



**Fieldwork on weight management during pregnancy
and after childbirth**

**Report to the National Institute for Health and Clinical
Excellence**

Appendices

GSB Reference: CR2294/97

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APPENDIX A: WORKSHOP SUMMARIES

1.1 London Workshop Summary

Workshop details

Location: London

Date: 26.02.10

Time: 10.00am – 4.00pm

Delegates attending: 25

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

The wording of the recommendations is very clear, especially for non health professionals. The guidance is very relevant and will help raise awareness in professionals who are not totally involved in weight management.

The scope for the guidance is slightly narrow, as more detail is needed on prevention of childhood obesity, promoting breastfeeding and prolonging breast feeding. Breastfeeding should have been included more in the recommendations.

The recommendations also need to bring in more aspects of the family as women are a key stakeholder for nutrition in the family. However, in contrast, the recommendations benefit from focusing on the mother and make women aware of the issues of being overweight. It is beneficial to have separate guidance that is for women instead of the whole family. Nevertheless, it was also suggested that the family can motivate women to control weight.

The recommendations need to be expanded to include women of childbearing age, including teenage girls.

Access to services by teenage girls and socially deprived women needs to be addressed by the recommendations. Also, many women from low SES groups do not understand what BMI is. This needs to be addressed by the recommendations.

The recommendations all relate to overweight women and do not cover pressure to be thin and the mental health issues associated with this. Guidance is also needed on underweight women.

The recommendations miss the psychological and social aspects of eating. There is a need to include more information on therapists and mental health professionals in the recommendations, as there is a connection between mental health and obesity. Post natal depression also often occurs due to weight changes, indicating a need to address mental wellbeing.

It is important for the recommendations to state why it is important for women to have themselves weighed and that they should not do this on poor equipment at home. It should be recommended that they actually visit services to be weighed on quality equipment.

The recommendations need to cover the role of peer support in weight management.

The role of fathers also needs to be covered by the guidance as the weight of fathers can have a major impact on a child's weight.

The recommendations are not detailed enough to be understood and used effectively. For example, 'increased risks' needs to be defined.

The recommendations are very broad for Commissioners and they need to provide more direction. More detail on behaviour change is needed, including assessment and motivational interviewing.

More detail is also needed on the responsibility of mothers to be a healthy weight for their baby.

A greater focus needs to be put on prevention in the public. For this, schools could be involved to educate on prevention.

Feasibility and Impact

In order to implement the recommendations the structure needs to be present in the first place. For example, there needs to be knowledge on nutrition and weight by midwives.

The recommendations would not be able to be implemented if there is not any funding, for example to train health professionals.

Health professionals need to be trained on how to raise the issue of weight with women and parents. This is a sensitive issue and many professionals do not want to raise the issue.

The media could be used to implement the recommendations by giving accurate information by health professionals. This would also reach many women.

Continuity between PCTs is needed in order to implement the recommendations as the focus on weight in pregnancy differs. There is a need to get all PCTs together and highlight the issue of health and cost implications in the long term. More resources are not necessarily needed for this. Instead improvements could be made to current resources. There is a need to identify what already goes into a system and utilise it better.

The recommendations may not be feasible for people of low socio economic status, as they may not want to make more than one visit to see a midwife as well as a dietitian. Therefore, one service is needed that covers all areas.

The recommendations do not present anything new. Most issues covered by the recommendations are already carried out.

There is opportunity for the recommendations to link with Start for Life and Change4Life. They could also link to the Healthy Child Programme.

It is not feasible to offer referrals to dietitians to all women with a BMI over 30, as the service would suffer from capacity issues and would not be able to cope with all the referrals. Evidence is needed for outcomes of the recommended services.

In some cases service re-design would be needed to implement the recommendations, as well as improvement of skills and knowledge of the professionals.

Weighing antenatally and at six to eight weeks after birth, as suggested by the recommendations, would affect the length of interventions and could impact the practicality of interventions.

There is currently still a lot of fear of what services to recommend and giving patients choices of what is available in the community due to litigation issues. Accredited services need to be available that professionals can recommend to women. Exercise referral can also be difficult to promote by GPs.

Inclusiveness

Delegates identified that some healthcare professionals may be overweight themselves and thus may not bring up this issue. However it was also noted that it is the “duty of care” for healthcare professionals to provide such a service.

It was stated that whenever an issue (such as being overweight) affects the baby’s health, it is even more important to deal with such issues.

Delegates also noted that the initial work needs to be done to examine and explore the root cause as to why the individual is overweight in the first instance - delegates thus suggested that ‘psychology’ needs to be taken into account also with regards to the recommendations.

Delegates noted that peer support was useful in ensuring inclusiveness, as this can provide targets for mothers to work towards and also provide a support network. However, it must also be recognised that there is a risk of providing bad advice e.g. what exercises to do, etc.

Delegates also noted issues with finding appropriate exercises for pregnant women. It was cited that the recommendations provide information on who should take action e.g. leisure centres, however no explicit information is provided on what pregnant mothers can and cannot do.

Delegates stated that ‘travellers’ and ‘nursing mothers’ were not covered within the recommendations.

Delegates also suggested that the recommendations should be made more clear, that they apply to all females of child bearing age (regardless of specific age).

Previous experience

N/A

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, 7 delegates discussed three recommendations in group 1 and 8 delegates discussed the recommendations in group 2.

GROUP 1

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The title of the recommendation is inaccurate – it should read ‘women who could become pregnant’ in order to cover all groups.

Those who should take action should also cover women, as they should also take responsibility for their weight.

There was mixed feelings regarding 'check fit of clothes' – although this is beneficial to raise awareness. However, it can be read as if health professionals should check the fit of women's clothes rather than the women doing it themselves. Therefore, this should be worded differently.

'Sensitivity' should be included by the recommendation to advise professionals how to approach the issue with women appropriately.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Experience shows that the recommendation is not feasible to implement.

There are big training issues of how to bring up weight issues by health professionals. Communication skills are needed.

The recommendation does not cover the wider environment. Wider stakeholders such as planners need to be included.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

PCTs should ensure that women have access to services. The recommendation does not cover the need to increase availability of pre-conceptual care. The media could be used to reach women and educate on preconceptual care.

The recommendation aspires to address 'average' women who use NHS services. However, as it stands it is more appropriate for private service users.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would have no impact as it is not targeting the main population and does not address pre-conceptual care.

Including the media and education for prevention would have a greater impact.

Question 1e: Can you please provide any other comments on this recommendation

N/A

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The title of the recommendation should be changed to ‘women of childbearing age’.

The recommendation is based on a presumption that women with a BMI over 30 are known by professionals, have been weighed and had their BMI measured.

The commissioning process is not covered, as there are very few services to access.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

There is currently not a way of identifying these women. Only those who access GPs will be identified.

Women who do not speak English and are from different cultures may not know what BMI is. In some cultures ‘bigger is better’.

The recommendation will be feasible if social skills training is available and provided to professionals.

Good communication and record keeping of BMI measurements need to be kept in order to implement the recommendation.

The recommendation needs to highlight that it is everyone’s responsibility to provide advice on weight management.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The recommendation depends on how GPs address the issue of weight, as it is not often mentioned. It is important to take opportunities to raise awareness with sensitivity.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would not have an impact. Availability and capacity of services has to be acknowledged by the recommendation.

Question 2e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation needs to cover the point at which BMI should be measured – e.g. at booking stage or throughout pregnancy, as at some point during pregnancy BMI will reach over 30, which is normal.

The GP is not necessarily the first point of contact for a woman. It is often the midwife. Therefore the recommendation should state ‘during a woman’s first visit with a health professional’.

There is a need to cover early mention of breastfeeding.

Recommending three exercise sessions per week is very specific but may not be appropriate for some women.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Not all issues can be covered in the first visit. Therefore, it is important to signpost to programmes such as Change4Life. The issue of what is offered at first visits needs to be re-addressed.

Offering referrals to dietitians is not practical, as services may not have the capacity to cope with so many referrals. Some women may also not want to see a dietician. There is a need to know the cost and outcomes of dietitians.

The clinical pathway is not covered by the recommendation. For example, obstetrics should refer to weight management programmes and clinical services should be encouraged to link with public health.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

PCTs could look at commissioning a specialist weight management midwife and replace dietitians with weight management services. At present antenatal dietitians do not exist.

There are huge psychological issues around pregnant women and their weight, which need to be addressed by the recommendation.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

There would be a great impact if all women with a BMI over 30 were referred to dietitians, as capacity issues would not allow this.

Question 3e: Can you please provide any other comments on this recommendation.

No other comments.

GROUP 2

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates noted that most people will not meet a health professional when they are planning for pregnancy (i.e. when they are not yet pregnant) and in this sense the recommendation is not wholly relevant. The delegates noted that a greater emphasis needs to be placed on education and the media with the issue of awareness raising in general being seen. As a result of this, it was stated that schools have a “huge role to play in awareness raising”.

It was also suggested that existing practices be used to help implement the recommendation e.g. the change for life scheme.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates noted that the quality of care varies from surgery to surgery and thus this needs to be taken into account when implementing the recommendation.

Other factors which may affect implementation of the recommendation include:

- Resources e.g. time and money;
- Most pregnancies are unplanned; and
- No preconception service.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates recognised the following barriers:

- Work proactively with media to raise awareness;
- Should health professionals be the first point of call for those planning a pregnancy?
- Being aware of wider programmes (e.g. change for life);
- Be aware of cultural issues and ensure these are taken into account.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that it should be initially identifiable who individuals should go to when they are planning a pregnancy.

Question 1e: Can you please provide any other comments on this recommendation.

None

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

In terms of contact for the first bullet point in who should take action, delegates suggested that the sentence “Encourage them to lose weight before becoming pregnant **again**”, should be changed as the woman may not yet have had a child and this was thought to be confusing.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted that the guidance needs to be available on commissioning preconception care before the recommendation can be implemented.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that the recommendation does not take into account unplanned pregnancies and assumes that all pregnancies are planned and that all women will access preconception services.

It was also suggested that financial support for women accessing the programme should be seen.

Delegates also stated that the recommendations do not take into account the underlying causes to obesity and motivation of women to change. It was stated that “women need to be ready for change before accessing services”.

It was stated that the recommendations and guidance in general needs to be about health, in general, and not specifically on obesity.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

No comments.

Question 2e: Can you please provide any other comments on this recommendation.

No other comments.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this

Respondents stated that clarification on whether the recommendation should focus on GPs or midwives need to be seen, as delegates stated that most pregnant women would see a midwife as opposed to a GP.

Delegates also noted that the recommendation needs to provide specific information on weight during pregnancy, i.e., what it should be.

Question 3b: What **factors** might affect the feasibility of the implementation of this

No comments.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates identified the following as being potential barriers:

Access to dietitians;

Funding /resources.

Delegates also stated that “there is no point in going to a dietician if you are going to get pre-conception (recommendation 1) in the first place”

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates suggested that Midwives have little or no capacity to implement the recommendation.

Question 3e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this

Delegates noted that the recommendation was relevant.

Question 4b: What **factors** might affect the feasibility of the implementation of this

Delegates stated that staff may not be able to be released for training “*there must be a way to minimise demand for people who do not have time*”.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

No comments.

Question 4d: What **impact** might it have on current practice in your own role or practice?

The delegates stated that if the recommendation was implemented properly – there would be a massive impact.

Delegates also reiterated the importance of education and to raise awareness.

Question 4e: Can you please provide any other comments on this recommendation.

No other comments.

GROUP 3

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegates thought that this recommendation was relevant especially the first bullet point.

Delegates said that some of this recommendation was too vague and that it should talk about setting targets. It was noted that people will be motivated by having goals.

Delegates requested further clarification on who health trainers were as referred to under ‘Who Should Take Action’ part of the recommendation. The group were confused over health trainers and thought that at present this might be open to interpretation as many would not understand who these were.

Delegates requested that this recommendation be amended to include all women of child bearing age. They noted that this would include teenagers. They said that at present it was unclear if this recommendation included these groups of women.

Delegates said that health professionals might not have the training to provide advice to women on healthy eating. They thought that this should not only be healthy eating but should be extended to include physical activity.

Delegates said that this recommendation is aimed at the pro-active women rather than those that are not and that might benefit from this the most.

Delegates also noted that this recommendation should link into the Change4Life campaign.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted that in order for this recommendation to be implemented effectively appropriate training would need to be provided to everyone and this should form part of every ones core skills. Questions were raised by delegates as to who would deliver this training. There were also concerns over the number of people needed to deliver the training.

Delegates also expressed concerns if they would be “getting the right sort of people at the fitness centres”. Also whether these types of services are wanted by women. Delegates said that women should be consulted to explore the types of services they would use. Delegates thought that home visits should be included within the recommendation.

Delegates requested that the recommendation took a more holistic approach with a joined up set of guidance involving Schools and GPs etc...

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

No comments on barriers.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates said that with increased pressure and increasing stretched resources this may be difficult to implement.

Delegates said that some areas do not have dietitian services.

Question 1e: Can you please provide any other comments on this recommendation

No other comments.

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There were concerns over the use of BMI and this recommendation needs to recognise that there are differences in the levels for some ethnicities. For example, South Asians it should be 28 not 30.

Delegates felt that the risk factors and the first bullet point under ‘Who should take action’ should be made clearer and more specific.

Delegates wanted more clarification on who health trainers were.

Delegates thought the title of the recommendation should be changed to ‘all women of child bearing age.’

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that this may be expensive and there are cultural differences that should be taken into consideration within this recommendation. Some cultural groups do not see obesity as an issue and therefore there will be additional barriers in communicating effectively with these communities.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates discussed Quality Outcome Frameworks (QOFs). It was noted that GPs will improve their skill sets where they get their QOFs. Delegates thought that there needs to be a properly designed QOF for weight management during pregnancy and after childbirth. It was noted that if GPs are engaged through QOFs then they would be available to bring their staff on board. However, there were suggestions that this should come under GPs duty of care.

Delegates noted that “talking therapies”, were the most successful type of interventions and these should be acknowledged within the recommendation.

Delegates thought that this needs to be wider than just GPs and that opportunistic health care advice should also be offered and this should be recognised within the recommendation.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

No comments.

Question 2e: Can you please provide any other comments on this recommendation.

No other comments were provided.

Recommendation 3: pregnant women**Question 3a:** Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates really liked that this recommendation referred to eating habits as they felt this was very important. Delegates were pleased that the recommendation referred to dispelling myths around pregnancy and also felt that this was very important.

Delegates noted that this recommendation had not mentioned the importance of sleep and the link between weight and sleep. They said that this should be acknowledged within this recommendation.

Delegates said that in reality the first meeting between GP/midwife and mother was longer than one hour and this recommendation should reflect this.

Delegates noted that there is a new grant (£190) that is given to all pregnant people at 25 weeks. This grant is awarded as money as opposed to vouchers. Delegates said that they thought this recommendation should recognise this grant plus they noted that it was important this grant was awarded as vouchers otherwise there is no control over what the grant is spent on.

Delegates said that the PCTs should be included with the 'Who Should Take Action' section within this recommendation.

Delegates said that NICE should replace GPs with midwives in the first bullet point. This implies that the remaining bullet points are all on the GP when in reality this would not be the case.

There was some confusion in the group by the term healthy start scheme, however, others appeared very confident on this phase.

It was noted that the recommendation should focus on highlighting the benefits of weight management. They thought that women would be more motivated if they were told the benefits.

Where the recommendation states "Do not weigh women repeatedly..." this should be changed as it was felt this was out of date and all women should be weighed. Delegates said this needs to be changed.

Delegates noted they would like further information within the recommendation on what types of exercise could be carried out (examples provided).

Delegates thought that PCT and Trust managers should be included within the 'Who Should Take Action' section of this recommendation and for recommendation two. However, they thought this may simply be a typo.

Delegates said that they thought breastfeeding should be included within this recommendation.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted that there was a concern over the number of man hours needed to deliver this and that more resources were needed.

Delegates said that this recommendation should be linked into an appropriate weight management programme (care pathway). One delegate said that this should be linked into Maternity Care Pathway.

Some of the other factors affecting the feasibility of this recommendation being implemented were:

- Time – being able to provide enough time to people to be able to properly discuss everything;
- Proper scales – to ensure that people are being weighed accurately;
- Location – it was important to be able to have a private location that women can be weighed at;
- Communicating risks in a sensitive manner.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

The barriers listed by delegates included:

- Money;
- Resources;
- PCTs –pregnant women within PCTs not allowed to access certain services.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates said that this recommendation would have a huge impact. This was mainly due to the training that would be required. It was noted that there is currently a difficulty in releasing Midwives to attend training.

Question 3e: Can you please provide any other comments on this recommendation.

No comments.

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates said this recommendation was very vague. Delegates thought more clarity was needed on when was the starting point for ‘preparing for pregnancy’?

Delegates noted that the last bullet point was unclear and needed to be re-worded. Delegates also said that this recommendation was not clear on when the BMI should be taken.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates said that this recommendation should be linked to recommendation one. There were concerns over how this recommendation could be measured. Delegates noted that different skills were required depending on whether you were preparing for pregnancy, pregnancy or after childbirth.

Other factors affecting the feasibility of this recommendation included:

- Communication skills of the staff;
- Workforce planning needing to be involved;
- Getting GPs involved and released for training;
- Who would deliver the training?

Delegates thought that training on facilitation skills for staff would be really valuable, including motivational interviewing.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Delegates noted that a needs assessment would need to be carried out as every area would be different.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

The delegates noted the following:

- Cost;
- Time;
- Impact on initial training, as well as on-going training.

Delegates thought there should be multi-agency training so that all agencies are aware of what each other do.

On-line training was suggested as an option for delivering a large amount of training.

Question 4e: Can you please provide any other comments on this recommendation.

No other comments.

Session 3 - Group based assessment of each recommendation

GROUP 1

Recommendation 4: supporting women following childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates thought it would be unnecessary to take women's height again during the six week check as it was noted that this would not change (very much). Therefore, delegates thought that 'height' should be removed in the first bullet point under 'What action should they take'.

The 6 to 8 week check does not necessarily happen in practice. GPs are also not the correct person to carry out the check – this should be changed to 'appropriate health professional'.

Asking women if they want to be weighed six months after birth was questioned. Why six months, as this would be too late?

The recommendation is directed at the NHS; however integrated working should be encouraged.

Delegates stated that within the first bullet point in the what action should they take section, the term "6-8 week postnatal check" should be replaced with "6-8 week postnatal discharge". However one delegate in particular noted that: "6-8 week checking is pretty standard but it is not happening in general [checks for mums not happening, but it is for babies]".

It was also felt that they sensitivities surrounding weighing should be made explicit – particularly following childbirth.

Delegates also stated that the recommendation should make clear that rapid weight loss does not adversely affect breastfeeding.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation is not feasible as the 6-8 week check does not often take place.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

There is a need to establish when weight management information needs to be provided to women. Information on weight should be provided at established appointments rather than having separate appointments.

Connections should be made with Change4Life.

There is a need to listen to women and offer interventions antenatally and postnatally. There is a need to know what interventions to offer and how to commission them.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

There would be impacts on the training needs of professionals. Training needs to be identified as a priority.

Implementing the recommendation would be difficult as there are not enough resources in weight management.

Question 5e: Can you please provide any other comments on this recommendation.

It would be useful to have mental health professionals' input on this recommendation. There is no mention of the rest aspect and self nurturing after birth.

There is a need to take advice from women on what they want.

The 'sensitive' nature of the subject is only just brought in with this recommendation. It should also be included in all of the recommendations.

The recommendation is not individually tailored.

Delegates suggested that the recommendation appears to downgrade the issue of breastfeeding – it was felt that this should be an important factor within the recommendation.

GROUP 2

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates said that the content of this recommendation was “quite good as it addresses a lot of issues”. It is really important to know why women cannot lose weight.

In the second bullet from the bottom – this would be a good opportunity to tell mothers to continue breastfeeding.

Delegates said that the first bullet point was confusing and needed re-wording. They thought that the sentence “They should encourage them to lose weight before becoming pregnant again” should be moved to the start of this bullet point. Delegates also thought the phrase (if they are pregnant) at the end of the first sentence within the first bullet point should be deleted as this was confusing.

Delegates thought the recommendation should be more specific by listing the risks within the recommendation.

Delegates thought that the recommendation should be amended to encourage advice to be given on the health of the babies as a way to try to encourage mothers to change their weight.

Delegates thought the phrase “when they are ready to lose weight” was really useful and very good and important point that it should be when the mothers are ready.

Delegates thought that this recommendation should refer people on to a behaviour change strategy rather than a dietitian, or someone else that is able to provide the necessary advice (they did not feel it had to be a dietitian).

Leisure services were not mentioned in the recommendations however, the delegates said that they should be.

Delegates noted that the scope of this recommendation was too narrow and it was noted that people do not want weight management in isolation and a more holistic approach was needed that focused on the whole family. It was thought that this recommendation should be more family orientated.

Delegates said that this recommendation should link back to NICE obesity guidance.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Again delegates reiterated that the recommendations should not include referral to a dietitian as every area is different, some areas do not have dietitians, others are told not to refer people onto them. Overall, it was concluded by the group that dietitians should not be referred to specifically.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates thought it was important to use existing services more effectively. For example, using children’s services and other settings and increasing the accessibility of these services by running them in the community.

Delegates said that there should be more use made of volunteers in delivering services.

One way to overcome any barriers would be to “find out what women want” and offer them the services that they want and are most likely to therefore access.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

No comments were provided on impact.

Question 6e: Can you please provide any other comments on this recommendation.

No other comments were provided.

GROUP 3

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 7a: Please give us your opinion on the content and wording of this

Delegates stated that clarification on who the target population for the recommendation is needed. In addition to this, it was also suggested that “following childbirth” should be removed from the title of the recommendation.

Delegates also stated that community based should be defined.

Delegates described the recommendation as being an “after thought” as it did not [in their opinions] fit in with the other recommendations.

Question 7b: What **factors** might affect the feasibility of the implementation of this

Delegates noted whether the correct people are accessing Children’s Centres.

Other issues noted by delegates included:

- Cultural issues also need to be taken into account, e.g. Muslim women and swimming;
- Motivation to change required in the first instance;
- Services are already available to women, in order to encourage women to access these services may need to subsidise e.g. vouchers etc;
- Transport and travel costs – community services need to be local.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates also suggested that market research may be needed initially, to identify what women will actually use.

Further to this, delegates stated that healthcare professionals may not know what services are available and increase their awareness of the area.

Delegates also stated that breastfeeding facilities are available in community services and that “places need to be breastfeeding friendly”.

Delegates also noted that the recommendation needs to link in with other programmes e.g. Change4Life.

Question 7d: What **impact** might it have on current practice in your own role or

Delegates suggested that the recommendation may have a long term impact e.g. mothers may take children swimming etc.

Question 7e: Can you please provide any other comments on this recommendation.

No other comments.

1.2 Manchester (City Tower) Workshop Summary

Workshop details

Location: Manchester (City Tower)

Date: 02/03/10

Time: 9.30-3.30pm

Attendees: 15

Delegates attending: National Obesity forum Vice Chair & Nurse Consultant, Public Health Coordinator, Public Health Consultant Nurse, Consultant Midwife, Midwife (x2), ANC Midwife, Consultant Obstetrician, Health Improvement Specialist, Health Improvement Practitioner (x3), Dietitian, Health Development Manager (x2), Antenatal & Early Years Yoga Therapist.

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

Majority felt they were too long; however a few felt that it is very relevant that they are lengthy because of accountability i.e. they need to justify the amount of work that has gone into formulating them.

Delegates noted that the recommendations omitted underweight client management strategies. It was noted that in some cases being underweight can impact on a person's ability to conceive a child as it affects the normal hormones needed for conception. Therefore, it was noted that the recommendations should cover this end of the spectrum as well.

The recommendations also omit the use of psychiatric resources, plus addressing the issue of a woman's relationship with food was also omitted. It was thought that giving guidelines is not enough and that an element of counselling should be offered. This was also omitted in the recommendations.

