and physical activity recommendations – may help reduce anxiety and improve maternal understanding.

References

1. Haute école de santé Vaud, HES-SO
2. Haute école de santé Genève, HES-SO
3. O'Brien, O. A., Lindsay, K. L., McCarthy, M., et al. (2017). Influences on the food choices and physical activity behaviours of overweight and obese pregnant women: A qualitative study. *Midwifery*, 47, 28–35.
4. Grenier, L. N., Atkinson, S. A., Mottola, M. F., Wahoush, O., Thabane, L., Xie, F., Vickers-Manzin, J., Moore, C., Hutton, E. K., & Murray-Davis, B. (2021). Be Healthy in Pregnancy: Exploring factors that impact pregnant women's nutrition and exercise behaviours. *Maternal & child nutrition*, 17(1), e13068.

Financial support - This study was funded by the Health Faculty of the University of Applied Sciences and Arts, Western Switzerland (HES-SO).