



Educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle

INSIGHT REPORT

Vicky Gilroy, MSc (Institute of Health Visiting), Marlize de Vivo, PhD (Canterbury Christ Church University), Rachel Lawson, BA, LLM (ukactive)

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ABRIDGED

ACKNOWLEDGEMENTS

We would like to thank the wide variety of stakeholders and partners who contributed to this report by promoting the healthcare professionals' survey and supporting in the organisation and hosting of focus groups with healthcare professionals (midwives and health visitors), pregnant women, and new mothers, in Bexley and Sheffield.

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Finally, we would like to thank the survey respondents and focus group participants for sharing their experiences and insights with us.

INTRODUCTION

For many people, being active is part of their lives and identity. Sport England recognise this group of people as an important audience; they are sport's core market.¹ It is, however, acknowledged that life events such as a serious injury or illness, children starting school, a new job, having a baby, relocating, retiring, etc. can get in the way of being regularly active. Whilst some people manage to return to their normal physical activity routines, many find it difficult to achieve this. To keep the core market engaged when life changes, it is important to provide support to find the next opportunity that meets their new needs.

As part of their five-year strategy for 2016-2021, *Towards an Active Nation*, Sport England have established the Core Market fund – Helping the Active Stay Active When Life Changes.¹ The project presented here has benefited from the Core Market fund and will aim at keeping active women active when they become pregnant and subsequently new mothers. This audience constitutes the intended target population and, indeed, it is acknowledged that women who were active before pregnancy are more likely to remain active during pregnancy.² It is, however, estimated that only 3-15% of women meet the recommended guidelines for physical activity during pregnancy.³ Given this small audience, this project will not exclude any pregnant woman on the basis of their physical activity status but will aim to report on its impact across the board.

AIM AND BACKGROUND

Recent research has shown that pregnant women who were physically active at the time of their booking appointment with a midwife (8-12 weeks) were most likely to initiate further discussion about maintaining their physical activity,⁴ however, it has also been found that there is a lack of consistent and clear information pertaining to physical activity messages with many health professionals either providing no such information or giving inappropriate guidance to women of childbearing age.⁵

A lack of training, knowledge, and resources regarding physical activity have resulted in healthcare professionals relying on common sense and their own experience to advise and guide pregnant women and new mothers.⁴ In turn, this often results in pregnant women and new mothers turning to informal sources, such as the internet, for guidance.⁶

In response, this project aims to develop a toolkit to support the delivery of consistent and clear messages regarding physical activity by healthcare professionals (in line with current guidance)⁷, as well as helping to stimulate engagement with physical activity in our target audiences. Through increasing the confidence, skills, and knowledge of healthcare professionals, it is expected that pregnant women and new mothers will be empowered to make informed physical activity choices throughout pregnancy and beyond.

This report brings together the insights from the scoping activities carried out to facilitate the development of an educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle. The report will provide an overview of the key themes that became apparent and conclude with points for discussion and next steps in the project delivery.

APPROACH

To support the development of a healthcare professionals' toolkit and wider public campaign, it is essential to involve and gather the views of the key stakeholders. These include pregnant women and new mothers alongside the healthcare professionals that support them, specifically, midwives and health visitors. Engagement with these stakeholders was achieved using a Patient and Public Involvement (PPI) approach⁸ which included the following activities:

- Baseline survey of healthcare professionals' knowledge and confidence in providing physical activity advice and guidance;
- Insights from focus groups with: (a) pregnant women, (b) new mothers, (c) midwives, and (d) health visitors in the pilot sites.

The insights gathered from each of these approaches aim to guide the development of the toolkit (i.e. training and resources), wider campaign, and project design.

1. HEALTHCARE PROFESSIONALS' SURVEY

An electronic survey tool (SurveyMonkey) was employed to gather baseline information on the practice and knowledge of healthcare professionals (i.e. midwives and health visitors specifically) in relation to physical activity during pregnancy and the postnatal period. The survey questions were based on previous research and with the project aims in mind. The Institute of Health Visiting (iHV) and the project steering group disseminated the survey through their networks during the period of 19 November 2018 to 5 December 2018.

The survey aimed to:

- Gather baseline information on current practice and understanding of the Chief Medical Officers' (CMO) guidelines on physical activity during pregnancy⁷;
- Assess the reported levels of knowledge, confidence, and capability of the staff to support and advise pregnant women and new mothers in relation to physical activity during pregnancy and the postnatal period;
- Consider previous training and identify current development needs.