There was some concern that there was no reference to what used to happen (70s and 80s) for example, an explanation of:

- Why they have stopped weighing;
- What is the average weight gain during pregnancy.

Delegates were concerned that there are no current guidelines on this and women are on average putting on 4 stone during their pregnancy but they need to know what their optimal healthy weight gain can be. Currently, there is an assumption that women will know this themselves, but they do not. Also, sudden rapid weight gain can be indicative of other medical issues e.g. preeclampsia.

Delegates all agreed it needed to be made clearer that the recommendations are for:

1. Women with a high BMI;
2. Women with excessive weight gain in pregnancy.

The latter is not explicitly stated in the recommendations. Delegates felt if normal weight women are not weighed, then how do they tailor the advice they give on excessive weight gain.

Some delegates were concerned that the recommendations imply a certain level of knowledge for everyone who is delivering them. This may not be the case and there may need to be a greater level of detail, as well as asking the question, have all health professionals who are delivering it had the relevant training?

There was also a strong feeling that on the one hand, the recommendations need to 'normalise' pregnancy i.e. give the same advice to everybody, but on the other can we 'normalise' this for women with a high BMI? The recommendations deal with women with a high BMI from a clinical perspective and women with a BMI up to 30 from a non clinical perspective – ideally this approach needs to be integrated.

“Clinics don't have the time and resources to make judgment alone, we need other organisations to provide support and these services need to be commissioned by PCT's.”

“From a non-clinical perspective we need general and basic guidance that can be given on a day to day basis, that are not clinicalised; just sensible guidelines that offer healthy eating advice through relevant campaigns.”

Barriers

The group agreed it was necessary to weigh and measure pregnant women, preferably at their first contact with a Health professional. Ideally once women are weighed there needs to be a care pathway that guides high BMI women to relevant services including mental health.

There was a feeling that women prefer to be booked at home, this may cause problems when having to weigh them such as the lack of correct equipment. For example, one delegate cited a recent equipment audit conducted in Lancashire, and found they were behind in the provision of the right type of equipment for high BMI women.

Delegates felt there was no reference to the effect that weighing may have on a woman's self esteem. The approach needs to be sensitive in a way that is not 'harrowing' for the woman. This could be done by taking it out of the clinical setting i.e. not leave it to the midwife so that women do not feel 'judged'. There was also some concern that women with a high BMI may not want to go to a public place to be weighed, hence the emphasis on attending classes/weight management groups may not be as effective for this group.

Some of the midwives in the group felt that the healthy eating advice should be delivered from someone else integrated with midwifery service e.g. Children's Centres, diabetes clinics, not midwives (who were felt to have a lot to do already).

A few delegates mentioned that there may be issues around accurate reporting of BMI and that often this figure was self reported and worked out by the women themselves; women are not actually measured or weighed and as a result their BMI is often inaccurate or incorrect.

Some questioned what a high BMI is during pregnancy as interpretations amongst practitioners differ. For example, delegates felt there may be a problem with anaesthetists' clinics. Some will see women with a BMI over 40 or 35 (at booking) not 30. The recommendations need to be more specific when stating what BMI level to use for various clinics and work with commissioners to ensure they follow this.

The group felt there was a clear structural barrier concerning pathways, signposting and access to services. Midwives need to have clearer pathways for referral, i.e., to a nutritionist, dietitian, bariatric clinic and this includes guidance on how to refer and who to refer to, i.e., knowing what is out there. However, this would only work if the relevant services are available. This information needs to be kept up to date and disseminated to practitioners on a regular basis.

"The effect of change on the NHS is very destructive; constant change means a higher turnover of staff."

The group agreed there is a shortage of dietitians in GP surgeries and hospitals, hence less referrals and longer waiting times.

Feasibility and Impact

Implementation of the recommendations would depend upon effective communication to teams including making sure staff know where to signpost people to.

Delegates felt that the recommendations are starting to make things clearer but they need to be more specific so there is no margin for error and interpretation.

The recommendations would impact on current practice in the following ways:

- There will be increased training needs for most staff;
- Loss of ownership - people may worry about whose responsibility it is to deliver the recommendations for 'fear of treading on someone's toes'.

Some delegates felt the fundamental problem with the recommendations is that although the processes are spelt out, the framework is not mentioned. They do not give definitive guidance on framework especially for commissioners.

Some delegates questioned whether the target group for the recommendations had themselves been consulted? Have they been asked at which point the interventions should take place? What do they want? Do they want to be weighed? E.g. one delegate found that based on a local study, women did want to be weighed. The recommendations would have more feasibility and impact if such consultations took place.

Inclusiveness

There was a feeling that obesity needs to be seen in the context of socio-economic status and other inequalities, *“poorer women are fatter”*. A discussion of poverty and poor opportunity needs to be brought into these recommendations.

Some delegates questioned whether lower socio-economic groups would be able to access some of the weight management classes/clubs and stressed that services need to be appropriate for the area.

Previous experience

Delegates felt the following themes were missing in the recommendations:

- Previous excess weight gain (could be from a previous pregnancy);
- Behaviour change;
- Opportunities to link with parenting;
- Opportunities to support the woman (not just hand her a leaflet);
- Discussions about mental health;
- IVF and fertility issues (you cannot be offered IVF if you have a BMI over 30);
- People who are underweight;
- Opportunities to link with family planning;
- Opportunities to link with Schools;
- Promotion of positive as opposed to all negative messages – *“women remember what they have been told in pregnancy for a long long time, it’s a life changing period.”*

Delegates felt that breastfeeding needed to be given much more emphasis throughout the recommendations. For example, the benefits of and positive impact on the women and baby e.g. women who are breastfeeding lose weight easily and quicker.

There is a need to talk about commercial weight management groups such as ‘slimming world’ within the context of Children’s Centres and adopt a common sense approach by encouraging partnerships with community groups e.g. women can go to weigh their baby and get advice about slimming at the same time. One example of an initiative that follows this approach and works well is ‘TOMMYS’ who combine the services of a psychologist, health and fitness advice and a midwife to aid pregnant women.

Delegates also felt that pregnancy is a life changing event and as such is the perfect opportunity to provide advice and support not only to the pregnant women but to her family as well.

“Pregnancy is a life changing event, women want to make changes and therefore this is a good opportunity to capture them.”

A few delegates felt there are already strong existing models of care on which the services outlined in the recommendations can be based upon. One such example is diabetes care; the dedicated services for diabetes are a good model on which to base obesity services. However, some delegates were cynical that the lack of dedicated obesity services (particularly for pregnant women), is because there is not as much of a vested interest from drug companies for obesity as there is for diabetes.

There were mixed opinions about having separate recommendations for this target group, on the one hand some delegates felt this could be combined;

“If we are trying to normalise pregnancy why are the recommendations separate and not part of an obesity strategy?”

On the other hand some delegates felt there needed to be a separate approach in order to gain credibility with Commissioners. There are also advantages of being able to highlight these issues separately and nationally, it gives midwives the permission to discuss these issues with women.

Some delegates felt there needed to be more detail about how to work with gyms and commercial environments, who can often be worried about liability (especially concerning women who are pregnant). The recommendations need to encourage promotion of the message that exercise is safe,

“Let’s stop talking about pregnant women like they are fragile, after all they go into labour!”

There was some debate about the advice given in the recommendations about healthy food and healthy eating. The following needed to be added to make the recommendations clearer without turning it into a diet sheet:

- Information on portion size;
- What you eat with or put on a staple food i.e. starch;
- Reference to the glycaemic index;
- More detail on fish, meat, and protein.

It is sensible to widen the scope of the recommendations and produce a guidance document with recommendations for overweight, underweight and normal weight.

We need to break down the barriers between practitioners and commissioners; clinicians are motivated to follow such recommendations but we need that same level of commitment from those who wield power i.e. commissioners.

In the current climate where there may not be the funds to commission new services, it makes sense to have a document that highlights and shares best practice.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups; seven delegates discussed two recommendations in group 1 and eight delegates discussed two recommendations in group 2.

GROUP 1

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt the following should be included in ‘who should take action’:

Include ‘partners, families and friends’ The element of peer pressure is important at this stage however there are concerns about how GPs would target and access this group;

‘Pre-conceptual advice and care services’ for those with a BMI over 30 do not really exist!

School nurses.

Delegates said to use the word ‘encourage’ rather than ‘offer’ as this has huge resource implications; how can you offer services to all women in this target group? It implies that it is free or compulsory.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt the following issues were the core elements that would affect the proper implementation of this recommendation:

- Lack of services/recommended services in place and to signpost users to;
- Lack of funding for current and new services and staff;
- Lack of commissioner insight and funding;
- Lack of training of all staff.

Some delegates felt that there may be a negative perception of healthcare professionals and people who work in the NHS i.e. what do they know?

Also, the BMI of the health professional delivering the intervention can be a barrier i.e. if they have a high BMI there may be a negative perception towards them and clients may not take their advice as seriously.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that PCTs/Local Authorities may need to do a gap analysis of existing services/lack of services and address – and look at how to use existing services with the funds they have.

At a national level, delegates felt that social marketing is needed - there is currently no national marketing strategy/campaign for pregnant women. The Change4Life campaign could be more inclusive of this group. It needs clearer advertising strategies that empower these women.

At a local level, delegates felt, more information, leaflets, training days for staff and residents and more innovative ways of reaching and targeting people is needed rather than just standard leaflets i.e. go to the places they visit.

How are the psychological issues being addressed? This is often an underlying issue surrounding weight management and therefore we need to allow access to professional counselling services and delegates feel it is important to address within this recommendation.

The group felt this recommendation should include dietary advice and assessment of current eating behaviours.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

The group felt that if we get it right it will be positive because it impacts longer term issues of weight loss and pregnancy. Also positive is the view that within organisations, guidelines will be produced that standardise current practice.

However, the group also specified the following negative impacts:

- More staff will be required;
- It will improve awareness of different staff groups;
- Impact on training, initially on staffing levels, timescales of everyone involved;
- Impact of increased case loads on other clinical services e.g. gynaecology and family planning.

There was a strong feeling that monitoring needs to be funded and in place at the start e.g. are these guidelines working?

Question 2e: Can you please provide any other comments on this recommendation

Some delegates were dubious of the role of GPs and to what extent they will fulfil their actions.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There are issues amongst the group around using 'BMI greater than 30' and the potential for inaccuracy/misreporting:

- Differences in BMI calculations;
- Differences in populations and BMI indicators e.g. South Asian women require a different BMI cut off (25) – this is not addressed in any of the recommendations;
- Missing out women with BMI up to 30 (25-30) – just as relevant.

When giving advice and leaflets the group questioned how effective this actually is? They suggested a need to consider language barriers and rates of illiteracy.

They also suggested there is a need to be specific about '200 calories' – what does this look like, many women and practitioners will not know and they may assume incorrectly – e.g. is it a piece of toast or a mars bar?

Delegates noted that the recommendation needs to give advice on weight gain for the individuals BMI – that this advice should be tailored and personalised.

They also felt that the recommendation needed to have clearer care pathways – is it a national or local responsibility; and to include commissioners under who should take action.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group identified the following factors:

- Specialised job titles e.g. Public health nutritionists are not recognised by everyone. This could cause confusion and ultimately loss of ownership;
- Regular weight checks should be advised for all. Women should be encouraged to weigh themselves plus weighed at key times by a health professional. However, there are questions around who would weigh these women, how often and whether women could in fact be relied upon to weigh themselves;
- Instead of the word ‘exercise’ consider using ‘physical activity’.
-

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

There was a strong feeling that the action beginning ‘Do not weigh women...’ should be removed from the recommendation.

Another way of overcoming barriers is to be specific in the recommendation about what the ‘advice’ should be.

The group agreed that there is a strong need to invest in the knowledge, training and time of healthcare professionals also, to encourage the sharing of information between different health professionals working in different settings. For example there is no central point of information. Potentially the ‘maternity notes’ could be used for multiple health professionals to see and record information hence better communication between teams/organisations.

Many delegates pointed out that in order to avoid missing the opportunity the recommendation should suggest that services ensure the right equipment is available across all facilities.

The group agreed that this recommendation should include actions from recommendation two - access to support groups e.g. physical activity for weight management.

They also agreed that it should address how to reach lower socio-economic groups and assess who is actually ‘hard to reach’. Similarly it should encourage service providers to look at who accesses the services and provide out of hours services, as well as childcare facilities.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 3e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Specify what is meant by ‘recently’.

In target population include ‘partners, families and friends’.

Under who should take action delegates had the following comments:

- Include commissioners – they should be there in the onset and throughout the recommendations;
- Should include anyone working in weight management – who comes into contact with that woman;
- Include community and commercial organisations.

Under what action should they take, delegates had the following comments:

- In the first action, remove “if they are pregnant”;
- In the second action replace ‘offer’ with signpost or inform (it is not realistic as it implies it is free for all);

Specify how soon after a pregnancy or childbirth the actions should take place as there is currently no timescale;

- Referrals to dietitians are difficult based on low numbers of dietitians in post, long waiting lists. Regarding ‘personal assessment’ – no one monitors the outcomes of dietitians in secondary care – it is very expensive and there is no continuity of care.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Factors affecting the feasibility of the implementation of the recommendation include:

- Social and cultural factors – there is a general lack of awareness of what social and cultural factor impact on knowing what and how to deliver weight management advice to different social and cultural groups;
- There are too few existing dietitians for the recommendation to be effective;
- Length of waiting times for referrals will impact on how many women are actually seen;
- Rise in the numbers of births equates to high case loads (18% are obese nationally = approx 120,000 potential cases). This will have a huge impact across the board;
- Cost to all services – ranges from £50 to £300 – i.e. cost of classes, referrals, GP visits, etc. the cost of implementing the actions of the recommendation may be too high in some areas;
- There is a perception that no extra funding is available to implement this recommendation;

- Lack of preconception services means there is a greater burden on post pregnancy services;
- Lack of information to professionals about what is available e.g. websites etc. means that there may not be quality and consistent weight management advice being delivered;
- Nothing about the benefits of weight loss, this is important when considering how to motivate women in their weight loss.
-

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Delegates felt the following points need to be addressed in order to successfully implement the recommendation:

- Greater investment and funding;
- More training;
- Providing information and resources e.g. dietitians to train the trainers;
- NICE needs to come up with a national framework structure of who does what, when and how – this will provide accountability and encourage responsibility;
- Better pre-conception services will reduce the burden on any postnatal services;
- Promotion of the benefits of weight loss.
-

Question 5d: What **impact** might it have on current practice in your own role or organisation?

If the above barriers are overcome it will be a positive impact, if not then a negative impact. There would be obvious impacts on time, staff, and money.

“This is an unrealistic expectation with the current level of service provision.”

Question 5e: Can you please provide any other comments on this recommendation.

“We want a business class service with an economy class budget”.

Recommendation 6: community based services for women before pregnancy and following childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates questioned how useful it is to have a separate recommendation for community based services? They felt that the content of recommendation 5 also applied to this one and questioned why this is a separate recommendation.

Delegates had specific wording suggestions for this recommendation:

- Need to be consistent with use of terminology: weight management clubs, weight management groups, slimming clubs;
- Should read ‘Commercial or NHS weight management services’;
- Reconsider the use of the word, ‘offer’.

Some delegates asked the question, do, ‘weight management groups’ actually exist and they were not sure if in the recommendation this means a weight loss group?

Delegates said that the recommendation should specify the use of health trainers, as well as dietitians.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

“We are already there”

Delegates feel there will be a huge case load because of what is implied in the target population, all women who have recently had a baby.

Not knowing what is truly out there and where to get information from as well as how to access that information will affect the level at which practitioners can implement the recommendation.

Similarly delegates agreed that a lack of user involvement when developing services could result in their needs remaining un-met i.e. do we know what the users want, have we asked them what their needs are?

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates provided the following examples as methods of overcoming barriers to implementation:

- Need to monitor and evaluate existing community services so that we know what the gaps are and where to target funding;
- Need to create an easy access information service so anyone can ‘find’ information e.g. internet website;
- Create an integrated services pathway – or strengthen existing ones;
- Consider user consultation – provide services based on user viewpoints, however, be careful not to create a demand for segregated services.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

There were mixed views about offering specialist services to high BMI users and that this could be seen as discriminatory.

Question 6e: Can you please provide any other comments on this recommendation.

Delegates felt it was logical to combine recommendations 5 and 6; they feel recommendation 5 is more medical and 6 more community based but felt that community services should not be separate.

There was a view that the majority of women seen will not fall into the obese category and will receive generic advice; therefore it may not be additional resources that are needed but targeted resources.

GROUP 2

Recommendation 1: preparing for pregnancy

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates said that the scope of this recommendation should be changed to be “all women of child bearing age” – they thought this terminology should be used.

In the ‘Who should take action’ section of this recommendation it was noted that this section should include the wider community so that there are healthy communities and environments and should include everybody that has contact with women of child bearing age.

It was noted that instead of health trainers being used this should be the local community.

The health message that is provided to women should be everywhere and should be consistent.

Delegates said that it was important to use the existing services

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted that this recommendation was not part of the Quality Outcome Framework (QOF). Delegates said that for this recommendation to be implemented effectively the QOF needs to be set in weight management during pregnancy and after childbirth. Without this it was thought to be unrealistic that this recommendation would be implemented. It was thought that a national QOF would need to be set up so that primary care can be involved. It was noted that it needs to be a top down approach from the Department of Health.

It was thought to be important to use existing resources and also using outside providers in order to deliver this recommendation.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates said staff in Leisure Services, need training.

It was noted that they can learn from groups such as Weight Watchers as they are all weighed in these groups. It was reported that when women are in a health setting they feel judged by being weighed. However, if they were weighed in community groups they might feel less judged. The delegates expended by explaining that sometimes it is the badge of a health professional that can act as a barrier to women.

Delegates noted that at present there is a great deal of fragmentation in services and there is not a cohesive care pathway. It was suggested that this was needed for this recommendation to be implemented effectively.

There were two care pathways reported, one with the obstetrician and one with the midwife.

Both time and resources were noted as a barrier but it was recognised that it was important to use existing services.

It was noted by delegates that one of the main barriers to all this was commissioning, especially with the economic downturn.

One suggestion was to use brief interventions with the health professional using a prescriptive script as a way of providing consistent advice to people on healthy life styles.

It was also noted that midwives with raised BMIs may find it difficult to raise the issues to weight, plus it was questioned as to the message they are giving out.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted the following potential impacts:

- It would improve the service;
- It would lead to services being more community based; and
- It would reduce obesity and morbidity.

Overall, it was noted that they should be weighing everybody, providing clear guidance and they want clear messages.

Delegates all noted that this issue of weight management should be somehow linked to the Change4Life campaign and this was reported as being very successful and is very clear and simple. It was noted that similar marketing needs to be implemented for weight management during pregnancy and after childbirth. Delegates thought that one of the branches for Change4Life could be this as it would be a very effective social marketing campaign.

Delegates said that this recommendation should start educating school children so they understand what makes them healthy. Therefore, one suggestion was to include Schools under the 'Who Should Take Action' section of this recommendation.

Question 2e: Can you please provide any other comments on this recommendation.

No other comments

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates said that obstetricians need to be included within the training.

Delegates said that all health training should be mandatory.

Under 'Who Should Take Action' this should include 'workforce development'.

Delegates noted that one main point that was missing from bullet point 1 was that it was not only that people need training on providing advice but also on how to raise the issue of weight in the first place.

Delegates reported that an important point was being able to empower (inform) women so they are able to come forward themselves to access the services that are available. However, women are not aware of the issues and of the services that are available to them.

Delegates thought that there should be signposting included to something like the FSA's Eatwell plate.

Rather than women being signposted to a dietitian delegates noted that this should be a nutritionist as they provide a more holistic approach to health. It was noted that it does not have to be a dietitian.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates thought that for this recommendation to be effective it would need to be amended so that something is included within the QOF ideally at the 6 week check.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates thought that carrying out social marketing would increase demand for services. Delegates thought there should be one national campaign and one website where health professionals can look up in their area and see what services are available and refer women to those services.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that there would be massive training implications if this recommendation would be implemented. However, it was noted that the skills that would be gained would be general life skills, as well that could be passed down to generations.

Delegates had concerns over who would take ownership of the training and thought that this recommendation would have no impact until there was ownership.

Delegates said that this would not be a priority for hospitals.

Question 7e: Can you please provide any other comments on this recommendation.

No other comments.

Recommendation 4: supporting women following childbirth

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates thought that the six week check needs to be more prescriptive, more holistic and more rigorous than it currently is. Delegates thought that the recommendation could include these improvements. Plus delegates also discussed how the six week check would be an appropriate time to start referring people on to other services. It was noted that this recommendation is setting a standard that does not yet exist.

Delegates thought that this recommendation should include more goal setting as people like having goals to work towards.

Delegates thought that the recommendation was very clinical when looking through the 'Who should take action' section. They thought that it does not have to be health professionals and could include other health providers. There are many services that can be accessed many of which are free (health walks) and people should be supported and sign posted onto these services.

Delegates stated that the 'Who should take action' section of the recommendation should include Local Authorities and Family Planning.

Delegates thought that health visitors and midwives should be included under 'What action should they take'. Delegates said that this they should mention losing weight to mothers.

Delegates said that this recommendation should be Change4Life and include referrals to other agencies.

Delegates said that this recommendation should include ensuring that commissioners and managers put in place a clear 'Care Pathway' and secondly making sure that GPs, midwives, nurses are aware of this 'Care Pathway' and where to sign post people.

Evaluation and audit were mentioned briefly however, not discussed further.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates thought that an auditable standard would be very difficult to measure. However, if there was a QOF then this would become more measurable. For example, in setting standards for the six week check.

Delegates said that this recommendation should be amended to include positive modelling through focusing on the health benefits for the child, as well as the mother.

Delegates again noted that this will come down to priorities which is linked to the QOF and therefore felt that it needs to be incentivised in this way.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates again noted that if this was not part of the QOF then this would be a major barrier to it being implemented.

Delegates noted that a national social marketing campaign was needed to educate people and again create a demand for services.

Delegates felt that having more money for commissioning would help overcome the cost and resources barrier.

Delegates felt that there needed to be a culture change and involve the whole community (removing fast food outlets). Again, it was noted that it should be linked to the Change4Life Campaign, as it was thought to be a very successful campaign as it was clear, simple and consistent. However, it was also noted that there not only needs to be a community culture change but a professional one.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

Using existing services and voluntary services was thought by delegates to be very important.

Delegates thought that Change4Life was already in place and that this is a missed opportunity as it was so simple, generic and can be translated across all cultures. As noted earlier it was noted that Change4Life or a similar campaign could create demand for services. Delegates thought this recommendation may encourage more imaginative and ‘outside the box’ thinking.

Question 7e: Can you please provide any other comments on this recommendation.

Delegates thought that there needed to be more basic skills taught to children in schools such as cooking skills. It was highlighted that this comes back to educating children.

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

As with recommendation 4 delegates said that under ‘Who should take action the Local Authorities should be included.

Delegates said that this recommendation was very similar to Recommendation 4 and therefore the two should be combined with the main part of the Recommendation about all women and then a sub-section about women with a BMI over 30.

Delegates thought that this recommendation should also include those women with a low BMI and those that are a healthy BMI, however do not eat properly.

It was noted that this recommendation should also incorporate all healthy women.

Delegates requested that dietitian was replaced with ‘weight loss programme’.

Delegates also noted that where it says “follow up after six months...” this should be included as an additional “follow up to check a healthy weight has been maintained...”

Delegates thought that the outcomes of the six week check should be monitored, evaluated and should be linked to monetary rewards.

Delegates noted that NICE should look at the stop smoking campaign and learn from this as it has been very successful.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted that their comments here would be the same as for recommendation 4.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates noted that their comments here would be the same as for recommendation 4.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that their comments here would be the same as for recommendation 4.

Question 7e: Can you please provide any other comments on this recommendation.

No other comments.

