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Facilitating healthy food practices during pre-conception and pregnancy: qualitative insights from across the UK

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Healthy diet during preconception and pregnancy is evidenced to benefit maternal health and reduce risk of non-communicable diseases in offspring (such as obesity, diabetes, hypertension, cardiovascular and mental health problems)⁽¹⁾. In the UK, population-based initiatives (e.g., Healthy Start Schemes, drop-in sessions at Family Hubs), and antenatal appointments (7–10) with midwives have the potential to influence dietary behaviours during pregnancy. However, despite policy, guidance and initiatives, nutritional recommendations in the prenatal period are not being met and healthcare professionals can struggle to support the delivery of nutritional advice^(1–3). This study aimed to understand: the facilitators and barriers to healthy food and diet practices during preconception and pregnancy; how these barrier(s) could be addressed, and the changes required to facilitate good food practices.

The research used a qualitative exploratory approach. Women (aged > 18 years) living across the UK, who were trying to conceive, pregnant or had babies under 6-months old, were recruited to attend a virtual focus group. Focus groups were led using a topic guide including ‘prompt’ questions; they were audio recorded and transcribed verbatim by a professional agency, and thematically analysed according to the stages offered by Braun and Clarke⁽⁴⁾. Ethical approval was granted by the University of Hertfordshire Health, Science, Engineering & Technology Ethics Committee with Delegated Authority [protocol number: HSK/SF/UH/04840].

Five focus groups were conducted with 19 participants (aged 18–44 years). Participants were trying to conceive (n = 3, 15.7%), pregnant (n = 3, 15.7%) or had babies under 6 months old (n = 15, 78.9%). Participants resided in England (n = 6, 31.6%), Wales (n = 4, 21.1%), Scotland (n = 4, 21.1%) and Northern Ireland (n = 5, 26.3%). The findings revealed three main themes (*Challenges of trying to eat healthily; Facilitators to eating healthily; Changes required*) and eight subthemes (*Mothers’ load; Body sabotage; Food environment; Information not individualised; Planning skills; Family support; Co-creation and investment for the future; Access to professional advice*). Participants spoke of internal factors (such as tiredness and nausea) and external influences (for example, their financial situation and local food environment) that impacted their ability to eat healthily. There was a view that the one dimensional ‘do not eat . . .’ (P16) instruction was ‘disempowering’ (P1) and in pre-pregnancy and pregnancy women needed to be empowered to eat healthily. Participants identified online apps, group sessions (as part of antenatal courses) and/or one-to-one advice in GP practices from nutritionists or dietitians, as potential mechanisms for facilitating healthy diets.

There is a need for clear, consistent, engaging and culturally appropriate dietary information that is co-created with pregnant women and those trying to conceive, as well as access to professionals (such as nutritionists and dietitians) who can give both generic and tailored advice.

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