1.3 Manchester (NICE Offices) Workshop Summary

Workshop details

Location: Manchester (NICE Offices)

Date: 02.03.2010

Time: 10:00am – 4:00pm

Delegates attending: 25

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

Delegates found that the word “should” was used out of context and they felt that it was giving people the option of whether something should be done or not. The delegates felt that the word “will” would have more of an impact and meant that something had to be done and the choice of whether to do this or not was not there. They also expressed strongly that many women do not plan pregnancies, whereas the way the document is written, it suggests that most pregnancies are planned.

In addition to this, delegates also noted that there was little emphasis placed on positive health promotion, with the suggestion that the recommendations should “highlight positive messages more”.

Further to this, it was also stated that the recommendations should not be too broad; they should be more specific and should provide signposting information for health professionals. In addition, it was also stated that health professionals should set examples and they questioned whether it was possible for health professionals to provide advice if they are overweight themselves. However, delegates also noted that as part of the health professionals “duty of care” it should be seen.

Delegates noted that the issue of training for staff needs to be revisited as often it is not possible for staff to take part in training due to working hours and other constraints.

Delegates stated that the recommendations make no reference to those with low BMI – this was felt to have risks and be as equally problematic as high BMI.

Further to this, it was also stated by delegates that little or no reference is made to:

- Education in Schools;
- Women with learning disabilities;
- Behaviour change and psychology e.g. why they are overweight etc;
- The benefits for the child are not made explicit within the recommendation;
- There are no recommendations for partners, families and friends, even though they are listed as those who should take action;
- Delegates stated that the role of bariatric and/or pharmacological surgery is not addressed within the recommendation and suggested that this should be included;

Delegates also stated that the guidance has no “research recommendation” either.

It was also stated that the recommendations assume that pregnancy is planned; however this is not the case in all circumstances.

One delegate also noted that “there is no mention of the effects of the hormone relaxing on the body during and for up to 6 months after pregnancy”. Failure to be aware of this could lead to significant health problems including SPD, soft tissue injuries and joint misalignment requiring long-term physiotherapy. Advice that women can “carry on with their current exercise” is flawed if it does not give advice about the safe range of movement that pregnant and post-partum women should be aware of. Sports like tennis, football and anything requiring quick changes in direction or uneven ground are just not safe. Likewise, stretching is to be done very carefully as are wide leg positions. It is dangerous to include some advice about exercise but miss this hugely important point”.

Delegates noted that cultural issues have not been taken into account within the recommendation e.g. those that do not speak/read English, religious festivals (e.g. Ramadan) – it was felt that these eating habits need to be taken into account.

Problems with referrals were also noted by the delegates, as often referrals may be dependent on what Local Authority they are based in e.g. access to dietitian.

One delegate also stated that *“it may be better to identify the type of service that is needed rather than specifically stating the job role to provide a service”*.

Delegates suggested that the recommendations assume that individuals know how to cook properly. Further to this it was also suggested that the outcomes of being overweight should also be recognised within the document.

In addition to this, delegates also stated that NICE need to clarify whether the recommendations are for the population as a whole, or overweight women of childbearing age – it was felt that this was not made clear within the document.

Feasibility and Impact

Generally, there was a mixture of views regarding the feasibility of the draft recommendations. Delegates felt that in order for them to work, the following factors would have to be in place:

- Resources and time
- Delegates expressed that there is so little time to get everything done, especially for the midwives who are expected to do so much in little time, that there needs to be sufficient resources in place first to implement the draft recommendations;
- Communication;
- Many of the delegates expressed that communication was extremely important when conversing with the women. They felt that discussions with the women had to be made very clear and it was about putting things in respectable terms and making it acceptable to all involved, most importantly the women. Delegates said that it was important to explain to women the importance of living and having a healthy lifestyle. One delegate said that the easiest and best time to speak to women about their health is whilst they are pregnant as they have to think more about the baby than just themselves. By speaking in a non threatening way, many women will take on board the advice they have been given. Also, this applies to women with a high BMI as they would also listen to what is being said.

There was a mixture of views regarding how the draft recommendations add to the range of interventions already in operation. Delegates said it was dependent on what area you worked in, as different areas are doing different things, which meant that for some it would make a difference and for others they simply did not have the funds or resources to make this happen. Delegates also felt that it was dependent on the scope and intention of the draft recommendations.

Most of the delegates felt that the impact on current practice would be a non effective if the draft recommendations were implemented. Delegates felt that for some, a BMI of 35 applies, whereas to anethesist BMI started at 40 and so, there would have to be one rule across the board, as different organisations work to different rules. Delegates felt that it was best to adapt the BMI to what they could offer the women, for example, only see women with a BMI over 35 others disagreed and preferred the recommendation as it stands with a BMI over 30.

Together with this, delegates felt that if the draft recommendations were implemented, there would be a definite impact of double the amount of workload they currently had. Delegates felt that the draft recommendations were too broad and resources could be difficult. Delegates said that it would be good to look at women trying to conceive, so perhaps looking at fertility clinics and GP services more and being able to work with them.

Inclusiveness

Delegates suggested that the following groups were not included within the recommendation:

- Teenage pregnancies;
- Those with a low BMI;
- Single parents;
- Looked after children;
- Individuals with mental health conditions;
- BME groups (e.g. cultural differences not identified); and
- School children.

Previous experience

Some delegates noted that a higher BMI does not necessarily mean that an individual is unhealthy. It was stated that a visual indicator cannot be used i.e. a person can look obese but they are actually very healthy, whilst a slim person may be unhealthy.

Further to this delegates also stated that there is:

- No emphasis on breastfeeding within the recommendations;
- No mention of relaxing;
- No mention of the type or intensity of physical activity that pregnant women can participate in;
- No mention on the types of movements that pregnant women can make.

Delegates also noted that because women are not weighed during pregnancy it is suggested that weight is not an important issue.

Session 2 – Group based assessment of each recommendation

During this session, a total of four recommendations were discussed in four groups.

- In group one seven delegates discussed recommendation 2 and 3;
- In group two seven delegates discussed recommendation 2 and 3;
- In group three, five delegates discussed recommendations 1 and 7; and
- In group four, six delegates discussed recommendations 1 and 7.

GROUP 1

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt that this recommendation was relevant but it had to be more detailed as it was very brief. Delegates felt that there was no mention of physical activity which was extremely important to include and the advice given needs to include how the women are actually going to make this happen. At present it only makes suggestions but does not say how to go about doing them, especially whilst pregnant.

Delegates also felt that it would be good to include women who are planning to become pregnant, that examining the stages before a woman is pregnant is key.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt strongly about having a BMI between 18.5-24.9kg/m²– delegates felt that what happens to women who have a BMI over 30 – achieving this would be difficult. Delegates felt that perhaps if a woman were to lose 5-10% of their bodyweight then this may be enough provide significant health benefits.

Delegates also said that funding would be a problem for some organisations as weight loss slimming groups would be a problem in disadvantaged areas. These should be made free and available to women in the day and in particular to any BME groups.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates expressed that there had to be more money coming nationally to tackle obesity and it was important for services to be tailored to fit local areas – this is an opportunity to be innovative and be more pro active in the way people work together also.

Delegates said that there should be key things across the board – that when meeting the women, should be raised with them. They felt that there should also be an agreement by all professionals in the service of what they will do with the women. There should be awards given if work is being carried out correctly and the women are doing well. There should be staff for training.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

Delegates felt that there would not be a massive impact just good practice. One delegate expressed that it does not take any longer to give good advice than it does to give bad advice.

Delegates said it was very important to raise awareness and professionals do not realise the impact this can have. Delegates questioned whether groups like Slimming World, etc, whether they have the expertise to give advice to the women as how expert are they, in guiding them.

Question 2e: Can you please provide any other comments on this recommendation.

This needs to be looked at early before a woman becomes pregnant and education in Schools is vital.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt that this recommendation was very focused on a woman having a BMI greater than 30 – a point where women can become obese. Delegates felt that it is important to discuss eating habits, but also general exercise like walking, doing housework, etc which burns lots of calories. Delegates felt that it was not just about going to the gym.

Delegates also mentioned that many of the women are not weighed and there are many women that have a healthy weight but have a BMI over 30. Delegates also felt that there was nothing included about women's weight they should put on in pregnancy. This would be good to include this and what the ideal weight gain is in pregnancy and also there are no guidelines to say when to exercise in pregnancy. One delegate questioned where it says 4 times a week – they questioned where this had come from.

Another delegate raised the point that there was only 1 website mentioned and when talking about physical activity and healthy diets, it would be good to include more website links. Another delegate stated that health professionals should provide this information in different languages.

Delegates generally felt that this recommendation needed to be more specific and it needed clarity.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that there was a definite resources implication. One delegate raised the point that in the recommendations it talks about a healthy diet, but the delegate stated that this term is assuming that everyone knows what this is and how to cook, as there are many women who do not know how to cook and do not even have basic cooking utensils.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates felt that the capacity of dietitians is not always available, but they felt strongly that a dietitian is not a physical activity expert and questioned about the advice they can provide to the women. Delegates felt that other people can provide advice and not just limit this to a dietitian. Delegates said that advertising plays an important part also and there is inconsistent advertising and mixed messages being sent out to the public, some which is good and some which is bad. Delegates felt that product placement on television needed to be clearer.

Delegates stated that partners, families, etc are all missed out and this is vital as it is peer support that is also needed. It also can look at the whole family and what their eating habits are and possibly everyone can be healthier together.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that there is not much added to what is already being done. They felt that training of staff was vital and also awareness of services in the area should be included. There could also be a problem with the commissioning side of things as there could be a lack of money.

Question 3e: Can you please provide any other comments on this recommendation.

Delegates stated that the following has been missed out:

- Surestart;
- Health visitors;
- Skilled nurses;
- Teenage pregnancy midwives;
- At risk groups;
- Cooking on a budget;
- Physical disabilities.

GROUP 2

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt that mainstream education should be included in who should take action. In addition to this, delegates stated that fathers, social workers and children's services should also be included within the recommendation.

Another delegate felt that partners, families, etc were missed out in ‘what action should you take’, as they said they should be included.

The issue of when a woman will access the health professional was also raised.

The recommendation refers to becoming pregnant again, delegates stated that the term again should be taken out as it suggests that women have already been pregnant.

Delegates stated that the title of the recommendation should be changed to make clear that it is directed towards women of childbearing age. Delegates also suggested that recommendations 2 and 3 should be joined up.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The cost implication of implementing the recommendation was also recognised by delegates, with the suggestion that identification on who provides the services needs to be made explicit.

It was also noted that the recommendations assume that weight gain is a result of no exercise and poor diet and does not take into account other factors or the psychology of why an individual is overweight.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that in order to implement the recommendations support and buy-in from Commissioners is required – further to this, issues with training and budget was also recognised, with the suggestion that resources are key to implementation of the recommendation stated.

Delegates stated that investment in resources needs to be seen beforehand in order to implement the recommendation in the first instance.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

Delegates stated that the recommendation would provide a resource strain on the midwifery service.

Delegates also stated that social marketing not covered within the recommendation - it was felt that this would help increase awareness.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that the GP is often not the first point of contact for the pregnant women. They noted that there is a “big drive” towards this being the midwife, as such, this needs to be taken into account within the recommendation.

Delegates also noted that in order to be able to provide advice adequate training and resources need to be seen. Further to this, it was also stated that guidance is required on the appropriate levels and types of physical activity for pregnant women – with it again being reiterated that health professionals have no training on the amount of physical activity that a pregnant woman can undertake.

The recommendation also describes dispelling myths, however makes no reference to what these are, delegates stated that this needs to be included within the recommendations.

With regards to BMI measurement, delegates stated that this occurs at “booking” and is unlikely to be carried out by the GP, however it must also be recognised that bookings are sometimes undertaken in the home, and thus correct equipment may not be available.

Delegates stated that the bullet point(s) referring to risk should be highlighted at the top of the recommendation, and not towards the end. Further to this, it is also recognised that the recommendation contains no positive aspects and does not include benefits – this again should be included.

Further to this, references need to be provided for the final sub-bullet points of this recommendation.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that the major factor effecting implementation was the need for training so that health professionals are able to provide training.

Booking sometimes happens in the home, and therefore BMI may not be able to be calculated.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Training, resources and costs needs to be taken into account.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

The recommendations needs to take into account that there is a statutory framework that Midwives need to work towards and cannot undertake tasks that fall outside of this.

Question 3e: Can you please provide any other comments on this recommendation.

There is a lack of awareness on eating for example; delegates stated in the main individuals are unaware what proteins, carbohydrates etc are.

It must be made explicit what exactly these recommendations want PCTs to do, as delegates felt that this was not clear.

Communication is key, as a health professional needs to communicate, with women effectively and also take into account that women move from service to service as well.

GROUP 3

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegates stated that this recommendation was quite “idealistic”. They stated that in the ‘who is the target population’ section, their partners, families and friends are mentioned however nothing within the body of the recommendation was included for this group. As well as this in the ‘Who should take action’ section of the recommendation there was no direct activities in the recommendations for Leisure Services and the voluntary sector, they questioned the inclusion of these groups with the current recommendation layout.

Delegates stated that the recommendations should include a link to health education and stressed that this was very important.

One main point of feedback was that the recommendation is “too broad” and in effect it is a population level recommendation. The delegates suggested that the recommendation needed to be broken to specific sub groups, such as those planning to become pregnant, those not planning to become pregnant and those that may become pregnant. They mentioned that one group that was not covered by the recommendations was those that are not planning to become pregnant but may become pregnant.

One delegate raised they reported that the recommendations lacked details on the “how”.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates reported that it would be difficult to put the recommendation into practice. They stated that services needed to be clearly signposted within the recommendations.

One major point raised was the lack of acknowledgement within the recommendation on continued support over an extended pre-pregnancy period.

The delegates stated that the recommendation lacked targeting of specific groups and that if this was included this would make the recommendation more feasible to implement.

The delegates suggested that the recommendation needed to be introduced in an educational setting, such as PHSE.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that a major barrier to the recommendation was access to services such as GPs and fitness instructors and this could vary greatly dependent on the respective area.

Accessing people was raised as a major barriers especially those that may not see a health professional. Delegates questioned how these individuals would be accessed and whether the recommendation covered this in adequate detail. They suggested linking to Community Centres and NHS Direct. Delegates also suggested that having one practitioner with the responsibility for this area would be useful and ensure the recommendation was implemented.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

Delegates stated that from a commissioning perspective it would be difficult to measure the impact of this recommendation. They also stated that impact on current service provision would very much depend on the area and services currently available in that area (as they can be very different in different areas).

Question 1e: Can you please provide any other comments on this recommendation.

The delegates suggested that groups such as NEETS (Not in Education Employment or Training) were not considered in this recommendation. They put forward that links to service providers such as Youth Clubs could support this group better. They also felt that School Health Advisers should be included and the Healthy Child Programme should be cross-referenced and potentially used for implementation purposes.

Link to other NICE guidance (e.g. ante-natal and post-natal).

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates suggested that the third sector should be included within the “who should take action” section. They also reported that there is a real need to constantly develop skills of current staff and that this should be acknowledged within this section, expanding this to cover commissioners and those responsible for CPD, as well as health professionals.

The delegates reported that all the recommendations (including this recommendation in particular) need to be auditable to ensure of their effectiveness.

One delegate felt that it was very good that this recommendation gives professional bodies scope to further develop training programmes and that this would be very useful.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that the time demands on midwives time would make this recommendation difficult to implement.

Delegates reported that both healthy start and breastfeeding should be referenced in the recommendations.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

One main barrier identified was how do you train those that are already trained, and the importance of rolling this out to existing staff.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

Delegates stated that the impact on current practice would be noticeable, but this would take time and be dependent on the CPD needs of current staff being met. The delegates suggested that training would be time consuming to deliver but would be cost effective in the long run.

Question 4e: Can you please provide any other comments on this recommendation.

Delegates stated that existing NICE guidelines should be cross-referenced in this recommendation.

Delegates suggested references with innovative methods of training such as online training would be useful.

Session 3 - Group based assessment of each recommendation

GROUP 1

During this session, a total of three recommendations were discussed in three groups.

- In group one, seven delegates discussed recommendations 5 and 6;
- In group two, seven delegates discussed recommendations 4 and 5; and
- In group three, ten delegates discussed recommendations 4 and 6.

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt that the title of this recommendation is very confusing and it should read women with a history of BMI over 30. Delegates questioned who this was targeted at, was it before, during or after pregnancy. Increased risks should have benefits included.

Delegates felt that Midwives had been missed out, in who should take action. They also felt that a dietitian might not be fully educated to give advice – that anyone can do this. Delegates felt there needs to be more interventions and professionals need to be more proactive in referring. Delegates stated there was nothing new added at all.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt the following factors could affect the feasibility of the recommendations:

- Surestart – where people can access it;
- Staff & Resources – Some services may struggle without external funding;
- Training;
- Making literature available;
- Pushing for Children’s Centres to be open more on weekends – maximising what the community has got;
- Peer support.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates felt there were many barriers which could prevent this recommendation being implemented, such as:

- Funding;
- Access;
- Resources;
- Professional priorities;
- Barriers between internal staff;
- Repetition of staff working.
-

Question 6d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that dietitians workload would be increased but there is not a massive impact that would be made.

Question 6e: Can you please provide any other comments on this recommendation.

Delegates felt that hard to reach groups would not access the services and some target audiences can be missed.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt that schools needed to be included in this recommendation and also the inclusion of families and partners. The delegates felt that the title was inconsistent and confusing as it focuses on after childbirth, although it does mention before pregnancy in the title, but is not mentioned again in the recommendation.

Delegates felt strongly about the use of the word ‘should’, which should be replaced by the word ‘will’ as the word should puts doubt in your mind and is too negative.

Delegates said that there should be inclusion of what exercises women can do with their baby is important and there is a lot mentioned about slimming clubs, which are private based, there is no mention on NHS Weight Management Facilities (public based).

Delegates felt that the recommendation is too basic and very wide and not very aspirational, as most of this is already happening.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that in what action should they take, funding is simply not there and should be thought about, particularly agree a financial joint commitment.

Delegates felt that services should be made free and more family orientated. Also to make services available to all areas and not just certain places. Inclusion of a referral pathway to go into these homes is important.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates felt that working closely with one another towards a financial commitment would help overcome any barriers. One delegate stated that due to cultural beliefs, some women would like access to women only services. In terms of leisure services, delegates stated there was nothing mentioned about free everyday activities which could be vital to making this work. Delegates also said having activities for both the women and their families to do together. Have community based services – use of church facilities, etc, this would be good for the community.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that this would not have much impact as most of this is already happening.

Question 7e: Can you please provide any other comments on this recommendation.

Delegates felt that the title had to be put right before anything else could be done.

GROUP 2

Recommendation 4: supporting women following childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates noted that information on why the recommendation should be seen is included. Further to this, delegates also stated that there is an assumption that postnatal checks following childbirth are undertaken between 6-8 weeks for all women.

Delegates stated that there needs to be more emphasis on the family within the recommendation.

Midwives visit up to 28 days, the discharge visit can be between 10-28 days – this information was also missing from the recommendation.

It was also suggested that the structure of the recommendation does not flow, a structure is suggested of a midwife visit, GP check and physical exercise.

The following comments were also made:

- Health visitors are not included enough within the recommendation – their role needs to be reviewed and made explicit.
- Title needs to be clarified – what are women being supported on?
- Within the who should take action section, GPs, midwives and health visitors should be included under one bullet point.
- The recommendation needs to include measurable targets, so that outcomes can be measured.
- Weaning babies should be incorporated into the recommendation.

Delegates also felt that the recommendations needed to be more specific. They stated there was a lack of information on breastfeeding and the recommendations do not state that it is a good idea to breast feed.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Factors affecting implementability include time.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that:

- Further resources need to be dedicated e.g. time, money etc;
- Training should be made available and more importantly should be accessed by relevant staff.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that joining up of services needs to be seen, as most elements within the recommendation are already happening.

Midwives, however, noted that if the recommendation was implemented, it would place extra strain on their current service provision.

Question 5e: Can you please provide any other comments on this recommendation.

No response.

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that recommendations 4 and 5 should be incorporated into one recommendation, where one generic recommendation would be seen which applies to all women, followed by an additional part which refers to women with a BMI over 30.

Further issues identified by delegates included:

- The view that the recommendation does not optimise the child or mothers health;
- Breastfeeding should be emphasized more within the recommendation;
- The target audience needs to reflect what is in the recommendation;
- Nurseries and Children's Centres should be included within the recommendation;
- Recommendation should explore online services.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates noted the following:

- Advertising to increase awareness needs to be seen – as women with a pre-pregnancy BMI of over 30 would have this information in the first instance;
- Resource issues need to be taken into account for example many local authority areas do have access to dietitians.
- The recommendation needs to take into account the diet of different groups;
- Not all GPs are accessing skills and training on breastfeeding – this needs to be taken into account as the recommendation states that GPs should provide women with advice on breastfeeding.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that:

- Further resources need to be dedicated e.g. time, money etc;
- Training should be made available and more importantly should be accessed by relevant staff.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that if the recommendation was implemented, it would place extra strain on their current service provision.

Question 6e: Can you please provide any other comments on this recommendation.

No response.

GROUP 3

Recommendation 4: supporting women following childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that in bullet point one of the action section, it stated that a 6-8 week postnatal check that weight should be measured, however they felt that this would be too early. They also questioned what happened between this check and the six month check suggested in bullet point 3? They suggested that if the BMI information was collected (bullet point two) that some sort of follow up needs to be completed on this, so there is a purpose to the collection of this information.

Delegates suggested that bullet point six should be further up the recommendations as it is important. They also suggested signposting activities, such as walks etc.

Delegates felt that the wording of this recommendation is confusing and repetitive with other recommendations, they stated that four and five overlap and they could perhaps be merged.

A number of delegates raised the point that breastfeeding (and the benefits to mum and baby) is not acknowledged within this recommendation.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates suggested that when implementing bullet point 3, their weight should be discussed at six months rather than being weighed. They also suggested that GPs weighing people is not feasible, and they suggested that if health visitors were given more resources they may be able to support this task. Long term this would also be more cost-effective.

Delegates stated that it would be useful if this recommendation linked to supporting documentation and that this information needed to be fully accessible.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

One delegate suggested that those health practitioners that do not specialise in pregnancy can be apprehensive of involvement with pregnant women. They can often be hesitant to give advice.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

Delegates felt that in order to deliver this recommendation they would need to use private organisations such as weight watchers, otherwise there would be a definite capacity issue.

They also suggested that Children's Centres could be used

Question 5e: Can you please provide any other comments on this recommendation.

The obesity guidance should be referenced to.

Where women are requested not to "resume high-impact activity too soon" the delegates felt that this statement was too ambiguous and that greater guidance needed to be given.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates questioned who this recommendation was aimed at and within the target population suggested that women who may become pregnant and women that are pregnant should be considered. They also questioned why the recommendation was focused on the physical activity for the mother and should include others within the family.

Within the "who should take action" section they felt that "private and leisure trusts should be added to bullet point two and that psychological services, as well as schools and nurseries should be included. They also suggested that the voluntary sector needs to be cross referenced within this recommendation and private sector too.

Delegates suggested that the obesity guidance, active travel should be cross-referenced within this recommendation.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates suggested that the content of this recommendation should be part of the delivery options for other recommendations, such as recommendation 4.

Delegates felt that utilising the private sector for this recommendation was a more feasible method to implement the contents of the recommendation as otherwise it would be very difficult.

One delegate stated that they were pleased to see the mention of parks and open spaces.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

The suggestions of a crèche could have a number of barriers as there are a number of needs prior to implementing a crèche, such as meeting Ofsted needs and 1-3 ratio.

Question 7d: What **impact** might it have on current service provision or practice in your own role or organisation?

Delegates stated that the physical environment and implementation very important.

Question 7e: Can you please provide any other comments on this recommendation.

CMASS standard should be referenced.

APPENDIX B: FOCUS GROUP SUMMARIES

1.4 Doncaster Focus Group Summary

Focus group details

Location: Doncaster

Date: 22/02/10

Time: 2-4pm

Delegates attending: Obesity Co-ordinator, Obstetric Registrar, Regional Infant Feeding Co-ordinator, Public Health Dietitian (Children, Young people & Family Service), Dietitian (2), Maternal Obesity/Parent Education Co-ordinator (2), Community Midwife.

Findings

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

Overall, the group felt the content was too vague and “*fluffy*” and needs to be much more specific to be understood and used effectively.

The recommendations were seen as too non-directive and the group would prefer it if they stated what to do and how to do it, as opposed to being too open to interpretation.

Many terms were seen as too general and needed further explanation or detail. For example, what is ‘safe weight gain’?

Overall, the use of the term ‘weight management’ was preferred to ‘weight loss’ and the recommendations should include the term ‘commercial services’ throughout.

The group pointed out there needs to be some mention of the nutritional deficiencies in low socio-economic groups.

Barriers

Lack of commissioning was felt to be a barrier and a stronger case is needed within the recommendations/guidance. It was felt that commissioning money into pregnancy could be considered a ‘bigger win’ because it covers multiple aspects (not just weight management) and this should be emphasised in the recommendations so as to get more commissioners on board.

There were particular issues concerning the capacity of midwives to take on the weight management agenda. Midwives have multiple roles and it is hard for them to initiate any weight management interventions without the proper commissioning. Midwives may also have little time to allocate to weight management:

“In an hour’s booking appointment the Midwife has multiple points to go through”

It is sometimes hard to raise the issue of weight with the client partly because of the lack of emphasis on it and partly because some midwives (and other frontline staff) can feel uncomfortable bringing this up.

Some of the group felt there needed to be specific guidance for midwives to tell them what they can/cannot do e.g. clear care pathway for pregnancy/postnatal

The role of GPs was questioned. The group felt the flow of information to and from GPs was 'difficult'. There was a perception that very few (post natal) referrals are from GPs.

There was also some confusion as to who would be responsible for the 6 month check-up, some felt this should be GPs and some felt the health visitors could do this.

Some of the group felt that GPs may not often pick up on what advice to give regarding 'weight management' and quality of diet.

There was also concern about how information is given and whether or not healthcare, non healthcare professionals and non-professionals know what each other is saying to the client and ensuring that their advice is consistent with each other; if not this implies a need for multi agency training. The recommendations need to be more mindful about preventing contradictory advice being given out across the services.

The group also felt that postnatal advice on exercise and weight management could in fact be delivered pre-conceptually.

There needs to be some recognition of what women's motivations are in relation to weight management.

Feasibility and Impact

In terms of how feasible the recommendations would be to implement some felt, "*We are pretty much there*". However, many of the group use the SCOPE work as a guideline for their work and feel its structure (pre-during-post) should be reflected in the NICE recommendations.

Similarly some felt the post natal period to be very long and should be broken down into more meaningful chunks (as is done with categories in breastfeeding).

There are advantages around pregnant women being in more contact with health services. This is one of the key opportunities in a woman's life when this happens and this needs to be made aware to commissioners that it is a valuable time to capitalise on this.

Also from a commissioning point of view it may not be practical that all pregnant women are referred. (i.e. could services support the large numbers of the pregnant population).

There was some concern about how some aspects are going to be measured or evaluated.

Some of the group felt there was an implication of further evaluation and assessment across various organisations when dealing specifically with women whose BMI was over 30. For example, the ambulance service would have to conduct risk assessments when transporting women over 20 stones.

There was some discussion around routinely weighing clients. The group all agreed that women with a BMI over 30 presented a clinical need for repeated weighing during pregnancy.

Similarly although the group agreed that women with a BMI over 30 should be weighed, there needs to be clearer guidance on how to prevent excessive weight gain for all women not just those with a high BMI.

In order to meet the service provision elements of the recommendations more recruitment of health and non health professionals will need to take place e.g. GPs may need to recruit more dietitians, this has an obvious resource and training impact.

There would also need to be increased funding for staff and training capacity.

Inclusiveness

The group felt there were too many sweeping statements and that the recommendations were not specific enough when considering the needs of people in deprived areas, people with physical disabilities, people from low socio-economic groups, and people from BME groups. They also felt examples of interventions for these groups should be given.

There is high socio-economic deprivation in the area and people from low socio-economic groups may find it difficult to eat the right food – the recommendations need to tell them how to eat better, e.g., have ‘Community Food Educators’.

Some delegates noted that there is no recognition of the ethnic differences in weight management. For example, what is seen as overweight varies across different cultures.

There is no account of the impact of promoting physical activity on some socio-economic groups who, for example, may not be able to afford gym membership. The group felt this needed to be investigated further.

Other groups that are not covered by the recommendations include: people with learning disabilities, people with low literacy, teenage mums, traveller communities (there is a large local population).

There was a feeling that there needs to be more practical guidance on barriers in reaching some vulnerable, BME and other hard to reach groups.

Previous experience

There is a strong family element with women of childbearing age and the group felt that the recommendations miss the opportunity to really engage with the family of the pregnant women who for example may often bring along family members to a consultation or appointment, and could highlight better opportunities for family support.

Breastfeeding is not mentioned enough and a stronger emphasis needs to be in place on the antenatal benefits of breastfeeding and impact on weight loss; even promoting breastfeeding as a means of weight management. Some felt there needed to be a clearer evidence base for breastfeeding as a means of weight management and breastfeeding and physical activity (as information can get quite complex and confusing).

Similarly, there is little or no mention of the nutritional elements that influence weight management such as lack of iron, taking the right vitamins and minerals, etc.

There needs to be some recognition and promotion of local initiatives so that workers are aware of what is in place and whether it is working e.g. could be promoting Change4Life, Monday Clinic. This could be done by encouraging universal literature, enabling local initiatives, nationally (i.e. examples of good practice/what is working).

There is no mention of physiotherapists and children’s centres and there needs to be more mention of managers and commissioners throughout the recommendations.

The recommendations currently read as independent issues and read quite disjointed – they need to be presented cohesively.

The recommendations need to acknowledge the Behaviour Change Model.

There needs to be some reference made to pathways and potentially the encouragement to have better links to pathways e.g. there is an obvious link to Bariatric pathways. The recommendations also need to highlight the interdependence between services (similar to Doncaster who have a linked services approach).

Session 2 –Assessment of each recommendation

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It was felt the term ‘women who may become pregnant’ was too general and needed to be more specific to guide those reading the recommendations on who they should focus on, for example, women coming off contraception and women using the infertility clinic.

The use of terminology needs to be consistent throughout the recommendations, for example ‘health trainers’ and ‘health and fitness advisors’ could be interpreted as the same role.

Similarly there needs to be consistency with the use of the term ‘weight management’ and ‘weight loss’; these two have different meanings and should not be used interchangeably.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Under who should take action, commissioners and managers should be inclusive of those working outside of PCTs and NHS Trusts. The following professions/orgs/institutions also need to be added: paediatricians, schools, Children’s Centres.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

The group felt the target population should specify the importance of the male’s health in planning a pregnancy, and include information on how the health of the man can affect the chances of having a baby.

Similarly, there needs to be some recognition or promotion of the fact that losing weight will improve your chances of getting pregnant.

There needs to be generic information made available to all people who come into contact with the woman, about what constitutes a healthy balanced diet. Some respondents stated that many women do not relate well to the term calories and instead find it easier to talk about portions.

There needs to be more detail about the specific risks involved in pregnancy such as diabetes and in particular specific information aimed at women who are already overweight and planning a pregnancy.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

n/a

Question 1e: Can you please provide any other comments on this recommendation

n/a

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The use of the term ‘may become pregnant’ was felt to be too vague. It should include ‘...and may be planning to become pregnant’.

The group stressed the importance of using consistent terminology and less intimidating/formal terminology e.g. ‘weight loss support programme’.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Under who should take action the group felt commissioners should be included; particularly those involved with wider obesity management arrangement panels.

The recommendations needs to outline what the risks are at various BMI stages e.g. 20, 25 30, 35 etc., not just at a BMI of 30.

There are obvious resources issues around funding, time, commitment and lack of manpower and the group felt these to be at the crux of any discussion about this recommendation.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The group felt the barriers were difficult to identify because the recommendation is not specific enough.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

The role of GPs and midwives was felt to be crucial and often for them, time is a factor affecting delivery. The recommendations therefore need to outline how to provide specific services and link to existing pathways.

The group was concerned about how to raise the issue of weight with some women; it might put some women off. The recommendation needs to consider how community midwives can pass women on to specialised services and make it a positive experience with the option of additional support. However they agree this has obvious training and resource implications.

Question 2e: Can you please provide any other comments on this recommendation.

Under what action should they take, the group felt the second action beginning “ GPs, dietitians and other health professionals...” needs to be put in recommendation one as well.

Delegates stressed there needs to be stronger links with ‘Change4Life’ campaign. The group also felt there could be strong potential for a national TV campaign to promote issues around pregnancy and weight management.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

No response provided.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group noted a few changes needed in the details of the recommendation:

- The first action needs to acknowledge a woman’s first contact with the Midwife, as well as the GP.
- The second action needs to provide more information sources. It also needs to be more specific about how to provide information on what women can/cannot eat.
- Similarly there needs to be more information about the nutritional requirements for pregnant women.

There was some discussion around the action not to weigh women repeatedly during pregnancy, many people may see this as a good opportunity to weigh women. Whilst others felt women could be weighing themselves at home. Also when told to only weigh those who have a clinical problem, the recommendation needs to specify that obesity is a clinical problem.

There was some scepticism about how much GPs would actually be able to achieve. This is based on the groups own experience of GPs not having ‘enough time’ to carry out interventions consistently.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that the recommendations need to be careful that the emphasis does not rest on the dietitian to ‘sort out’ all weight related issues.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

If the recommendation is intended to cover all pregnant women, there are obvious commissioning issues and impact on capacity of existing services.

Question 3e: Can you please provide any other comments on this recommendation.

The recommendation does not mention pregnant women with a disability and other more specific groups.

The recommendation needs to focus on individualised care planning that look more holistically at the issues affecting individual women and then look at what is accessible.

There needs to be clearer information on nutritional risks and food safety, the group felt they would like to be able to promote this information as a standard.

They also felt there needs to be a statement about how much weight to gain in pregnancy – what is considered as safe?

There was a strong feeling that there is no mention of breastfeeding within the recommendation.

“All people in contact with the pregnant women should take the opportunity to discuss a healthy balanced diet.”

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The group felt the wording for this recommendation was weak and needs to be more directive i.e., what is best practice, this is what should be done, and these are the outcomes. Specific wording related comments were:

- They felt the recommendation heading was not consistent with the specified target population and should include women who have recently become pregnant;
- There also needs to be a time specific statement rather than just ‘following childbirth’ e.g. two weeks or six weeks following childbirth;
- There needs to be consistency with the use of ‘slimming clubs’ and ‘weight management groups’ – if these are different explain what the difference is;
- Some of the group did not like the use of the words ‘slimming’ and ‘club’.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Under ‘who should take action’, the group agreed that commissioners and managers should be from voluntary services, local authorities and joint commissioning avenues; not just PCTs and NHS Trusts.

The group also felt that schools, youth clubs, family planning clinics, and GPs needed to be involved. The group were concerned that the recommendation had cost and time implications.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

There was a feeling that the recommendation lacks clarity and is not specific enough on who is doing what and how it needs to be done.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 6e: Can you please provide any other comments on this recommendation.

The group felt it would be useful to have a forum to enable communication – share information and knowledge; and there could be a management forum and one on a community level.

Some delegates felt it was essential to link the recommendation with the ‘Change4Life’ campaign.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

When using the term ‘recently had a baby’, the group would like the recommendations to specify timescales. The training element was felt to be too vague.

When talking about ‘nutritional needs’ the group felt the recommendation needed to be more specific and go into more detail about the different types of nutritional needs and strategies to tackle them. This information should be an integral part of any guidance and should form the basis of generic advice that can be given by all people who come into contact with the woman before, during and after pregnancy.

The group felt there was not enough positive wording in relation to breast feeding and weight loss.

The group wanted more detail under who should take action such as: Include ‘preconception care’ in the target group. Also include specific job titles under who should take action.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group liked that the recommendation highlights that staff needs to access training.

The recommendation throws up issues around accountability and who is responsible for the woman during pregnancy, and following childbirth.

The high cost of activities would affect whether or not this recommendation is implemented. Similarly, it needs to be very specific about who is responsible for what;

“Who does it and who pays?”

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

There was a consensus of opinion that the fourth action should read, ‘...and what not to eat in pregnancy and during breastfeeding’, removing, ‘and weight loss in relation to breastfeeding.’

They also felt that the recommendation needs to be more specific to help workers and help commission it.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

Overall, delegates felt the recommendation should prioritise who does what, how and when through pathways and forum groups – *‘who’s job is it!’*

Question 7e: Can you please provide any other comments on this recommendation.

Delegates felt the recommendation should include links with the Change4Life/Start 4 Life initiatives and make the recommendation more specific for pregnancy and pre-conception.

1.5 Newham Focus Group Summary

Focus group details

Location: Newham

Date: 24.02.10

Time: 9.30-11.30

Delegates attending: 4

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

The recommendations need to include information on exactly where good advice its promoting came from. This would ensure that a consistent message is conveyed.

The recommendations explain, advise and offer information. However, there is limited information on consulting with women through conversation and offering an individual assessment.

Overall, the wording of the recommendations is sufficient and they are easy to read.

There is a need for the recommendations to include information on lifestyle before and after having a baby. For example, exercise sessions and monitoring eating may be easier before the baby is born compared with after. Morning sickness can effect what is eaten during pregnancy.

Other considerations need to be taken into account by the recommendations. For example, women may be ill at baseline, which would affect their weight. After pregnancy women may lose weight quickly due to 'running around after the baby'. However, they would still be under pressure to lose weight by their GP. Post natal depression is also not covered by the recommendations, and how exercise can help to improve this condition.

The recommendations do not include information or guidance on women who are underweight. For example, many teenagers who are pregnant are underweight. New guidance is currently being issued on pregnant teenagers which, actually encourages them to increase their weight.

Clear guidance on what is a safe weight to lose and how quickly to lose it needs to be included in the recommendations.

Barriers

The recommendations do miss out some barriers. For example, language barriers and the diversity in culture of populations can act as a barrier. In addition, other health issues that could impact weight, as well as disabilities are also not covered in the recommendations.

The recommendations state that they cover the wider family; however, they do not state how the wider family can be involved.

Time, access and cost to exercise sessions and gym facilities are also barriers that are not covered by the recommendations.

It would be helpful to have guidance alongside the recommendations that provide more detail. At present the recommendations are very general, where as clearer information is needed on issues such as how much weight is safe to lose.

Feasibility and Impact

The recommendations would be feasible to implement from a nutritionist point of view. Similar services are already offered, particularly during post natal classes.

From a commissioning point of view – women are screened for many issues during pregnancy. However, weight management is not a priority and there are currently no pathways provided for women on this issue. At present, treatment for pregnant women is more clinical and does not take a holistic attitude.

Currently education of parents does not take place to ensure they take ownership of their own health and weight management. There needs to be a model to use in practice to encourage parents to take control of their weight. This could be included in the recommendations.

There is a need to be aware of health and exercise uptake of socially deprived areas. Market research could take place on behaviour change of socially deprived populations.

The recommendations do not cover more gentle exercise such as walking. Instead, a focus is placed on physical activity in gyms and aerobic sessions. Other activities mentioned may not be practical, for example, swimming. Some women may have body conscious issues that may prevent them from wanting to take part in swimming. Some women may prefer classes that are just for pregnant women.

The issue of weight during and after pregnancy is sensitive, with overweight issues always being difficult to engage. Information on how to overcome this could be presented in the recommendations.

The recommendations focus on risks of being overweight. In order to help implement them, a focus could be on the benefits of maintaining a healthy weight range during pregnancy.

Online resources are currently being used to contact these women. Therefore, the recommendations would include more information on the different ways to contact and engage with these women. For example, there are currently online health checks for early years, teen life and mid life. This could be extended to include pregnancy.

Resources would need to be as accessible as possible in order for the recommendations to be carried out. For example, crèche facilities would need to be available. Nutrition groups are often run from Children Centres; however, home visits are only available on a referral basis. This can prevent reaching 'hard to reach' families. It may be useful to extend the recommendations to include schools and nurseries. This would be a good method of signposting women to relevant services.

The issue of weight management during and after pregnancy is a 'silent' problem. Therefore, there is a need to make it visible in order to tackle it, through, for example, communication and consistent visual messages such as regular campaigns at a local level.

Inclusiveness

There are some groups that the recommendations do not cover sufficiently. In particular:

- Women with disabilities, particularly women with learning difficulties;
- Older women – these are much more likely to have weight management issues;
- Socially deprived – the recommendations could reference other benefits available such as benefits to access fruit and vegetables. For example, this could link with the healthy start programme. Exercise sessions can also be costly.

Previous experience

Women who have recently become pregnant are often quite motivated to make changes to improve their health. They often look for specialist sessions and treatment but are unable to find it. Also, many professionals do not know where to signpost women to services they require.

Co-morbidity can affect weight. Information is needed on how to deal with women with these conditions and the medication they are on.

Weight is a sensitive issue. Therefore, guidance is needed on how to approach the subject for health professionals. For example, half day study groups for GPs and three day study groups for school nurses are run locally.

The recommendations could like with a current paper¹ that encourages practitioners to look at their own weight before consulting with patients and advises on how to approach the issue of weight.

Session 2 –Assessment of each recommendation

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Access, choice and convenience can be offered by community pharmacists rather than GPs. They can also sign post women to services and the message will be consistent and coordinated. The recommendation is slightly disjointed and loses an important resource of community pharmacy.

The recommendation needs to be more assertive. For example, rather than suggesting professionals should ‘ask’ women if they want to be weighed, they should encourage women to re-visit services to be monitored.

The recommendation is too general. For example, using the wording ‘any excess weight’ is not accurate enough. More detail is needed to know how much this weight is. This phrase can also add unnecessary pressure to women. Therefore, the recommendation should focus more on maintaining a healthy weight.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

The feasibility depends on the motivation of the health professionals, as well as time and resources. For example, staff need to be available to carry out checks and provide information that can be taken away.

At present there is not an accredited weight management programme that professionals can refer women to above any other programme offered. Therefore, questions arise as to which programmes should be commissioned.

There is a need to follow up any interventions implemented. Therefore, a strategy is needed to ensure women return to services. More information on this could be provided in the recommendations.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Barriers to implementing this recommendation include:

- Time and resources;

¹ Tackling obesity through the healthy child programme: a framework for action.

- A lack of a care pathway;
- Extra responsibility for health professionals – Newham does not offer London Weighting. This can present difficulties encouraging health professionals taking on extra responsibility;
- Co-morbidity/ medication – can make it more difficult to lose weight;
- Need to provide information in different languages.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Actions from this recommendation are taking place at some level. However, the recommendation may ensure that more of it is carried out and extended.

More training would be needed to implement the recommendation.

Question 4e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The content of the recommendation is useful by suggesting professionals should encourage women to lose weight before becoming pregnant. This is good advice. However, it should also include information on ensuring women are told not to lose weight if they are already pregnant.

The recommendation also benefits from suggesting weight- loss programmes are tailored to the needs of an individual or group. However, this should be expanded to include families and partners.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Although it is good to ensure professionals offer women the opportunity to join a structured weight loss programme. Information is needed on accredited programmes that can be offered. Slimming clubs tend to be private and costly. Also, weight loss programmes can just include walking. This could also be encouraged.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Mental health issues can be isolated and prevent exercise. However, exercise can relieve depression.

Women also need to be educated on how many calories are in certain foods. Therefore, consistent information is needed on what women should be eating.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

There is a need to link up with other services. NICE should produce a care pathway for professionals to follow in order to ensure this recommendation has a positive impact.

Question 5e: Can you please provide any other comments on this recommendation.

The recommendation does not mention anything on stopping smoking and its relationship with eating.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation needs to include clearer links between parks and leisure facilities and the activities on the lead up to the Olympics that can involve families.

The use of the term 'slimming clubs' is not a positive phrase and should be changed to 'healthy weight clubs'. Encouraging women to use these clubs may not be appropriate. For example, they could be in groups with women who have not been through pregnancy and would require different nutrition advice.

There is a need to include a personalised plan, based on lifestyle. For example, other activities such as yoga or 'power pramming' could be included, particularly activities that are not costly.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

It is a large job to commission weight management programmes. Therefore, it needs to be mainstreamed into people's role and re-design services that are already in place.

The weather could affect the activities that women take part in.

A subsidy could be available for booking specialist sessions for mothers and families. This would encourage more sessions to be available.

There is a need to get the partner on board and be made part of the personalised plan.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Culture can prevent women from taking part in physical activity. For example, Asian girls are underrepresented in sport. However, in Newham, the very deprived communities are often white, with many teenage pregnancies being white girls. This group can often get overlooked.

The recommendation does also not mention care leavers and the higher rate of teenage pregnancies in this group.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would need a lot of workforce development and training. Extra investment would also be needed. However, training would bring greater awareness.

More guidance is needed on how professionals measure impact.

Question 6e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation needs to include information on who is responsible for making minimum competencies for skills.

The recommendation should include providing training for soft skills in order for professionals to deal with this sensitive subject appropriately.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation should suggest that training should be done jointly in order to convey a consistent message. In addition to this, accreditation of training days would be needed to ensure that the message is consistent and correct information is provided. This may also increase uptake.

The recommendation should include specific detail. For example, a trigger to a multi-agency care pathway such as when a woman has a BMI over 30.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

The recommendation does not deal with issues such as complicated pregnancies. Training needs to include these types of issues.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

This recommendation would be well received by professionals. If everyone trained together, it would provide good networking opportunities.

Question 7e: Can you please provide any other comments on this recommendation.

N/A

1.6 Leicester Focus Group Summary

Focus group details

Location: Leicester

Date: 24/02/10

Time: 12.30-2.30pm

Delegates attending: Senior Midwife (x3), Head of Nursing & Midwifery, Community Midwifery Care Assistant, Community Midwife (x2), Consultant Midwife, Senior Counsellor, Team Lead Community Midwifery.

Findings

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

The group felt there was nothing new in these recommendations that they were too general and did not link to specific health professionals and identify whose priority this actually is.

They felt that the recommendations did not specify enough, the important role of health visitors.

Some of the group felt the recommendations came across as more medically directed.

There was a discussion about the relevance of 'BMI' as a measure regarding pregnant women and whether BMI should be replaced by 'girth measurement'?

The group also felt the recommendations are too open to interpretation.

Barriers

The group felt that the implied target audience in the recommendations suggest any woman from 11 to 65. This worried them because of the specialist services that would need to cater to various sub groups within this age range.

There was some debate around what the GP's remit (usually pre-pregnancy) should be and how realistic it was to 'rely' on GPs to action some of the requirements of the recommendations.

There was a feeling that the subject matter of weight management may not be as important as others;

"It's not going to be commissioned because it's not high up on anyone's agenda"

Feasibility and Impact

The group questioned who would actually be implementing the recommendations as this was not specified in enough detail. They felt the recommendations do not focus enough on the detail and need to be more specific to a health professional who may be reading the document. There needs to be a clearer pathway for each professional that spells out what each one does and how.

There was a feeling that implementing the recommendations would be very time consuming and that there are heavy resources and funding implications.

The group felt there needs to be reference to the emotional impact of trying to lose weight.

There was some concern about using a BMI of 30 as this conflicts with current PCT guidelines (BMI 19-30).

The group stressed the importance of specialist services and this should come across in the recommendations.

There was a discussion around the relevance of weighing pregnant women at regular intervals; some agreed this should be common practice whilst some felt this did not need to happen unless the person had a clinical problem.

Inclusiveness

There are high numbers of BME groups in Leicester and the recommendations do not acknowledge that health professionals need to be aware of the cultural reasons for weight gain and acknowledge that cultural ignorance (from the group and towards the group) may be a potential barrier.

The recommendations need to highlight that services may need to be tailored in areas of social deprivation. There may also be funding issues in these areas, for example, one respondent stated that local keep fit classes had to be stopped due to a lack of resources.

There is no mention of mental health issues specifically those that could be linked to women with a higher BMI.

There was some discussion about the need to capture women earlier to impart nutrition and weight management advice before they get pregnant; some of the midwives were concerned that they need to reach 11-16 year olds and the recommendations do not enable this. They also felt this would not even be considered as a commission angle.

Previous experience

There needs to be some focus on counselling and support and more of an understanding around why some women may 'comfort eat'. There is no acknowledgement of the psychological elements in the area of weight management for example anorexia, bulimia, domestic abuse etc. There also needs to be some reference to behaviour change.

The group felt the recommendations could focus more on overweight and fertility issues.

There was also some discussion that the research and evidence provided needs to be the most up to date information.

The group agreed that pregnant women need to be provided with specialist services, particularly specialist advice.

The group was concerned that there is no mention of women who have had a miscarriage.

There was a general feeling that the recommendations are aimed at people who are already overweight.

The group felt there need to be more links with Children's Centres.

Session 2 –Assessment of each recommendation

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates felt this recommendation needs to stress preparing for 'life' not just pregnancy. It is also not specific enough around who should take action.

Some of the group felt the recommendation needs to include Schools; education needs to be named.

It was also felt that this recommendation may not be relevant to Midwives as they do not see women who are preparing for pregnancy.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group felt the recommendation is not specific enough regarding funding allocation and time it will take. It also needs to be more specific so that it is easily definable in commissioning.

There was some concern expressed about how feasible it would be for people to access websites outlined in the recommendations, specifically for deprived groups.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

There was a feeling that there needs to be a care pathway for specific roles for healthcare professionals.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Some delegates felt that from midwifery there will be very little impact, however for pre-conceptual care there would be a need for additional funding.

Question 1e: Can you please provide any other comments on this recommendation

There was a view that pre-conceptual care is a poorly funded resource undertaken on an ad-hoc basis by several different professionals:

- Commissioners from PETS
- Commissioners from Local Authority
- Commissioners from Voluntary services

All of the above need to work together to commission services.

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is unclear to the group who this recommendation is about and what group it applies to.

The group felt that by stating ‘with BMI over 30’ – they would be “*inundated!*”

Some of the group felt there are issues around the definition of ‘overweight’ and that this may be perceived differently by different cultures.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group asked whether schools should be included under who should take action.

They also felt the recommendation is not specific enough regarding funding allocation and time it will take and that it needs to be more specific so that it is easily definable in commissioning.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated there needs to be a care pathway for specific roles for healthcare professionals.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

There was concern that including those with a BMI over 30 would have a huge impact on resources as that would include 70% of their audience.

Similarly, there was concern over the action that specified ideal weight as a 'BMI between 24.9 and 18.5kg/m²', the group felt this was not realistic considering approximately 80% of their current audience have a BMI from 25-30.

There was a feeling that from midwifery there will be very little impact, however for pre-conceptual care there would be a need for additional funding.

Question 2e: Can you please provide any other comments on this recommendation.

"BMI over 30 seems to include 70% of our population. This has to have an impact on resources."

The group felt there needed to be more of a focus on the importance of exercise and more advice on diet; considering the current general ignorance to diet of what they describe as a 'fast food nation'.

The group felt that midwives may have problems broaching the topic of weight with some of the women they say, who may be offended or become defensive. The recommendation therefore needs to stress the importance of communication skills at this stage and be more directive about how workers could be approaching such sensitive topics with clients.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Under what action should they take, the group agreed that first visit will be to the midwife not necessarily just the GP as stated in the recommendation.

Delegates noted that the specifics of what foods you can/cannot eat during your pregnancy are not included e.g. liver, soft cheeses.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group feels there are resource implications around including those with a BMI greater than 30 in the target population. They felt they would be 'inundated'.

There was also concern at the amount of work directed at the midwife and whether this was realistic and/or achievable;

“Huge numbers of women will need lots more information – A midwife can’t deliver this alone”.

There needs to be more information provided about what a healthy diet i.e. generic advice is used by all health workers.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

The group felt this recommendation needs to highlight the health risks to women and the medical issues related to poor weight management or linked with diet. They also stress there is a lack of robust systems to deliver advice on vitamins, etc.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

The group discussed referrals to dietitians and some questioned whether this actually happened; also that there were extremely long waiting lists to see dietitians which could result in some women getting ‘lost in the system’.

Question 3e: Can you please provide any other comments on this recommendation.

The recommendation could state at pre –booking sessions give out general public health information; this can be delivered by support workers.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

In the target population, the recommendation needs to include pre-pregnancy.

There was a feeling that the recommendation needs to elaborate on how it should be implemented i.e. it needs to be more directive.

The group agreed that the recommendation is useful in a global view, however, requires specific information on health and breastfeeding and fat loss.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

The group stressed that the underlying issue for most of the recommendations revolved around a lack of funding and poor commissioning.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

The group was unanimous in their observation that cultural viewpoints need to be acknowledged in the recommendation e.g. what cultural factors need to be considered when delivering a service to different communities.

Again, the group cited a lack of funding and poor commissioning, specifically of expert/specialist staff.

Question 6d: What impact might it have on current practice in your own role or organisation?

The group felt it could have a beneficial impact if successful and could see a potential reduction of service needs for future generations.

Question 6e: Can you please provide any other comments on this recommendation.

The group agreed there is no acknowledgement of promoting the positive impacts of healthy eating and physical activity.

There was a strong feeling that the recommendation needs to acknowledge cultural diversity. (That there are different norms for different populations). This is particularly true for the diverse community in Leicester.

Some delegates pointed out there is potential to link with the Healthy Start initiative.

The group felt that breast feeding could be highlighted more in this recommendation and overall.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The training element of this recommendation was seen as too vague.

Under who should take action the group agreed that counsellors need to be included.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Again, the group felt a major factor to be a lack of funding and resources and poor commissioning.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Delegates agreed there is a need to commission specialist services.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 7e: Can you please provide any other comments on this recommendation.

“This is too vague – there would need to be a holistic approach by a great number of people.”

1.7 Harlow Focus Group Summary

Focus group details

Location: Harlow

Date: 26/02/10

Time: 1-3pm

Delegates attending: Maternity Matron, Labour Ward Manager, Community & Birthing Unit Manager, Antenatal Midwife, Dietitian.

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

Overall, the group felt the recommendations were useful but need to be much more directive and detailed if they are to be effective.

The recommendations read predominantly for women who were overweight but should be about promoting a healthy weight and lifestyle for all weights.

Barriers

There is no reference to behavioural associations with weight management such as low self esteem; the group agreed this is vital to any discussion about weight loss and general weight management.

There is no mention of special diets (vegetarian, vegan) and how this may impact on weight management before during and after pregnancy; particularly in terms of their nutrition. For example, vegetarians may be lacking in iron and vitamin B12.

The recommendations make no reference to any cultural considerations related to weight management such as different cultural perceptions on what is ‘overweight’, what is the correct diet, what are the diets of different cultural groups, and any weight management issues as a result of religious observance or fasting e.g. during the Eid festival Muslims have to fast for a long period of time including no water, this may have a detrimental effect on the health of a woman planning to become pregnant.

Feasibility and Impact

The group felt that the recommendations have huge cost implications and in essence this would be difficult to maintain. They also questioned the longevity of the recommendations and whether they were just a short term reaction to current high profile health risks.

As they stand the recommendations are not hugely different to what is already being done, in fact the group feel they are doing more because breastfeeding is largely underplayed in the recommendations; current practice sees the group promoting breastfeeding as a method of weight loss after pregnancy and they feel this should be an essential element in the recommendations.

There was some concern that the recommendations are intimidating and may project formal ‘big brother’ type attitude to women, this could have a detrimental effect on their self esteem; the recommendations need to be careful how they tell health workers to approach women about weight management.

Inclusiveness

The majority of the local population are white with pockets of BMEs from Africa and Eastern Europe.

The following groups are not covered in the recommendations:

- Vegetarians;
- Vegans;
- People who are anorexic;
- People who are underweight;
- People who suffer from diabetes.

The recommendations need to take into account the health profiles of local BME groups who may for example be prone to be underweight during pregnancy, suffer from rickets, or historically have high levels of diabetes.

Previous experience

The group questioned what a ‘normal’ healthy weight is? They felt the BMI indicators outlined in the recommendations were unrealistic and may cause women to feel inadequate about their weight, or strive to achieve a BMI that is unrealistic for their frame and height. They feel the recommendations need to step back and “*look at the whole clinical picture*”.

Similarly there was some debate around weighing women. On the one hand in their experience women want to be weighed; one delegate cited a recent press article about the benefits of weight women routinely. On the other hand current practice is not to weigh, except at first booking or if the woman is clinically obese. The group felt there needed to be more evidence of the benefits of weighing regularly.

There were concerns that the recommendations rely on referrals to dietitians and this may be a problem as current referrals are described as taking too long, the group felt there needed to be more dietitians in the community to handle referrals on time.

Some of the group felt it would be useful to know what the average weight gain during pregnancy is.

Session 2 –Assessment of each recommendation

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There was some concern about the relevance of including partner's, friends and families at this stage as some may place unnecessary pressure on the woman to lose weight. Should this group in fact be specified in a recommendation for after pregnancy?

It was unclear to the group what was meant by 'community and commercial organisations'.

Some of the group was also unclear whether the recommendation was for women with a BMI over 30.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

There was a feeling that the target population should be captured a lot earlier; women who may become pregnant could be as young as 12. Therefore under 'who should take action', need to include: Schools, Local Clubs, Mother Toddler Groups, children's centres.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Regarding the actions, the group felt there is a need to avoid lip service to targets and make the recommendation meaningful. This could be achieved by making it more specific and directive.

Advice on healthy eating was welcomed but felt more detailed information and practical support was needed for the recommendation to work. It needs to state what a good diet is, is there a standard document that could be produced to illustrate this? It then needs to state how that advice is given and by whom and at what stage.

Similarly there needs to be advice given on meal preparation; some lower socio economic groups cannot afford to 'eat well' and need tailored advice on the types of food they may consume, or how to achieve the best nutritionally based on the food they buy.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 1e: Can you please provide any other comments on this recommendation

There was a feeling that this recommendation needs to promote healthy eating for the whole family, not just women preparing for pregnancy.

Some of the group noted that there is no reference to pre-conception advice and who should deliver it (GPs, Health Visitors). There is also no reference to vitamins and supplements; the group feel it is important to detect any deficiencies at an early stage.

Recommendation 2: women who may become pregnant – with BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The group had reservations about the wording ‘who may become pregnant’. They felt this was too vague and potentially a huge group hence a huge impact on resources.

There was also an issue with stating ‘BMI over 30’ as they currently adhere to national guidelines and use a BMI of 35.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that using a BMI of 30 will have resource implications. The group was also doubtful whether they have enough resources to establish BMI in the first place i.e. enough practitioners to determine this accurately.

There was some discussion about GPs; it was felt that some do not even weigh and measure women that this is usually left to the midwife. The group felt the onus should not be on midwives alone but start with GPs. This could be made stronger in the recommendations.

There are some concerns over how the advice will be received by some women and this needs to be managed sensitively.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The group expressed there is often confusion over who to refer to. Dietitians are seen as a ‘scarce commodity’ and often only women with clinical issues may be referred e.g. pregnant women with diabetes. If the recommendation is to be effective there needs to be more dietitians made available to more pregnant women, hence more need to be employed by the hospitals and GP surgeries.

There was a feeling that when offering women ‘the opportunity to join a weight-loss support programme’, make sure these are specifically targeted for pregnant women and are carefully managed. Also, promote schemes that may allow free access to local pregnant women.

Question 2d: What **impact** might it have on current practice in your own role or organisation? {Prompt: i.e. what support they may think can be useful to help implement the recommendations in practice?}

There was a feeling that the specified ideal BMI (between 24.9 and 18.5kg/m²) was too low and unrealistic.

Question 2e: Can you please provide any other comments on this recommendation.

Some of the group reported the BMI chart was not well received and that some women responded better to being shown their BMI in colours as opposed to numbers.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Most delegates (particularly midwives) agreed that the wording/tone needs to be sensitive of how to approach women with a higher BMI for fear of causing offense or alienation.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Under ‘who should take action’, there was a feeling that this should include all health workers they meet.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

In the first action you are asked to ‘find out if she has any concerns about diet and the amount of physical activity she does and try to address them’. This is problematic because the woman may not feel she has a problem with weight management making it very difficult to address. There needs to be an approach where advisors have medical evidence that the woman may need to manage her weight.

There are specific gaps in the advice outlined in this recommendation; the group feels that the following specific advice needs to be included:

- Anaesthetics – women will visit clinics and this could be a good opportunity to impart advice;
- Active birth advice for labour – again this could be a good opportunity to deliver weight management interventions;

- Breastfeeding – there is no real discussion about breastfeeding and the potential benefits linked with weight loss;
- Epidural.

All have an impact on weight management and need to be referred to.

For women who have not exercised before, the recommendation needs to be careful about the advice it promotes. It should stress that aerobic exercise has to be safe, refer to what the safe limits are, are there any national guidelines for pregnant women?

Question 3d: What **impact** might it have on current practice in your own role or organisation?

There were some doubts whether women with a BMI over 30 would actually come to general group sessions for fear of feeling self conscious; instead they could be offered specialist classes?

Based on a recent scoping exercise there are a shortage of scales in the area, particularly special scales to weigh people with a higher BMI. It may therefore be difficult to regularly weigh this group.

Question 3e: Can you please provide any other comments on this recommendation.

The group felt that the recommendation should include information for underweight pregnant women.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The group questioned the phrase ‘following childbirth’ specifically how long afterwards should the interventions take place? A timescale needs to be specified. (Women who are breastfeeding may lose weight quicker).

The following wording should be included in one of the actions, “*to promote and educate in healthy eating for themselves their families and their baby*”.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendations need to consider that access to services may be difficult for some communities who may not be able to afford to go to some of the ‘commercial’ clubs; although there are some local initiatives to help these groups.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

There was some discussion around weight management groups and slimming clubs and whether this was the way forward. The group felt there needed to be more evidence of the success of such clubs, particularly for pregnant women.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

The group agreed there should be accessible facilities with childcare but felt this may have resource implications.

There was some discussion about the diet of the new born baby and whether some information was needed about this in conjunction with advice to the mother.

Harlow is becoming culturally diverse and there needs to be an awareness of the types of services needed for particular BME groups, as well as some recognition of what their diet and eating patterns are.

Question 6e: Can you please provide any other comments on this recommendation.

There is no mention of breastfeeding; this should be made a priority across all the recommendations.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

N/A

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

There was a general feeling that the promotion of healthy eating by professionals needs to start a lot earlier and so the recommendation should include schools, crèches, pre-schools, kindergartens. Within schools settings professional also need to be able to advise vegetarians and vegans.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

The recommendation needs to be more directive about when to refer, who to refer to and how to refer.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 7e: Can you please provide any other comments on this recommendation.

The attention given to breastfeeding and weight loss is insufficient; this needs to be given a much higher profile across this and all other recommendations,

“It’s the best start; it reduces infant weight gain and helps mothers”

1.8 Liverpool Focus Group Summary

Focus group details

Location: Liverpool

Date: 05/03/10

Time: 2.00pm – 4.00pm

Delegates attending: 7

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

The recommendations are worded well and can be easily understood. There is a logical order to the recommendations and can be followed with ease.

The recommendations are relatively long. They could be presented differently, using tools such as algorithms to accompany the guidance.

The recommendations do not address specific issues in different areas. For example, resources differ in many areas.

The recommendations are very general.

There is room for the recommendations to include Children’s Centres more.

The recommendation of professionals asking women to ‘check the fit of their clothes’ is not appropriate. This is a very sensitive issue and can be difficult to approach with women.

The recommendations do not account for the cost of weight management programmes. Some women may not be able to afford these programmes.

The guidance provides a lot of information on providing advice. However, they lack practical issues. They could reference the HENRY approach, which is based on principles around brief interventions and motivational interviewing for families to make changes to behaviour, and is very patient lead. However, the recommendations are very dictorial.

Cost and assessing services is missed out by the recommendations.

Recruiting women to visits dietitians can be difficult.

The guidance is on a very sensitive subject which is difficult to approach by professionals. Many families may have other pressing issues to deal with, leaving weight as a low priority for them.

Time is an important factor – it is crucial for professionals to get to know women before they can broach the subject of weight management. There is a need to build up a relationship with women antenatally to continue support after childbirth.

BMI is a controversial subject. Concentrating on women with a BMI over 30 may eliminate other overweight women who need specialist care. The recommendations should also focus on women who are underweight. There should be a focus on a healthy lifestyle rather than losing weight.

It is important that specialist equipment is used for weighing. This can have cost implications.

The recommendations do not provide practical instructions on how to carry out the recommendations. The recommendations can be common sense but they can differ for areas. Instruction is needed to inform health professionals how to get the message across.

Feasibility and Impact

It would not be appropriate for weight and BMI measurements to be discussed in Children's Centres. If the issue of weight had not been covered with a Health Visitor, those at a Children's Centre would not know how to provide advice to women. Children's Centres cannot target certain women; they have to welcome all groups. However, Children's Centres could signpost women to local services.

The guidance does not cover protective measures to prevent childhood obesity. For example, the long term benefits of weight management. Focusing on the child could trigger women to change their lifestyle.

There are many interventions on weight management and obesity. However, there is nothing currently addressing specific cases such as obese women who are pregnant.

There is a need to know what is and is not safe. For example, the guidance recommends that pregnant women should not lose weight. However, this advice may not be safe for those women who have high blood pressure, etc. Therefore, reasons why certain advice should be provided needs to be stated within the guidance.

More information is needed for preparing for pregnancy regarding general health campaigns.

The impact of the recommendations will depend on the people 'on the ground' and how they feel about the issue of weight and whether they can approach the subject.

A family approach would have a greater impact than just focussing on women. A good start is addressing a balanced diet.

A lot of the recommendations on during pregnancy are already being done. However, the issue of weight management is targeted by midwives at the beginning of pregnancy and is rarely mentioned again throughout the pregnancy. The recommendations will not change this as midwives have too many other issues to focus on.

Inclusiveness

The recommendations do not address vulnerable families, where weight is not a priority. The guidance does not provide advice on addressing this issue with these families. Most women who will adhere to these recommendations are those who are already interested in issues such as breast feeding and other health issues.

It is important for the guidance to not make assumptions. Actions need to be client based. The recommendations are quite general. They do not acknowledge the diversity of pregnant women.

Previous experience

Children's Centres have to open programmes to all women. However, these did not attract overweight women. Therefore, programmes need to be targeted.

Parent Craft (antenatal classes) has not been included by the guidance. There is a need to address weight and diet early on in the pregnancy.

Weight management should be included in normal antenatal appointments rather than separate ones. For example, a Bariatric clinic experiences difficulties ensuring women attend follow up appointments.

Session 2 –Assessment of each recommendation

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There needs to be a local referral pathway to other services rather than specialist advice. GPs need to know what services and organisations are available locally to refer women to. GPs tend not to refer women to Children's Centres, which needs to be addressed.

The recommendation identifies a lot of barriers to managing weight after pregnancy but does not address how to overcome them.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

It would be easy for many services to say that they are carrying out the recommendations. However, the quality of which they should be adhering to is not highlighted in the guidance. More information is needed on how to audit the recommendation to ensure they are actioned.

The recommendation does not state how it could be integrated into current roles.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Women with newborns may not be able to do physical activity. There is a need to identify all services and have all information in one place.

Time is needed for weight management; however, GPs may not have this time available.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Without services available to support the recommendation, it will not have an impact. This recommendation does not add anything new – e.g. Midwives would report already doing this.

Question 4e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The title of the recommendation is confusing. It does not emphasise the focus on ‘after pregnancy’.

The recommendation does not address the issue of the cost of weight management programmes.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation needs more direction and more specific detail. It also would need to be targeted locally.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

There is a need to incorporate the healthy lifestyle message for women on a regular basis. Continuity of care is very beneficial and does make a significant difference. Quantity of appointments often takes over quality.

There is a need for enough professionals with appropriate skills and training to implement this recommendation.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

The recommendation may help the business case to get more staff and resources provided.

Other services would have to be offered to women in addition to referrals to dietitians. Women would have to wait to see a dietician; however, other local services would be able to be accessed quickly and easily.

Question 5e: Can you please provide any other comments on this recommendation.

There is no recognition of home visiting or outreach work for women who will not engage in services.

Many women return to work six months after childbirth; however, many services and appointments are only offered during the working day.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is very generalised and does not include enough detail to be carried out.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Access to facilities such as leisure centres is not always available to women.

Women who attend weight management clubs tend to go due to their own motivation, rather than encouragement from a health professional. It would also be difficult to monitor weight management clubs. There is a need to be ensured that these clubs are of a good standard and accredited.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

PCTs could establish links with local weight management clubs.

Projects are taking place nationally. However, the recommendation does not give a model of good practice.

There is a need to have discussions with mothers regarding childcare issues that may interrupt their desire to attend exercise sessions.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

N/A

Question 6e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is useful as it does aim to ensure uniformity in messages provided to women. There does need to be a standard of information provided.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Health professionals may not have enough time for training and development. There would also be cost implications.

There is a need to know what services and programmes are correct and safe before advice can be provided to women.

Clarification on who would be responsible for updating professionals on new recommendations and research that becomes available is needed. Therefore, it may be appropriate for one set of specific roles that can provide certain advice to women. This would make it easier to update the professionals on updates in research.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Training is needed on approaching the sensitive issue of weight management. The principles of HENRY could be applied. Health professionals need communication skills.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

In an ideal world this recommendation would be very useful and beneficial. However, ensuring that it took place would be difficult.

It is important for professionals to recognise their own limits and refer women to specialist services.

The recommendation does not present anything new. It does not set a quality of standards or measurable outcomes.

Question 7e: Can you please provide any other comments on this recommendation.

N/A

1.9 Sandwell Focus Group Summary

Focus group details

Location: Sandwell

Date: 8/3/10

Time: 1pm – 3pm

Delegates attending: 5

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

The recommendations are straightforward and succinct. More information is needed on how to strategically put the recommendations into place. At the delivery end of services there is currently no joined up working which needs to take place. There is also a need to make people accountable for carrying out these actions.

The recommendations assume that all women plan their pregnancy. However, a lot of pregnancies are unplanned and many women do not access the mentioned health professionals or attend these services. Education is needed in order to reach these groups as they are not an identifiable cohort of people.

The guidance misses out the factor that not all GPs conduct referrals. All professionals need to take responsibility for these recommendations.

Although the breast feeding element is covered by the recommendations there are wider issues around breast feeding that need to be addressed. It is important for midwives and those working with women find the 'hook' to ensure women understand the issues of weight management. This needs to be done antenatally.

There can be confidentiality issues preventing midwives passing women's details on to programmes and services. However, good communication between health professionals is crucial. These issues differ regionally.

The recommendations need to sit in the appropriate place and mapped into other NICE guidance. A visual tool would help to link the guidance together. If these links are not made, there will be a lot of repetition and the guidance will be less powerful.

The reluctance of health professionals to approach the subject of weight will act as a barrier to these recommendations. Many health professionals are also overweight themselves which makes them even more reluctant.

The reference to weight management programmes within the recommendations needs more detail. For example, these programmes need to be accredited.

Feasibility and Impact

More information is needed on how to carry out the actions recommended in order to implement them. The guidance could align with relevant local strategies. This would help it to be marketed and promoted better.

The recommendations do cover issues being covered by current programmes. For example, Fab Tots cover a lot of the actions. However, referrals to programmes such as this are needed.

It is unclear how organisations such as leisure centres will know about the guidance. More guidance on how to ensure they are marketed to these organisations is needed.

Including commissioners in the guidance gives the recommendations leverage. However, it would be very easy for services to avoid carrying these actions out or being accountable for them.

Inclusiveness

The recommendations do not cover different ethnic groups. However, there may be a need to provide interpreters within some services. There is also a need to understand cultural norms, as well as avoiding making assumptions based on ethnicity.

The issues of teenage pregnancy are also not covered by the recommendations.

Previous experience

People do not like being dictated to by health professionals. Professionals need to work on an individual basis and involve people more in their treatment.

Some professionals may not have kept up to date on aspects of their training. For example, diet and physical activity are highlighted in many issues of public health (such as CVD and depression). Therefore, it is important to ensure that these issues are higher on professionals' agendas and that they are appropriately trained in these areas.

Session 2 – Assessment of each recommendation

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation benefits from referencing the 'Eat well' website and the specificity of the actions from the Royal College of Obstetricians and Gynaecology.

GPs, midwives, practice nurses etc often only conduct one visit with women. Ongoing support can be provided by Children's Centres and therefore should be included in those who should take action.

The 6-8 week postnatal check does not always take place. This coincides with the baby's immunisation appointments which is a very busy time.

Weighing women 6 months after the birth of their baby is too late. This should be done at 3-4 months.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

6-8 weeks after birth is a very busy time period for women and may not be an appropriate time to measure weight.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Ensuring all professionals carry this out would be difficult. There is a need to overcome reticence of professionals such as GPs to approach these issues. More training on approaching this sensitive subject is needed along with training in motivational interviewing.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Support provided alongside advice is needed for the recommendation to have an impact.

Question 4e: Can you please provide any other comments on this recommendation?

The mother could influence the child's food by 6 months after birth. Therefore it is important to weigh women before this period, such as at 3-4 months after birth.

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This is a good recommendation and should already be taking place. For example, services should be tailored and ongoing.

Local Authorities should be included in those who should take action.

More information is needed on what is a sufficient period of time to allow for sustained lifestyle changes.

Referring to a dietitian does not always take place. It can be very difficult to access dietitians for public health issues. It may be more appropriate to replace this with 'appropriate qualified professional' as this would cover a nutritionist.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Dietitians are not necessarily available for public health issues. They are more readily available for diabetics and those with comorbidity issues.

The ability to implement this recommendation is dependent on the setting and support available. There is a need to recognise the community level.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

The recommendation relates strongly to the time and skills of the professionals delivering it. Health trainers need to be included.

Ensuring people attend these services can be difficult. Incentives often need to be given.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

The impact of this recommendation would be limited as there is currently not enough staff to conduct it at a quality level.

Funding for issues of obesity is limited, especially when competing against funding for acute services. It can be difficult to make a case for obesity to be a focus on the ground at PCTs.

Question 5e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The title of the recommendation is confusing, as it refers to women before pregnancy, whereas the target population are those who have recently had a baby.

The use of Children's Centres as those who should take action should be expanded to children's services.

Children's Centres do not have details and information of pregnant women unless they have been referred to them. This needs to be recognised by the recommendation.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation would be easy to implement, particularly for leisure centres. However, providing crèche and childcare facilities may be difficult. Therefore, there is a need to promote activities that women can bring their children to.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Cost and transport access would cause a barrier to implementing the recommendation. It cannot be assumed that this will be subsidised. Therefore, intensive health visiting will be needed.

If family support workers/ Children's Centres accompanied women to services/ appointments, there would be increased participation.

There is also a need to focus on women with a BMI just under 30. These women are also more likely to make a change to their behaviour.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

There would be a huge cost implication.

It would be difficult to monitor and evaluate commercial providers such as weight management programmes. These often only display short term results.

Question 6e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation needs to be broken down more in order for it to be helpful. For example, it should state who needs to be trained and at what level.

Practitioners need to be included in those who should take action.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

The actions within the recommendation would have to be mandatory; otherwise professionals would not attend training.

People with experience, such as practitioners could be included to provide training.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

There is a need for a scoping exercise to be carried out as a first step to ensure one set of training guidance is produced. This is important as training and guidance needs to be ensured that it is useful and accurate based on practical experience and lessons learned from planned programmes.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

This relates more to a strategic issue.

Services would need to be made flexible to allow this to take place.

Question 7e: Can you please provide any other comments on this recommendation.

This recommendation does not necessarily sit within this guidance, as it sits with much wider issues.

1.10 Leeds Focus Group Summary

Focus group details

Location: Leeds

Date: 15.03.10

Time: 2-4pm

Delegates attending: 5

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Content

It is good that the guidance has been brought out. However, the recommendations are quite general. More detail is needed to make them effective. For example, women of childbearing age are a very broad group of women. More information on certain age groups would be needed. The guidance needs to be broken down to the needs of the client.

The complexity of obesity for women is not recognised by the guidance. For example, behaviour change takes time and there is no 'quick fix'. The sensitive nature of this subject is also not covered, and how professionals raise awareness of such a sensitive area with women is not detailed.

The guidance misses the fact that Midwives only have a short amount of time with women. Therefore, other services need to be in place for women to access information and support.

The guidance suggests pregnant women should not lose weight. However, some services and research suggests that in some cases it is appropriate for pregnant women to lose weight. This issue needs to be clarified.

Culture issues can act as a barrier to implementing this guidance. For example, some cultures view being overweight during pregnancy as positive.

Data sharing issues can also act as barriers to the implementation of the guidance. For example, services such as Children's Centres often are not aware of where these women are as they are not able to access the data. It can also be difficult to access these women as many of them move frequently and there are often only a few outreach workers to cover very large areas. Multi agency working would help address these issues. For example, midwives working out of Children's Centres would encourage women to take up the services offered. Children's Centres can access many services. It should be the 'norm' for pregnant women to access children's services.

Language barriers are also often present which can prevent services from being effective.

The issue of weight management is such a complex area. There is no 'quick fix' and it is important for professionals to build up relationships with clients for changes to be made.

More information would be needed to allow the recommendations to be implemented. For example, guidance on what 200 calories equates to and how to carry out consistent waist measurements would be useful.

Caution needs to be taken to ensure the recommendations are not patronising to women.

Education is very important. For example, many parents are unaware of how to make a healthy, balanced meal.

Feasibility and Impact

The age of women needs to be clarified within the guidance in order to help it be implemented. For example, the needs of young women would differ from older women. Young pregnant girls would need more support. The guidance does not differentiate between the groups of women who are of childbearing age.

There is a need to get all services on board in order for the recommendations to work. Obesity may not be a priority for some services. Some professionals would not have the confidence to raise the subject of weights and some services may not have the appropriate equipment to carry out the actions such as measuring BMI.

Some women do not access health services on a regular basis. Therefore, there can be so much information that needs to be covered in the one appointment they do attend; the issue of weight can be at the bottom of the list.

There are training issues for raising awareness. Currently there is a programme run in Leeds that teaches professionals how to effectively raise the issue in a short time period.

The point at which information is provided is also crucial. Opportunities need to be sought that are appropriate to approach women.

Although some parts of the guidance are useful, the recommendations are very general. As it stands, the guidance document is open to interpretation.

The guidance acts as a level to change. For example, weight management programmes and the use of leisure facilities are really important and the guidance would act as a lever for professionals linking with these services. However, childcare facilities in places such as leisure centres are very limited. This needs to be considered and rectified.

Changes in time and availability of the workforce would be needed to ensure the guidance had an impact. The recommendations would need to be embedded within targets and services.

The issue of weight management in pregnancy has a 'knock-on' effect to childhood obesity. Therefore, the guidance should tie up with the childhood obesity strategy to increase the impact it would have.

Inclusiveness

The guidance does not cover certain groups appropriately. These include:

- Transient populations;
- Mothers with learning disabilities – this group of women often have weight issues. There is currently a care pathway in Leeds for learning disabled pregnant women or parents with learning disabilities;
- Teenage pregnancies – often these girls are happy to have extra weight to hide their pregnancies.

Previous experience

The importance of breastfeeding to help lose weight is not covered in the recommendations sufficiently.

In Leeds there is currently a programme run called Fruit 4 Life that includes a breast feeding strategy and helps women achieve their pre-birth weight.

Session 2 –Assessment of each recommendation

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Children's Centres are not mentioned in those who should take action. It is important to include these as they offer relevant services such as breast feeding services and they can signpost women to other relevant organisation and services.

The recommendation does not cover the issues of how breastfeeding can help with weight loss.

The recommendation benefits from covering the issue of tailoring advice for individual women. This is very important.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Individual motivation of women during the first year after birth can be quite low. Therefore, the window for change could be expanded.

Women who are already overweight are more likely to have caesareans, which would impact their ability to manage their weight through exercise. This should be covered by the recommendation.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

There is a need to ensure that health professionals have information on other support services available and pathways need to be in place.

Endorsement from 'high up' needs to take place to ensure effective partnerships are developed.

Resources are tight. One service would not be able to achieve this recommendation alone. Partnership working is needed. However, the priorities of services differ.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

If this recommendation is going to be effective, larger consultation periods would be needed. This would impact current practice.

There would be impacts on training needs to carry out this recommendation.

Question 4e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 5: women with a BMI over 30 following pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The action of explaining the increased risks to women by GPs and professionals needs to be emphasised more as this is very important.

It is not very realistic to assume women will think about weight management before becoming pregnant again.

The recommendation benefits from spelling out the specific remit of a weight management programme. It also benefits from following on from these programmes by offering referrals. These are very positive points.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

A social marketing programme is needed to raise awareness. It is also important to emphasise the role of education in Schools on obesity. It can be too late to provide advice when women are pregnant.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be clear information on the referral pathway and professionals need to know what services are available to offer to women.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

If services were available and staff were trained in skills such as motivational interviewing and brief advice it would have an impact. However, practitioners often do not have the time to attend training. Training programmes need to constantly be offered so that practitioners have more access to them.

Question 5e: Can you please provide any other comments on this recommendation.

Many people know about the risks of being overweight but chose to ignore them. However, knowing that it can pose risks to their children can motivate them to change. These risks need to be highlighted more.

Recommendation 6: community based services for women before pregnancy and after childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation covers very useful points. For example, it highlights that opportunities to take part in recreational and physical activities need to be affordable and available at appropriate times. These are key issues for parents and can often act as barriers to getting involved in activities.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Some women may not be ready to address weight management issues just after birth. Also, many women return to work after birth and would not have the time to address weight management issues. Many sessions offered in leisure centres and Children's Centres are only offered during the week. This would eliminate those women who return to work from accessing them.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Weight management programmes can be costly – up to £5/6 per week which can be a great cost to some families. Childcare and travel costs would also increase these weekly outgoings. These programmes are also often offered at ‘tea time’ when many women want to be with their children, which can prevent them attending.

If low cost, government run programmes were going to be provided, who would fund these?

Question 6d: What **impact** might it have on current practice in your own role or organisation?

This recommendation could have a huge impact if these services were available at the right cost and time.

These actions would be expensive to provide but would have massive health benefits. Funding is limited for preventative services when the longer term benefits are not very visible. Reporting that these preventative services are 100% effective would be difficult. NICE need to set out the long term benefits, as this would hold more weight in commissioning programmes. It would be helpful if NICE built in a case study highlighting the health economic issues and savings that would be made in the future.

This recommendation could also be tied in with Change4Life to have a greater impact.

Question 6e: Can you please provide any other comments on this recommendation.

More guidance is needed on how much weight women should be losing. It can be dangerous for women to lose weight too quickly which should be referenced in the recommendation.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation focuses on professionals providing advice to women. However, something more than advice is needed. Support needs to be offered along with this advice.

It is important that professionals are trained to work with women at earlier stages. How to engage with these women early on needs to be covered in training.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation needs to be expanded to cover the type of knowledge and the type of skills professionals should have. Some professionals do not have the skills to provide advice effectively. Therefore, training should cover issues such as motivational interviewing and behaviour change techniques.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Ensuring staff are released to attend training can be difficult. Therefore, these issues need to be covered in the basic training courses professionals receive when becoming qualified.

Time is very limited for training, making it difficult to cover issues such as behaviour change

Some training courses are out of date resulting in new professionals entering jobs with training that does not meet the needs of the service. NICE need to ensure training is appropriate and relevant.

The cost of training courses such as those on behaviour change can be high. This can result in Managers only sending a few staff members on the course when in fact the whole workforce should attend.

Some professionals' understanding of 'working with' women and the public can be inaccurate as they are often 'working to' them. This needs to be made clearer. However, some client groups prefer to be told what to do by professionals.

Individual practitioners can be reluctant to raise the issue of weight management with people due to their own issues regarding weight. Therefore, training needs to acknowledge this and have a personal element to it.

Question 7d: What **impact** might it have on current practice in your own role or organisation?

The cost of training courses could be large.

Question 7e: Can you please provide any other comments on this recommendation.

N/A

APPENDIX C: TELEPHONE INTERVIEW SUMMARIES

1.11 Children's Centre telephone interview summaries

1.11.1 Children Centre - summary 1

Recommendation 6: community -based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendations are excellent. The wording clearly stresses how weight can affect the health of mother and child.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The mothers may feel they are taking on too much too soon after giving birth.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

If the message is there, in a national form, then it could have an impact on how mothers see these issues during and after pregnancy. This message will prevent them from shying away.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

The impact would be positive as there are lots of occasions/areas that they can offer advice to women such as on their website. Children's Centres are less threatening environments for mothers as they have attended voluntarily, therefore this is a perfect place to guide women on these issues.

Question 1e: Can you please provide any other comments on this recommendation.

Obesity has many by-products, therefore tackling these issues early will improve the health of mother, child and future generations.

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent “agrees” with the recommendation. The content is useful and relevant but it does not indicate how they would first approach the women.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

It is important that professionals are trained to deliver a sensitive approach at this stage in a woman’s life.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be a best practice guide as to how to approach mothers. People who have had children are best placed to implement the programme so there is empathy about the women’s situations and understanding about other issues in their life which go along with this. This would provide an incentive for women to adhere to the advice.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation would have a good impact. The health service is stretched in some areas but this might relieve some of this by intervening in weight issues early and alleviating some problems which cause further work for the health service in the future.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

The recommendations are particularly useful but are not entirely relevant to their own practice.

Mothers may be best placed to implement the recommendations. This is already often the case in Children’s Centres so they can see from personal experience that this is an effective way of giving women sensitive advice, as it comes across as being less judgemental.

No barriers are missed out.

The recommendations can be understood and used effectively.

Topic b: Feasibility and Impact

It is quite feasible as all professionals mentioned already meet with mothers so there is no reason why the changes could not be implemented.

“It is a sensible next step” to approach women before they become pregnant.
There would need to be training on how to approach women with these issues.

Topic c: Inclusiveness

People from BME groups need more focus due to cultural preferences for particular weight classes in women which negatively impact a woman’s health.

Topic d: Previous experience

No previous experience was considered to not be currently taken into account by the draft recommendations.

1.11.2 Children’s Centre – summary 2

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is clear and relevant.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Carrying out such recommendations would have costs for the centre and they would need funding to maintain these. Whether or not there is enough interest from women to justify such costs is another factor.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

They would need funding in order to make the service affordable/free for women so that they can provide the right staff.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

They are always looking for ways to support their families so this recommendation would have a positive impact on their service provision.

Question 1e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is useful and relevant

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The biggest factor would be “quality assurance” in ensuring that the information given to Children’s Centres on weight management in pregnancy is from a reputable source, and is extensive yet clear enough for them to deliver it to women confidently with some sort of seal of approval.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

There could be some kind of guidance/information pack both for the women and for the staff that they can work through – therefore allowing them to deliver the recommendation without having to have had extensive training on the matter.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

This work would have a positive impact similarly to the previous recommendation. They do offer guidance sessions in terms of education therefore they can add this recommendation into those sessions. Their staff, are education trained so they can deliver the recommendation but they would need more information before they can deal with specific issues because they are not medically trained.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

The guidance is useful and relevant. It is important that these issues are tied together as a complete package – this would make it easier to deliver to a wide audience. It is relevant to their setting because parents are comfortable talking with them so they can approach these issues easily.

The recommendations do not miss out anything important.

They would need help with funding to make it affordable for women and they would need further information so they can back-up the things they are saying given they are not medically trained.

Without additional information they do not feel they have the authority to deliver the information outside of a medical setting.

Topic b: Feasibility and Impact

It would be feasible to implement the recommendations.

They do not currently walk with women about these issues so they do not have knowledge of current interventions.

They would need additional training and more detailed guidance material but upon achieving this, the recommendations would have a positive impact on their practice.

Topic c: Inclusiveness

They thought that the recommendations covered the needs of all interventions.

Topic d: Previous experience

No previous experience was considered to not be currently taken into account by the draft recommendations.

1.11.3 Children's Centre – summary 3

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent liked the wording. They thought it was clear, concise and everyone's roles and responsibilities were set out clearly. The guidance is very useful.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Training is a factor e.g. whether or not staff would have the necessary skills, knowledge or experience to carry out the recommendations.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

If it is a national message, this would be easier to implement as it is good branding.

They need to recognise within their own organisation that staff need to get the necessary training. They have employed ‘health and wellbeing champions’ before, who have identified and coordinated their training needs. Having a person who can take the lead on training makes it easier to accomplish.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would have a positive impact in that they will be able to improve their health inequalities. There is scope to include the activities in their current practice. The Midwives who work within their centre might not be able to take on any extra burden, however.

Question 1e: Can you please provide any other comments on this recommendation.

No

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is useful, relevant, clear and concise. “There is nothing that’s difficult about it.” It is useful given the types of things they currently provide and how this would compliment that.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

There are factors concerning training and capacity. There are gaps in training which are not consistent. It is difficult to get frontline staff released for training.’

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

If staff had relevant training, they found with Midwives that if they could pay for them to supply somebody in their place, then they could get the women to attend day long training events. This would be successful in this case.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation would have a positive impact. It would “improve outcomes and reduce inequalities”

Question 2e: Can you please provide any other comments on this recommendation.

No.

General review of the recommendations

Topic a: Content

They are useful and relevant. They are “really good”. The respondent was a health visitor and therefore knows from experience that there is a lack of research based information on this area and the guidelines provide this to some extent.

Their Children’s Centre looks at hard to reach and targeted groups and the respondent could not recall whether there was specific mention on issues surrounding the provision for deprived people. This might be better tackled with use of social marketing.

They miss out the barriers of social class.

They are detailed enough. The way they are broken into sections makes it easy to extract specific information.

Topic b: Feasibility and Impact

Not unrealistic for health professionals to provide these things but whether they would actually change people is a different story. The respondent questioned whether dietitians were trained to change behaviour?

The recommendations do add to current interventions. Anecdotally, the respondent added that people shy away from addressing weight and this guidance adds to interventions by encouraging people to confront the issues.

There is a definite need for training of children’s centre staff, midwives and health visitors. It is feasible to add these things on to their current service provision as it would not cost too much given their health and wellbeing champion and the contract they have with dietitian teams.

There needs to be an embedded approach where professionals make sure that it is not down to individuals to deliver everything. Responsibility needs to be put on all health professionals so all children’s centre staff who otherwise might not deal with these issues, need to be trained to at least signpost people to the correct services.

Topic c: Inclusiveness

The recommendations do not cover all. There needs to be a focus on the issues of BME and low SEN groups. Social marketing techniques would help in appealing to those groups.

Topic d: Previous experience

No previous experience was considered to not be currently taken into account by the draft recommendations.

1.11.4 Children's Centre – summary 4

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

“It is good, simple advice on eating, exercise and weight management.”

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

There would be resource issues. They do not have the money or staff to provide for the recommendation.

They do not have a trained fitness professional or dietitian.

The respondent asked how all of this will be provided for those women who are less well off?

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

It would depend on the role of commercial organisations or Local Authorities who can help them.

Women need to be aware of the voucher system, if one exists, to increase the accessibility of leisure services for women.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would have no impact because they cannot provide it. They used to have a mother and baby fitness class and slimming world sessions but the commercial providers stopped paying them so they had to stop the sessions. It depends on what could be commercially provided.

Question 1e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The family support staff they have do not have any training to provide health advice, therefore the recommendation is not very relevant to them.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

There is a need for specialist training so staff are comfortable providing women with such guidance.

Also, Midwives have said that they are pushed for time so there is a question over whether their busy schedule would also be a factor.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Training needs to be provided. They do not currently receive any training provided by Hampshire county council but they think this should be possible.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The respondent did not think it would have any impact because they work in partnership with health but they do not take the lead on it as they do not have the capacity to do so.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

It is good advice for people in that position as it addresses sensitive issues well but the recommendations are not entirely relevant to their Children's Centre because the stage to address the weight is with midwives. When they see women "*they're coming to play groups, they're not coming to have their weight commented on*".

The guidance does not fully appreciate that so soon after giving birth women do not want to be talking about their weight, they have enough to think about on top of their weight issues.

The sensitivity of the issue is not focused on enough. Women are in an "emotional and vulnerable stage in their life" so they do not want to be talking about these issues.

The guidance is otherwise "fine".

Topic b: Feasibility and Impact

They do not look that difficult for leisure services or slimming clubs to achieve but there is reluctance for people to discuss the issues around weight and it is not very feasible for them to deliver those things as they do not have specialist staff. This may be possible for bigger centres.

They do not add that much. They already do things on healthy lifestyles but in an informal way and they cannot provide much more.

The recommendations would “not really” impact current practice.

Topic c: Inclusiveness

The respondent questioned whether those in the low SEN group could benefit from these services.

Topic d: Previous experience

No previous experience was mentioned.

1.11.5 Children’s Centre – summary 5**Recommendation 6: community – based services for women before pregnancy and following childbirth**

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendations are very clear, easy to read and definitely useful. They are very relevant, but it may be “too late” to offer this advice when women are pregnant. Information about the risks associated with poor weight management during and after pregnancy should be given to women before they become pregnant.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

There may be difficulty in getting all of the types of services mentioned to do so cohesively. It is unclear how the organisations will all fit together, how this will be coordinated and who will take responsibility for what. Is expecting such cohesive work “unrealistic”?

There are also issues concerning whether they have the money and space to deliver what is set out by the recommendations.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

These barriers can be overcome with solid partnership working, clearer guidelines on who is responsible for what, and making the work statutory for all organisations so everyone knows what they must contribute.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

It will increase their service level agreement with midwives and other professionals. They already hold postnatal sessions etc. Therefore they would have to add on top of these sessions. They would also need to take more time to coordinate all of this work both within their own sessions and with other organisations.

Question 1e: Can you please provide any other comments on this recommendation.

The respondent was pleased by the guidelines as it suggests there will soon be a way to support these kinds of families.

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is very useful, clear and relevant.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

This factors are the same as the previous recommendation, namely with regards to space and money issues. There is also an issue of whether professionals will have the relevant training to carry out such work.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be the provision of relevant training that appreciates multidisciplinary and partnership work. There need to be clearer boundaries as to who is responsible for delivering what.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

They already provide some of this. Additional sessions will impact on service level agreements with midwives and other health professionals who would be responsible for holding sessions. There is scope to deliver the recommendation because they are trying to work within the every child matters and healthy schools agendas which also encourage such work.

Question 2e: Can you please provide any other comments on this recommendation.

The respondent said that they hoped the guidance would be published.

General review of the recommendations

Topic a: Content

They are very useful and relevant.

They have covered everything and they are thoughtful about not forcing women to weigh themselves or to disclose sensitive information.

They have not missed out any barriers. For example they have included getting the family involved as well – which is important in changing the woman’s environment as a whole.

They are in “plain English” and they are very clear. They are very easy to understand and well written.

Topic b: Feasibility and Impact

It all depends on how they are going to advertise the recommendations. Will it be in a leaflet? Is this going to be designed in a way that is appealing to the relevant women?

They might be able to supply fitness sessions and support this with a crèche. The recommendations give them a lot of ideas about how to better support their women.

They would not impact current practice greatly as some of it is already provided. They would complement their current service provision. They might have to recruit a fitness professional or the PCT could provide this – so it would impact on their current costs.

Topic c: Inclusiveness

The recommendations reach everyone except maybe those people who use English as a second language.

Topic d: Previous experience

No previous experience was mentioned.

1.11.6 Children’s Centre – summary 6

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

For professionals the wording is fine, although it is maybe a little bit too brief. To be more useful there would need to be more detail and some introduction to the area.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

This is not a top priority for Children's Centres and they do not have the resources to work on lower priority areas. They focus more on childhood obesity, not the mothers. They also focus on the mother's mental health. These targets are from the government. The health of the parent is not high on the agenda.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Healthy lifestyles for whole families is high on the governments agenda for Children's Centres. Packaging these issues within that concept might allow them to invest more into it.

There are also resources issues in terms of space and staff. Children's centres are not generally large enough to accommodate further dedicated professionals. Small centres would have difficulty co-locating specialists.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

This will have very little impact as it is not a priority for them. They would continue to signpost women to health professionals/websites as they already do.

Question 1e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is not entirely relevant to them as they only see a small section of women as it is voluntary or women to attend such centres.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Family involvement workers are not trained to deliver the information and training them in this way is not a big priority. They only see a small section of the audience so they cannot be responsible for approaching all women.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

They need time to get used to new initiatives and to coordinate with other agencies therefore it is about local leadership and who is directing such coordination.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

This would have a greater impact on health professionals than Children's Centres.

Question 2e: Can you please provide any other comments on this recommendation.

No

General review of the recommendations

Topic a: Content

Wording overall is fine but the content is not hugely relevant to Children's Centres.

There was very little reference to the mothers mental wellbeing. There needs to be more focus on other issues that the mother might face and how this fits in with weight management, e.g. low self esteem.

There is not anything on how individual mothers would pay for this.

The recommendations are sufficiently detailed to be understood effectively.

Topic b: Feasibility and Impact

They are not that feasible to implement.

It would add to the interventions as it would change their current focus onto mothers who attend Children's Centres as opposed to it being solely on the child. "Whether this focus should be change or not is another issue".

There would be training needs but this kind of work is not really a priority for them because of targets the government has set them concerning other things such as the mental wellbeing of the mother and the health of the child specifically.

Topic c: Inclusiveness

The mental health of the mother must be considered. Cultural issues also need to be focused on as some cultures view larger weight as desirable.

There should also be a focus on wider issues such as teaching women how to cook healthy meals rather than just telling them that they should eat healthily.

Topic d: Previous experience

The recommendations stand in isolation from other interventions. Linking them into smoking cessation, mental health issues etc. would give them more value. “Weight is unlikely to be the only issue” with women who are overweight.

1.11.7 Children’s Centre – summary 7

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how useful and relevant it might be.

The recommendation is useful and relevant; however local services will differ.

The use of the term ‘slimming clubs’ is slightly inappropriate and ‘old fashioned’ and should be changed to ‘weight management clubs’.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation will be able to be implemented easily, depending on funding. Trained facilitators will also be needed for example, experts in healthy eating.

Courses could be offered for those thinking about getting pregnant that focuses on what women should be doing to improve their health.

The recommendation should be included in the whole health package that is offered to women, with weight not as a separate issue.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

One of the major barriers is encouraging women to understand that this recommendation is for their benefit and ensuring they understand why they should be adhering to it.

Barriers also exist between different professions. There is a need to break down barriers and link services together through signposting.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation could be built into the healthy living programme in the local areas. This looks at the health of the family.

Question 1e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is easily read and benefits from presenting information in fairly small 'bitesize' pieces. It is easily accessible to busy professionals and prompts readers to investigate issues further.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Sessions will have to be offered at accessible times, such as evenings and weekend, however, it can easily be fitted into current timetables.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Good role models will have to deliver services regarding weight management.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation will have a great impact on services. It can be carried out in Children's Centres through the years, from weaning to school days.

Question 2e: Can you please provide any other comments on this recommendation.

The recommendation does not cover issues such as complicated pregnancies and fertility. Constant monitoring needs to take place for these circumstances.

General review of the recommendations

Topic a: Content

The content of the recommendations are useful and relevant. They provide enough information to prompt further investigation.

The recommendations miss out issues regarding complications in pregnancy. They also do not cover the issue that women who are overweight often have trouble conceiving.

One of the barriers to implementing the recommendation is the education of parents. Many parents do not understand the benefits of weight management. Education can even just include directing people to relevant websites or local information.

The recommendations are sufficiently detailed to allow them to be understood and used effectively.

Topic b: Feasibility and Impact

The recommendations would be feasible to implement, as long as professionals worked together and services were linked. There would however be financial implications.

The recommendations could add to the healthy living programme that is currently running.

They are a good general tool that would prompt further investigation, as they do not give specific information.

The recommendations may require more monitoring taking place at a PCT level and encourage multi agency working. Voluntary groups would be included to take on monitoring roles.

Topic c: Inclusiveness

The recommendations are applicable to all; however, finding a way in to initially approach all groups may be difficult. Those people who do not see themselves as overweight would be difficult to engage.

Topic d: Previous experience

No previous experience was mentioned.

1.11.8 Children's Centre – summary 8

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how useful and relevant it might be.

Childcare is good to include; it needs to be affordable for women as we currently have high levels of redundancy in the area.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

People knowing about the services – there needs to be better publicity.

Working with other agencies; some sort of awareness raising campaign.

Make sure mothers and fathers know about it.

Use GPs surgeries, schools – places where people are likely to see the information.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Better publicity

Free taster sessions that may encourage people to ‘have a go’.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would be helpful if we had more places we could signpost people to that are affordable and have childcare and for example offer out of hours opening.

If the recommendation works then a great impact!

Question 1e: Can you please provide any other comments on this recommendation.

None

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is about making sure the information is available to all and that we have the relevant training to pass on information to parents.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

People have got to want to do it so there may be motivational issues, some people find it ‘hard to change’.

Whatever is offered needs to be affordable and fun.

Lack of childcare facilities may put people off.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Better training could mean less referrals. We could provide the advice ourselves if we are confident that we can do so.

Offer out of hours childcare.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would be more helpful to us and the way we deliver our services if we receive better information.

The guidance would cover those who provide classes in our Children's Centre and hence it could affect the uptake of our classes.

Question 2e: Can you please provide any other comments on this recommendation.

None

General review of the recommendations

Topic a: Content

No response provided.

Topic b: Feasibility and Impact

No response provided.

Topic c: Inclusiveness

They are in a mixed area with mainly high income families with pockets of low income families, lone parents and BME families.

The services provided need to be affordable for all.

There may be an issue with providing swimming classes to some BME groups – some require women only classes and no male instructors and this is often difficult to arrange.

They have issues around trying to get groups to join classes because they are expensive.

Similarly there are issues with getting lone parents to join a group that consists mainly of high income parents, it feels quite intimidating for the lone parents.

Topic d: Previous experience

Need to link with existing initiative e.g. Change4Life and Eatwell.

1.11.9 Children's Centre – summary 9

Recommendation 6: community – based services for women before pregnancy and following childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is good that Children's Centres are included.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Need to ensure buy-in from the local authority leisure and community services and local slimming clubs. This can often be difficult and it is difficult to reach the right person.

Costs of childcare and crèches are expensive – who will pay for these?

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

By people getting to know their partner agencies.

Question 6d: What **impact** might it have on current service provision or practice in your own role or organisation?

Would fit in well with our existing services.

Question 6e: Can you please provide any other comments on this recommendation.

Although it is a good thing to mention crèches, what about promotion of physical activity that includes the baby e.g. swimming, walks i.e. (Walk for England). The mother and baby can enjoy activities postnatally and this can last for a long time into childhood.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is very clear.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Professional bodies can resent having to present any further information, with an attitude such as '*it is not my priority*', or a feeling of '*I don't need to do it*'. You are giving already busy people, something else to consider.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Joint training for health professionals and Children's Centre staff to ensure we are getting the same messages.

Training that is designed so that busy people may drop in and out – not tied into a series or long course. For example, introduce a programme of workshops.

Question 7d: What **impact** might it have on current service provision or practice in your own role or organisation?

Would give scope for further workshops to be held i.e. healthy eating, science of food, how food or the lack of certain foods affects your body.

Question 7e: Can you please provide any other comments on this recommendation.

In Slough we have a 'No wrong door' approach, customers can get a range of information at any point – ensures that professionals have access and commitment to providing that information.

Need to consider a national campaign to raise awareness about BMI and healthy eating (not just 5 a day).

General review of the recommendations

Topic a: Content

The content is very good and the wording is good. Brings together PCTs, parks, slimming clubs – all should be working together.

They do not miss anything out.

They do not miss any barriers.

Topic b: Feasibility and Impact

No comment provided

Topic c: Inclusiveness

Need to identify the fact that some cultures are more prone to certain illnesses.

Need to consider translation and interpretation services, ensure campaigns are in other languages.

Research the local community first and then target the provision of services.

Topic d: Previous experience

No previous experience was mentioned.

1.11.10 Children's Centre – summary 10

Recommendation 6: community -based services for women before pregnancy and following childbirth

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is very relevant and useful

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Costs and sustainability are the main factors. This is all dependent on whether they can get the attendance from women. Those women who are motivated to lose weight will already do this sort of thing, therefore it has to be made more important to the other kinds of people. It needs to be sustainable for services to be free so that all can benefit from the programmes.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Costs should be subsidised by the government. Incentives such as reduced membership fees need to be given to women.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

They already offer weight management to some extent but it is not a huge feature of their work, although it would be useful if it was. It would be a useful part of their service if they could directly refer women to health trainers responsible for helping women manage their weight. On their own, they do not have the space to offer physical activities but they already offer walking groups.

Question 1e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

In principle this would be great and staff would embrace the training.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Children's Centres have to deliver a lot of information to women already. They deal with worklessness, health and early education agendas etc, therefore they might not have the staff to use weight management training with all women that come into the centre.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

It might be overcome with more staff and by working more closely with Midwives.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

This would have a positive impact on their service as it would allow staff and mothers to understand those issues more clearly.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

It is useful and relevant, particularly because of how prevalent obesity is today.

Not sure if the recommendations miss anything important out.

Not sure if they miss out any barriers.

With more information and detail the recommendations would be more useful.

Topic b: Feasibility and Impact

They would be feasible if they have enough staff to deliver those services on top of the things they already do.

Not sure if they add to the range of current interventions.

The recommendations would have a positive impact providing they can get the training and space to deliver them.

Topic c: Inclusiveness

Not sure if the recommendations are inclusive.

Topic d: Previous experience

No previous experience was mentioned.

1.12 GP telephone interview summaries

1.12.1 GP – summary 1

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation looks fine but there is too much wording, and too many paragraphs, it needs to be more concise. It seems too much for professionals to read, keep in mind, learn and remember when seeing patients; it needs to be much simpler for example '4 steps of advice'.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

The majority of patients who come in and want to lose weight ask, 'what can I eat to lose weight?' success rates are very low, approximately 1 in 10 will actually lose the weight despite the advice given, so a lot of the time it is out of our hands and down to personal motivation.

He describes himself as being from the school of GPs that always measure height, weight and calculate BMI at every opportunity (has a computer that calculates this) – a 'pro-weigher', and recognises this is not consistent across the profession.

Time! You can spend 5/10 minutes with a patient telling them about weight management but this cannot be at every visit, it is just not feasible.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

The advice should be focused at the post-natal visit.

The majority of the actions should be done during antenatal care either by midwives or whoever is responsible for delivering that care. GPs will only see a woman once or twice, there is often a different GP at each visit and no continuity of care and rapport with that woman. Midwives see the same woman, have the opportunity to build a rapport and deliver continuous and consistent advice.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

Time would be the biggest impact, having the time to carry out the actions with each woman.

Recalling the recommendations is a problem, GPs do not have time to refer back such a long document and ensure all the actions are carried out.

Question 4e: Can you please provide any other comments on this recommendation.

None

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The stipulation 'BMI over 30' is too low. This constitutes a small group who are usually women who want an alteration or weight loss tablets, exercise may be very difficult for them because of their weight. Often these women 'have given up' and are at a stage where they do not care. Instead the recommendation should be 'BMI over 25. This captures them much earlier, where women are still thinking about losing weight and likely to succeed, at this stage it is more realistic for us to give them weight loss targets and impart advice that will be actioned.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Suggesting a structured weight loss programme is not always likely to be successful. Women will need a method that suits them, based on their individual circumstances, not everyone benefits from schemes like Weightwatchers; actions should focus on providing individual tailored advice.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Often women will say they have joined a gym but they are not fit enough or cannot exercise for long enough to lose weight, although it is a good thing they are attending the gym, actual weight loss for these women is more to do with reducing what you eat for example half portions for a month and healthy eating habits.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

Referrals to dietitians are very rare and based on a clinical need as opposed to simply being overweight e.g. are overweight and diabetic. If increasing the number of referrals this will be at a greater cost.

Question 5e: Can you please provide any other comments on this recommendation.

None

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There is too much text. It needs to be more bulleted.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Not every doctor is willing to spend time with the patient trying to lose weight.

TIME! A 10 minute consultation is not enough. It creates more work for the GP and so provisions need to be made for that extra work.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

There should be a GP and practice nurse who takes a lead role in each surgery to deal with weight management.

Weight management advice is about persuasion, encouragement, sometimes scaring the patient. The point is every patient is different and needs a different approach.

Also, it does not completely depend on the doctor.

Question 7d: What **impact** might it have on current service provision or practice in your own role or organisation?

There are not many doctors who read such recommendations let alone recall them. Therefore these recommendations may have little or no impact at all.

Question 7e: Can you please provide any other comments on this recommendation.

There is this issue of remuneration – could GPs be remunerated for patients that lose weight or could patients be incentivised? If so how this would be structured, by Kilos, stones?

General review of the recommendations

Topic a: Content

There are generally too long and easy to forget.

That there should be more focus on individual tailored advice.

It is often to do with the motivation of the patient, s no matter how much good you do, it is ultimately up to them.

They are fine, if not too detailed/long.

Topic b: Feasibility and Impact

They impact on the workload of the GP – we will have more work than medical students!

Guidelines really need to look at the cost and time implications for GPs. We can get lost in the volumes of recommendations out there and often makes the practise of medicine more difficult rather than easier – ‘it’s been overdone’.

The whole point of being a professional is to impart your professional advice based on your experience – professionals should be allowed to use his judgement otherwise use a computer!

The fact that they are just guidelines means many GPs will be able to say, ‘they are just guidelines, I don’t want to take notice of them.’

Topic c: Inclusiveness

No response provided.

Topic d: Previous experience

He would like to see those people who are responsible for writing the recommendations to sit on the other side and be responsible for implementing them, it feels as if the people who write them do not deal with patients! They are simply not that practical.

1.12.2 GP – summary 2

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The guidance is very comprehensive and easy to understand.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Time is the biggest constraint, and also expertise within GPs with regards to diet and weight management. Their practice does not have a dietitian to accommodate for such lifestyle guidance.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Providing more dietitians and having them attached to antenatal clinics. There is scope for the presence of a dietitian within the respondents practice.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation would increase the time of consultations by increasing the time spent emphasising further details on certain issues such as weight, therefore, the respondent thought the guidance is probably best provided by other professionals.

Question 1e: Can you please provide any other comments on this recommendation.

No comments were offered.

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The guidance is useful but is mostly already done at the moment. It would more useful to provide a patient with an information leaflet or giving them a link to a website as this would not eat into the time of the GPs.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

They do not really deal with pregnant women, they refer them on to antenatal clinics. It is also not very common for women to come into the practice before conception either.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Public health campaigns and television advertisements like those related contraception would be effective in raising awareness or to seek more information online before conception.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation is said to have little impact other than to encourage practices to give out more leaflets.

Question 2e: Can you please provide any other comments on this recommendation.

No comments were noted

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is “fine” although it is “probably” not possible for a GP to go into lifestyle issues with patients as they do not have the time to do this.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

They usually refer pregnant women to antenatal clinics upon diagnosis of pregnancy, and do not deal too much with guidance concerning the pregnancy – this is the remit of midwives, therefore, they do not really have the time to adhere to the recommendation fully.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

More leaflets and website information would aid in implementing this recommendation

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendation would increase demands upon dietitians and this would probably increase waiting list times. Therefore, dietitians might then not be able to provide a “reasonable service”

Question 3e: Can you please provide any other comments on this recommendation.

No comments were noted

General review of the recommendations

Topic a: Content

The recommendations are useful and relevant, although this is not necessarily to GPs because they are already pushed for time. The recommendations given to GPs could be better delivered elsewhere.

There are no omissions.

A barrier missed out is patient's reluctance to talk about weight, consider weight issues or change their behaviour with regards to a weight issue they might have.

The guidance is very detailed and easily understood.

Topic b: Feasibility and Impact

They would be difficult to implement as they do not have access to dietitians and weight management professionals. It would be easier to give further details to individuals on how to manage their weight, and midwives are best placed to carry this out.

They add because at the moment GPs do not intervene at all in weight management, therefore the recommendations flag up to GPs what they should already be delivering.

The recommendations would increase the length of consultation and would increase the distribution of practice leaflets.

Topic c: Inclusiveness

The respondent felt the guidance was "very inclusive"

Topic d: Previous experience

No previous experience was mentioned.

1.12.3 GP - summaries 3 & 4

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Not sure how relevant it is to us as we very rarely see women preparing for a pregnancy unless they have fertility concerns such as those with polycystic ovaries.

'Including those who have had a baby' is poorly phrased and could be misinterpreted.

No mention of how weight can affect your chances of becoming pregnant – this is true for both the women and the man.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

GPs rarely see women preparing for a pregnancy but see them once they have become pregnant.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Not sure if it would be possible to encourage women to see a GP when planning a pregnancy as most pregnancies are unplanned. It may be better to impart weight management advice to those groups at risk of becoming pregnant, in areas with high rates of pregnancy e.g. teenagers in schools, some BME and lower SE groups.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not much of an impact because the women who come to see us who are planning a pregnancy are rare. I would assume this would have more relevance in fertility clinics as well.

Question 1e: Can you please provide any other comments on this recommendation.

Motivation for weight loss should fall entirely on health professionals, there has to be some element of buy in from the client, otherwise it's a waste of time and money.

Women preparing for a pregnancy should be given information of safe weight gain.

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There is no mention of specialist services e.g. bariatric clinic, diabetes clinic – often women with higher BMIs have related issues and are more likely to be referred for these as opposed to just being overweight, it's about the health risks related to being obese.

Encouraging women to lose weight before they become pregnant again is a 'wishy washy' phrase.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Women with a BMI over 30 may have concerns more serious than immediate weight loss and some may not be able to even lose the weight – they could come in to talk about other 'quick fixes' and may be averse to simple healthy eating and exercise advice.

The availability of dietitians is a problem, although we refer, the time taken for a dietitian to take up a referral may be too long.

Effective weight management programmes are not consistent and nationwide – depends on area and availability.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

We could do more partnership work with local slimming clubs and weight management courses.
Link with specialist services – let them impart the advice – it may have more impact.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not very different to what is already being done; however the dietician referrals may be being too optimistic!

Question 2e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Content may not be as relevant to GPs because we see pregnant women a few times throughout their pregnancy as opposed to midwives who will have the majority of contact with them.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

We tend to weigh pregnant women whenever they come to see us, partly because this is not so often, partly because it may be a new GP they are seeing. The action not to weigh women repeatedly unless they have a clinical problem may therefore be questionable. Also, in our experience women want to be weighed, it is a sign that the GP is 'doing' something proactive, it makes them feel at ease.

Women with a BMI over 30 are not as used to exercise as those with a lower BMI and it should be done with the proper advice, it should not be generic information.

There needs to be more emphasis on eating habits, especially portion size, the right foods to eat and what not to eat.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

n/a

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

No great impact except for time taken to consult – GPs only have 10/15 minutes and cannot be expected to impart all the advice all of the time.

Question 3e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Many GPs have computer software that automatically calculates BMI, but this information is not always made available to the patient – as a matter of course.

Do not agree with having to ask women if they want to be weighed again six months after the birth of their baby – what is the point of this – what will it achieve? It is better if this happens as part of a weight loss programme run by an external agency such as weightwatchers, or by the women herself.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

GPs do not always see women over the 6-8 week post natal check and the most consistent relationship should be with the midwife – hence they should do these checks – if they then refer the women to us, then fine.

Time and cost! – how much time can we realistically spend with women and how many leaflets and information can we give them, it is also up to them – we cannot make them do what they need to do we can simply advise them.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Look at funding other support streams for these women, and let GPs know what they are so that we can refer them.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not very different to what we try to do now.

Question 4e: Can you please provide any other comments on this recommendation.

There is no mention of breastfeeding – this does help reduce weight gained during pregnancy.

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Useful and relevant.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

This group has an obvious need for specialist services.

It may not always be feasible to offer an opportunity to join a weight loss programme – should we do this for everyone as a matter of course, we do not have the funds to offer a subsidised course e.g. pay for them to attend slimming world. We can however, suggest programmes.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

GPS could be made more aware of incentives and subsidized opportunities for weight loss.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

Again, it is not always about explaining the risks, it is also about motivating the individual. Some GPS may not explore motivational and behavioural issues as much as they would like to.

Question 5e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations**Topic a: Content**

Perhaps more emphasis is needed on breastfeeding and the motivational and behavioural aspects to do with weight management.

They are detailed however, the GP does not have the time to trawl through the detail – we know what we have to do and the recommendations are not that different to what we are already doing.

Topic b: Feasibility and Impact

We are pretty much there for having a range of interventions for weight management and the recommendations do not add anything new.

GPs would have to spend more time with target groups and this would have an obvious impact on time and other resources. They could impact in a positive way if the pathways to specialist services are made clearer and if they result in more specialist services.

Topic c: Inclusiveness

There is no reference to BME communities and the differences between them and the general population for example, diet, cultural practice and perceptions.

In some cases BME groups are less trusting of health practitioners – language could also be an issue for GPs. Certain refugee or transient communities may not have the same continuity of care as other more settled communities.

Topic d: Previous experience

No previous experience was mentioned.

1.12.4 GP – summary 5**Recommendation 4: supporting women following childbirth**

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The wording is fine.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

When it comes to women and weight loss, women focus on aesthetic issues and whether they can become pregnant. There is less focus on general health. It would be difficult to shift this focus.

Following childbirth is not the right time to be tackling these issues because of the way women are emotional at this period in their lives and at this point they have other more important things to focus on like raising their child.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Do not think this can be overcome.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not much impact because those women who are obese already are unlikely to do anything about it after having a child and those who aren't obese will probably seek out activities anyway.

Question 4e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is a nice idea but it is somewhat complicated and impractical.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Similar to the previous recommendation.

Also "dietitians don't really exist" (there is no provision of them in the health service) because there are not enough of them.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be more funding to recruit more dietitians.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

They would be over-run with work if this recommendation was implemented because they do not have the dietitians nor time themselves to take on that burden.

Question 5e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This recommendation is “dressing up” what is already done in practices anyway. Everyone is already aware of BMIs and how useful they are and they already make dietary recommendations with their pregnancy consultations.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

It does not need implementing as it is already done

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

No comment given.

Question 6d: What **impact** might it have on current service provision or practice in your own role or organisation?

None

Question 6e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Content

These recommendations are irrelevant because it will not make a huge difference to what is already offered. GPs only see women who want to get pregnant, they are then passed on to midwives.

Nothing was missed out

The biggest barriers are that people are generally not bothered by their weight, and it is difficult to change their behaviour – particularly around pregnancy.

The guidance is sufficiently detailed to be understood and used effectively

Feasibility and Impact

They are not very feasible.

A lot of it is taken care of already so the recommendations do not really add a lot.

They need extra community based services for women and more dietitians to back up what health professionals are telling women to do.

Inclusiveness

No groups were thought to be excluded.

Previous experience

By the time they are pregnant it is too late to do anything about their weight. Education from an early age would be more valuable. Before pregnancy people only consult GPs because they want to know if they can get pregnant. After pregnancy, women do not want to talk about their weight.

1.13 Leisure services telephone interview summaries

1.13.1 Leisure services – summary 1

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The guidance is useful and relevant to them as they can provide physical activity opportunities. However, the aspects which are concerned with offering women advice are less relevant.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Staff are not trained to offer specific advice to women on their weight and their health. They are also reluctant to offer such advice to women as they do not have the knowledge to back it up.

The extent to which the public are knowledgeable about what is on offer will also affect the implementation of the recommendation.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Training would need to be provided for leisure service staff.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

There is scope for adapting sessions they already conduct to be geared specifically towards pregnant women, therefore it would have little impact in this respect.

Question 1e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 3: pregnant women

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This guidance is more relevant to GPs and is only useful in terms of directing them towards a particular member of the community which needs a particular provision. Whether there is a crèche nearby for example.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The guidance depends heavily on GPs directing people toward the leisure services but not all local authorities might have accessible services that are able to offer a high level of advice.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be staff training and information for the public concerning what is on offer locally.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The main impact would be in terms of the difficulty they would have in trying to coordinate between leisure services and other service providers.

Question 2e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 6: community -based services for women before pregnancy and following childbirth

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This is useful and it is feasible to include such sessions in the off-peak schedules of leisure services as it would be easy to adapt current services to suit this need.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Staff training need are a factor. Also, the extent to which service providers can work together to provide these services to people and make them accessible may also be a factor as it is difficult to coordinate such work.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

The barriers can be overcome by the leisure services having information on where the majority of pregnant women were located and they can then consider where it would be best to allocate resources.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

This would impact on services by increasing demand on current services and increasing the work needed in promoting activities to the community.

Question 3e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent thought it was important that people had the necessary skills to dispel myths and to offer correct advice, however, they said it might not be entirely appropriate to offer such sensitive advice in this sort of setting.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Training needs and reluctance from staff to speak about such sensitive issues with women.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Giving staff training on this area and also on how to deliver advice of this nature.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

There is scope to give further training to staff as it falls in line with Manchester's health agenda.

Question 4e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

The recommendations are generic from the perspective of leisure services. They mostly repeat the same thing as for leisure services all these issues fall into the same work.

The recommendations are most relevant to GPs as offering specific health advice would require leisure services to give specific training to their staff.

The leisure services need information on how big their target audience in this demographic would be. This can allow them to develop targets and to invest the correct amount of resources in attracting those kinds of women to the services.

The guidelines also miss out more information on how better to inform the community of what leisure services offer besides just through the recommendation of health professionals.

The staff would be reluctant to provide specific advice on particular BMI issues such as those which can adversely impact on a person's health, as they don't have the knowledge to back such advice up.

The recommendations also do not appreciate that there are inconsistencies in the advice that is given by fitness professionals without adequate training.

The recommendations don't acknowledge that not all leisure services are linked with or are in close proximity to crèche facilities. This would have additional costs for the women.

They can be understood but they can't be used effectively because they would require specific training for staff.

Topic b: Feasibility and Impact

It is not very feasible to give advice to women but it is feasible to offer sessions e.g. turning one of their aqua-tone sessions into one specifically designed for pregnant women would be simple.

This would all be more feasible if there was more information given to services on where the bulk of these women were located so that the services could target specific areas with marketing campaigns.

They would like to add to their current service provision by providing for these women. The guidance encourages them to add specific targets for this demographic in their off-peak time.

The main impact would be on programming and organising for crèches and different kinds of facilities. This is all difficult to arrange.

They can certainly address the recommendations if there is a sustainable need within the community – certainly in off-peak times.

Topic c: Inclusiveness

The guidance is broad enough to cover all women. The recommendations could promote awareness in teens through advertising weight issues in pregnancy during sex education.

Topic d: Previous experience

No previous experience was mentioned.

1.13.2 Leisure services – summary 2**Recommendation 2: women who may become pregnant – with a BMI over 30**

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The content and wording of this recommendation “seemed fine.” It is useful have specific measurements as a source of guidance for recommending things to leisure services users. It is also good to have relevant targets that are from reputable sources which can then be built into staff contracts and this encourages appropriate training around these recommendations.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The current qualifications of staff might hinder the implementation of this recommendation as most staff are currently concerned with fitness of low risk recreational groups or for high risk groups such as those who are referred or are seeking rehabilitation.

Providing such training may come at a cost to the leisure service.

There may also be an issue with quality assurance with regards to maintaining a consistent approach to weight management guidance with leisure contractors and workers within the community whose participation in the guidance would be difficult to ensure and then monitor.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

The staff would need training to be able to properly deliver this sort of guidance to users and to possess some accreditation to ensure the value of what they have learnt in the eyes of the users. This might be provided by people from the local PCT where leisure contractors could purchase training from a PCT in order to obtain some sort of accreditation.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendations were said to have value for their current service provision. They do not currently have specific activities for pregnant women so it would be good if they could focus in on this issue in the future. Without the recommendations they might not focus in on this need so much or at all.

The recommendations might have a cost impact.

Question 1e: Can you please provide any other comments on this recommendation.

No further comments were given.

Recommendation 3: pregnant women

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

They found it difficult to differentiate from the previous recommendation. It may be of value to position this recommendation before recommendation two – starting with pregnancy in general and then focusing in on a subpopulation of pregnant women.

It is useful to have the Royal College reference as this backs up what leisure service staff can then promote to users and gives some credibility to their advice. Those statements within the recommendation that do not come with source information are said to be of less value in guiding users. The respondent said they would be unable to enter some of the guidelines into a specification for staff or users unless it came with more detail on evidence and the source.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The aspects of the recommendation that do not come with supporting evidence or any reference to a source are said to be the most difficult in implementing into the leisure services procedures.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The staff would need training to be able to properly deliver this sort of guidance to users and to possess some accreditation to ensure the value of what they have learnt in the eyes of the users. This might be provided by people from the local PCT where leisure contractors could purchase training from a PCT in order to obtain some sort of accreditation.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendations were said to have value for their current service provision. They do not currently have specific activities for pregnant women so it would be good if they could focus in on this issue in the future. Without the recommendations they might not focus in on this need so much or at all.

The recommendations might have a cost impact.

Question 2e: Can you please provide any other comments on this recommendation.

No further comments were offered.

Recommendation 6: community -based services for women before pregnancy and following childbirth

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent thought that community activity providers such as local community centres who work as a hub for the area, providing for a variety of local needs, should be included in the who should take action section of the recommendations.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The respondent was concerned that it might be difficult to get private sector leisure services and slimming clubs with their own contracts and targets to implement the guidance.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be work into how different sectors can align and work together to achieve the needs set out by the guidelines.

There needs to be some assistance with regards to ensuring that the content and delivery of the guidelines is consistent across health providers.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would enhance their provision of health related activities as it focuses on a specific issue not previously acknowledge by the leisure service.

Such provision may encourage new users through focusing on delivery to a subgroup of females.

Question 3e: Can you please provide any other comments on this recommendation.

No further comments were offered.

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Staff need to be able to quote the source of the advice so do not appear as general advice or another myth with no evidence to support it.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Staff will need qualification to back up the delivery of the recommendations as leisure service managers would not be happy to allow staff with a specialization in physical activity to be advising people on nutrition without the proper training.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

There needs to be a way to train staff in a way which is *“simple, accessible, localized and accredited.”*

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

The recommendations are of value to their service provision and should impact it positively as it will allow them to deliver a more holistic approach to health provision rather than just focusing in on physical health.

Question 4e: Can you please provide any other comments on this recommendation.

All other established bodies that assist them currently with advising in health etc. should be included in both drafting the guidelines and also in the who should take action section e.g. British Heart foundation and the British Association for Cardiac Rehabilitation. These bodies provide advice on the standard that leisure services should work to with regards to the health of individuals – particularly those who are in a risk category.

General review of the recommendations

Topic a: Content

The recommendations need to be more specific and they need to be backed up with evidence, the source of which should then be listed so leisure services can reference it when talking to users.

Unsure if the recommendations miss anything important out.

Unsure if they miss out any barriers, although they “seem alright”.

The recommendations are said to be reasonable but they need to be more specific and backed up with evidence.

Topic b: Feasibility and Impact

The recommendations are not feasible to implement unless there is the provision of some accredited training in order to bring the recommendations into the leisure service system. Until then, the respondent noted that it is not work talking to contractors about it as it is not accredited advice.

The respondent's leisure services do not currently offer anything as specific as for weight management during pregnancy and after childbirth so the recommendations would definitely enhance the interventions they currently offer.

There would be additional training needs, although this is definitely something they would want to deliver in the future so staff would find time for it.

Topic c: Inclusiveness

There needs to be a provision for young mothers or teenage pregnancies and also for pregnant women with learning disabilities.

Topic d: Previous experience

No comment was given.

1.13.3 Leisure services – summary 3

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Seems fine.

Based on the way we run, it would have to be programmed in – we would want it to be monitored for example a ten weekly process, but monitoring can be sporadic if people do not return.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Money – staffing costs.

It could be made part of the gym induction but would make it longer and not sure if all staff are qualified enough to impart the advice, some women may also prefer female gym instructors.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

No comment provided.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

Cannot see any problem with it as long as we have the right equipment, qualified staff and time.

Would have to get a private room and train gym instructors about what is needed.

Question 2e: Can you please provide any other comments on this recommendation.

The NHS could be included and come to us to do cardio and rehab tests/monitoring.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Most people think the exercise you should do is half an hour a day, three times a week – according to a TV campaign.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Most people who come back into physical activity do more than they should.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

No comment provided.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

Most staff are level 3 trained, so in theory they can do this, but would probably still need more training to brush up on skills.

Question 3e: Can you please provide any other comments on this recommendation.

No comment provided.

Recommendation 6: community based services for women before pregnancy and following childbirth

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Does it include private slimming clubs? Is unclear.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

No comment provided.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

No comment provided.

Question 6d: What **impact** might it have on current service provision or practice in your own role or organisation?

We could approach local slimming clubs for partnership work, get them to deliver the interventions and we would allocate the gym space and training slots.

Question 3e: Can you please provide any other comments on this recommendation.

Would potentially need more female gym staff.

Recommendation 7: professional skills

Question 7a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Would they not get most of this information from their pre-natal classes.

Question 7b: What **factors** might affect the feasibility of the implementation of this recommendation?

Staff knowledge about pregnancy.

Question 7c: How might any **barriers** to implementing this recommendation be overcome?

Training for staff – make sure staff are confident.

Get maternity nurses involved.

Question 7d: What **impact** might it have on current service provision or practice in your own role or organisation?

We are not the biggest gym, but bigger sites in the city would have more capacity to accommodate this group.

Question 7e: Can you please provide any other comments on this recommendation.

Majority of pregnant women use the pool, and most know what they have got to do – they tend not to be in the gym.

1.13.4 Leisure services - summary 4

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent stated that the recommendation was both useful and relevant.

It was however noted that that the recommendation has no reference to Polycystic Ovary Syndrome (PCOS), with the view that this should be seen.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The respondent noted that the recommendation has no detail on behaviour change or readiness to change with regards to weight management – it was said that this should be included within the recommendations.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

The delegate noted that details on behaviour change and readiness to change should be included within the recommendation.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

The respondent suggested that if behaviour change and readiness to change are not taken into account then the recommendation would have little or no impact within their organisation. However, if these elements were incorporated, than a high impact would be seen.

Question 1e: Can you please provide any other comments on this recommendation.

No other comments.

Recommendation 3: pregnant women

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegate stated that the recommendation contains “good messages” and that it would be considered by their practice.

Further to this, the respondent stated that the term ‘stay fit’ should be replaced with “remain active” – with further definition on what will be required to remain active.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The respondent stated that the recommendation needs to clarify what exactly is meant by ‘moderate physical change’. In addition to this, the respondent reiterated the need to include information on behaviour change and readiness to change.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The respondent stated that information on behavioural change model needs to be included within the recommendation.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

The respondent noted that in order to ensure that the recommendation has an impact, there needs to be provision in the first instance i.e. leisure centres – “otherwise pregnant women will be referred to nowhere”.

Question 2e: Can you please provide any other comments on this recommendation.

No other comments.

Recommendation 6: community -based services for women before pregnancy and following childbirth

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent stated that the recommendation was very relevant and useful.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The respondent identified that childcare provision is not readily available – with many not having access to it. Further to this, there are also cost implications associated with childcare.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Once again, the respondent emphasised the need to include behaviour change and readiness to change within the recommendations.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

The respondent stated that the financial implication of childcare provision is not taken into account within the recommendation.

Question 3e: Can you please provide any other comments on this recommendation.

No other comment.

Recommendation 7: professional skills

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The respondent described the content of the recommendation as being good.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

The respondent stated that greater training on behavioural change for GPs, practice nurses etc needs to be seen.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

The respondent stated that the Let's Get Moving (LGM) physical activity care pathway should be embedded in GP practices. The pathway is based on the principles of the NICE public health guidance 2006: Four Commonly Used Methods to Promote Physical Activity, which endorses the delivery of brief interventions for physical activity in primary care as both clinically and cost effective in the long term.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

The respondent stated that the recommendation would have a positive impact if implemented.

Question 4e: Can you please provide any other comments on this recommendation.

No other comment.

General review of the recommendations

Content

The respondent stated that the recommendations were “very useful and reassuring”. However, the respondent reiterates the need for behavioural change and readiness to change to be recognised within the recommendation.

The respondent also stated that more detail and information needs to be seen within the recommendations e.g. behaviour change etc.

Feasibility and Impact

The respondent identified that for certain aspects of the recommendations, re-learning would need to take place (for professionals) – it was said that the extent of re-learning needs to be specified within the recommendations.

With regards to the extent the recommendations add to the range of interventions already in operation in weight management during pregnancy and after childbirth, the respondent stated that often this may differ from city to city and region to region.

With regards to feasibility and impact, the respondent stated that additional training and costs (e.g. childcare) needs to be taken into account.

Inclusiveness

With regards to inclusivity, the recommendations do not take into account that people from deprived areas or from low socio-economic groups would not be able to access services such as leisure centres and gyms.

In addition, it was also stated that cultural differences need to be taken into account as certain parts of the community may need special provision e.g. Muslim women etc.

Previous experience

The respondent stated that Lets Get Moving should be embedded in all recommendations, this in turn would make the guidance “more reassuring and add weight to the area”.

Further to this, it was said that the recommendations do have a weakness in terms of referral to GPS as GPs are unsure and not trained in the area.

1.14 Practice nurse telephone interview summaries

1.14.1 Practice nurse – summary 1

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is clear and easily understood. It is helpful generally for this issue of weight management.

It could include the ‘cycle of change’ – to change people’s mind set.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

These women do not visit practice nurses, only a very small percent of women see practice nurses prior to conception. Currently, the surgery has only 17 registered pregnant women and only one is overweight.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Women do not visit the surgery before pregnancy. More information is needed on encouragement.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

There would be no impact.

Question 1e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how useful and relevant it might be.

The recommendation is useful and relevant.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation would be easy to implement.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Nothing would prevent the recommendation being implemented.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

It would have no impact.

Question 2e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 7: professional skills

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The wording is good. The link to nutritional needs is also good. There could be more reference to making facilities free for exercise.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

This would be feasible to implement. There is quite a lot of services and information on obesity in the area, so health professionals could easily be sent on study days. The PCT also has protected learning time which would allow training.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

The barriers are dependent on the individual person and whether they want to take part in training. Encouragement and motivation would be needed.

Question 6d: What **impact** might it have on current service provision or practice in your own role or organisation?

There would be no impact on service for women who are pregnant, but there may be an impact on service for the general population.

Question 6e: Can you please provide any other comments on this recommendation.

N/A

General review of the recommendations

Content

The content of the recommendations are useful and relevant. However, they do miss out issues around the cycle of change and behaviour change.

The recommendations do not miss out any major barriers.

They are sufficiently detailed to be understood and used effectively. They are not too complicated which is beneficial.

Feasibility and Impact

The recommendations would be feasible to implement. However, cost of exercise sessions may prevent some women from taking part and may not be practical.

Currently there is not a specific intervention that target this group of women, therefore the recommendations help raise awareness of the needs of pregnant women. Advice could be provided as check ups for contraception to improve prevention.

As the recommendations stand, they would not have a major impact on practice nurse service as women do not visit these professionals.

Inclusiveness

Difficulties may arise when attempting to change the diets of Asian women.

Previous experience

No evidence, either from experience and practice or elsewhere, not currently taken into account by the draft recommendations was reported.

1.14.2 Practice nurses - summary 2

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is clearly written, concise, relevant and useful.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Resources – time, money and facilities. Most PCTs are bursting at the seams with less funding becoming available. There is a need for more training for practice nurses and GPs on nutrition. A short training programme could be developed.

This is a very sensitive subject, which is often difficult to approach by professionals.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Culture, attitudes and beliefs – a multidisciplinary approach is needed.

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

There would be a potentially huge impact due to the need for more time and training.

Question 1e: Can you please provide any other comments on this recommendation.

It is a good clear recommendation that could have a significant impact on the future health of the nation.

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This is a very relevant recommendation.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Identifying women who have not been previously weighed would be difficult. This would have an impact on resources, as once the women are identified enough facilities offered that are relevant to individual women would be needed.

Education of health professionals and public education/ awareness would be needed to implement the recommendation.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Education/ public awareness.

There is a need to use the resources already available to nurses and GPs.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

Overstretching and overloading primary care – if this recommendation is taken on board, other services may have to be withdrawn.

Question 2e: Can you please provide any other comments on this recommendation.

There is a need to network with other services to provide a seamless provision of care.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is very useful and clear.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The resources available would affect its ability to be implemented. It is an ongoing programme and would need to be sustainable.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Cultural difference would be a barrier. A solution is unknown.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

Currently PCTs cannot cope with workload. Extra funding and resources would be needed.

Question 3e: Can you please provide any other comments on this recommendation.

Practice nurses have little to do with women experiencing pregnancy.

General review of the recommendations

Content

The recommendations are clearly set out and relevant. They recognise the importance of this for the long term for children. It has clear links to other areas such as childhood obesity.

They are just recommendations, not a solution.

The recommendations are pitched just right without too much detail. This is appropriate as they are just recommendations.

Feasibility and Impact

The recommendations would not be feasible to implement in the present climate due to workload and resources.

The respondent was unsure of what advice a midwife gives or specific programmes taking place. Therefore it is unknown if the recommendations add anything new to current interventions.

The recommendations cover all women of childbearing age, at all stages of pregnancy and therefore would have an impact on current practice.

Inclusiveness

The recommendations are not specific but are vague enough to cover everyone and can be tailored to individual cases. The recommendations cover realistic expectations and the need for tailoring, which is very beneficial.

Previous experience

The recommendations make reference to the Royal College of Obstetrics and Gynaecology. Therefore, information could be researched further.

1.14.3 Practice nurses - summary 3

Recommendation 1: preparing for pregnancy

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It looks fine, and would be useful, she would be happy with auctioning this recommendation.

Include schools and youth clubs under who should action.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Would need to ensure the cooperation of all health professionals.

Need to raise awareness among the general public for example through advertising, and other general awareness raising in the public arena.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Raise general awareness and ensure health education is done at an early stage for example capturing teenage girls at schools and youth clubs.

It is important to prepare for pregnancy rather than just wait until it happens and then tackle these issues (which is usually what happens).

Question 1d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not an enormous impact because we are doing a lot of this already.

It would have to be incorporated into the health checks we already do.

Question 1e: Can you please provide any other comments on this recommendation.

By the time they come to us it is already too late i.e. they are already pregnant.

Recommendation 2: women who may become pregnant – with a BMI over 30

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The wording and content is fine.

It is usually a more difficult topic to discuss with people who may be sensitive about their weight so you would have to be aware of that.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Sensitivity of the topic – how to bring it up with women, although we did think that about smoking in pregnancy and we have managed to raise awareness about that so it could just take time to do.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

It is about wider education, not just within health professionals but include schools and youth clubs.

It would help to have greater publicity for example a TV advertising campaign or some mention of it in the soaps on TV.

Question 2d: What **impact** might it have on current service provision or practice in your own role or organisation?

Not an enormous impact because hopefully we are discussing this already with the people that have come to us.

Question 2e: Can you please provide any other comments on this recommendation.

None.

Recommendation 3: pregnant women

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

It is fine.

The biggest point here is that it is only relevant to midwives.

The care of pregnant women is handed over 100% to the midwife, so the rest of us do not have much to do with them; they may only come to see the GP if they have a problem.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

It is down to midwives and the question is can they take this on, do they do this already, would it be an extra workload for them?

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

General publicity is needed – need to promote the message to the general population through advertising and promoting through popular mediums.

Question 3d: What **impact** might it have on current service provision or practice in your own role or organisation?

No – unless midwives refer back to us.

Question 3e: Can you please provide any other comments on this recommendation.

N/A

1.14.4 Practice nurses - summary 4

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

“The content is a really good idea”

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Practice nurses do not have time.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Practice nurses, with the approval of GPs, would need to be able to extend their working hours. In order for this to happen it would have to be worth it for GPs who run practices. Employing extra practice nurses to deal with these issues could also work.

They could implement the recommendations during immunisation visits where parents have to wait while their child is immunised. This would give them ample time to approach mothers about these issues.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

Hiring nurses for longer hours would impact GPs costs and also how they distribute the space within the practice.

Question 4e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This is good as it highlights their knowledge of pregnancy (even though they generally do not deal with it) and it is good that it encourages inter-professional contact.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Time is the main factor. Also, they work in isolation from health visitors so it is difficult to ask them for advice or get them to be involved in consultation at the practice.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

These issues could be tackled during immunisation sessions but they otherwise do not have time. If they had an afternoon a week dedicated to these age groups they could tackle many of these issues.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

Because they are so busy there is nothing they can do about it at the moment.

Question 5e: Can you please provide any other comments on this recommendation.

n/a

General review of the recommendations

Topic a: Content

The guidance is relevant to the public and the content is a good idea but not necessarily something they could implement.

The recommendations do not miss out anything important.

Nurses do not have the time to do this work.

The guidance is easy to understand, “it would be nice to think that given the time, they could use the guidelines”

Topic b: Feasibility and Impact

The draft recommendations are not feasible due to time constraints.

Unsure if they add to current interventions as the respondent does not deal with pregnancy.

The recommendations would not make a very big impact because they could not implement them in their practice. Minimal training would be needed to refresh nurses on what needs to be delivered. More practice nurses and space within practices would be needed to fully implement the recommendations.

Topic c: Inclusiveness

The recommendations are inclusive.

Topic d: Previous experience

No previous experience was mentioned.

1.14.5 Practice nurses - summary 5

Recommendation 4: supporting women following childbirth

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The wording is useful and relevant

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Sometimes they have problems getting women in for postnatal checks.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

They could try and catch women during child immunisation sessions as this is the only time they really see women.

Question 4d: What **impact** might it have on current service provision or practice in your own role or organisation?

The service would not be impacted any more than usual, they will just have more work to do. They believe it is part of their role to carry out such service.

Question 4e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 5: women with a BMI over 30 following a pregnancy and after childbirth

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The wording and content is fine.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Getting women in at this stage is difficult, and it is more difficult after multiple births. Women's perception of being able to deal with their weight following childbirth is low.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Women need more information on what can be done.

Money might be a problem for women, especially for women who have had multiple births. They might not be able afford the services or crèche.

Question 5d: What **impact** might it have on current service provision or practice in your own role or organisation?

Would not impact on their service greatly.

Question 5e: Can you please provide any other comments on this recommendation.

n/a

Recommendation 7: professional skills

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Wording and content is fine.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

This depends on how they can facilitate extra training in terms of their own time and the availability of training. They do not know where they could get such training from at the moment without some sort of initiative within a PCT.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

If PCTs hosted more training.

Question 6d: What **impact** might it have on current service provision or practice in your own role or organisation?

Depends on when training would be available and with what frequency. It would have a big impact because she has limited time but she feels it would be useful for all patients if she had this knowledge, not just those who are pregnant or have just had a child.

Question 6e: Can you please provide any other comments on this recommendation.

General review of the recommendations

Content

Relevant and useful and are sufficiently detailed.

They do not think anything has been missed out.

Feasibility and Impact

Provided there is enough support for the surgery, it would be quite easy. Surgeries want incentives to help set new initiatives up.

Not aware of anything that is currently being done on this area so the guidance would add to interventions.

It would not have a great impact overall as practice nurses talk to mums anyway so it would not take much for them to add to the range of things they discuss.

If they had to target new women and get them to come into the practice to discuss these issues then it would impact hugely.

Inclusiveness

Unsure if they are inclusive.

Previous experience

No previous experience was mentioned.