1.1 Respondents

A total of 404 healthcare professionals completed the survey. Of these respondents, 280 were health visitors (69%), 56 were midwives (14%), 23 were physiotherapists (6%), 40 reported other healthcare roles/positions (e.g. specialist roles; 10%) and 5 did not report their position (1%). The majority (63%) of these healthcare professionals had been qualified for over five years.

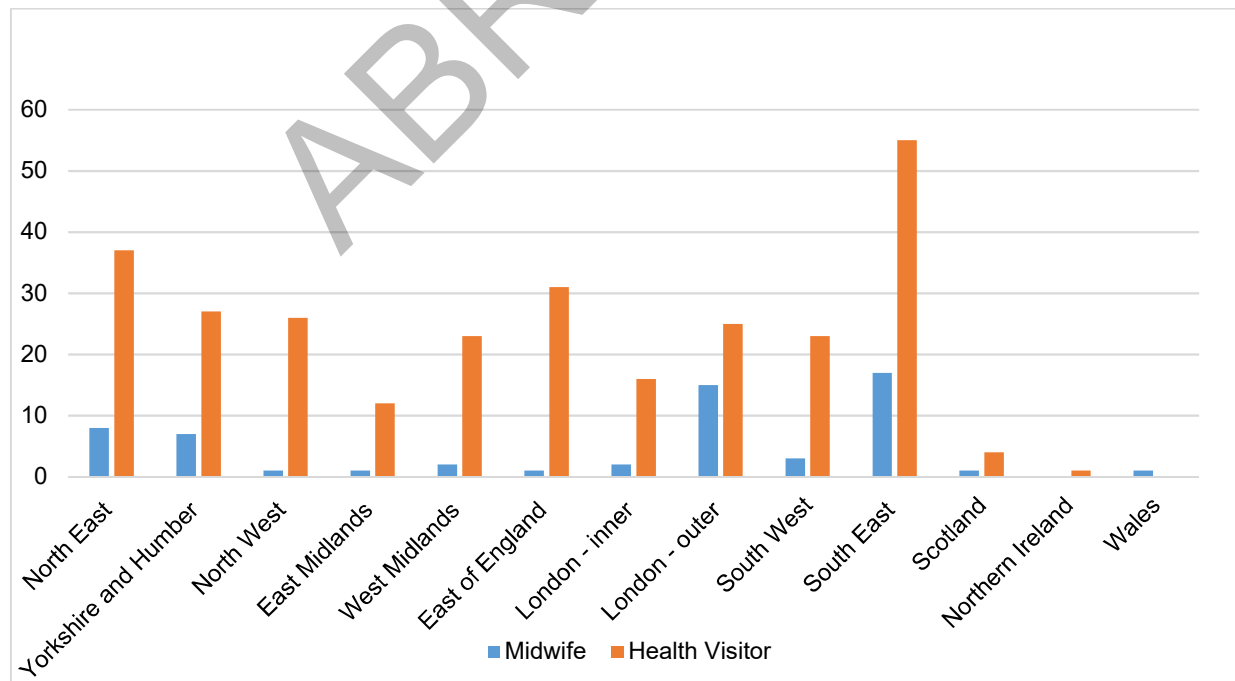


Figure 1: Respondents based on location and professionals

Respondents were spread out across England (see Figure 1) with a small number of responses being recorded from health visitors outside of England - this was to be expected as the iHV networks cover the whole of the United Kingdom.

It was interesting to note that a number of respondents sent direct messages requesting to be involved in the project. Correspondence was also received from partners outside the health visitor and midwifery teams who felt they could contribute; this included local authority activity providers.

1.2 Findings

1.2.1 Perceived importance

Participants were asked to rank five key public health priorities (smoking, obesity, nutrition, alcohol consumption, breastfeeding, and physical activity) in terms of the amount of time dedicated to address these issues. Regarding physical activity, nearly a third (29%) of healthcare professionals viewed it as least important with the least amount of time being spent on it during practice.

Table 1: Ranking of public health priorities

	1	2	3	4	5	6
Smoking	7.67% 31	30.45% 123	24.50% 99	14.36% 58	17.08% 69	5.94% 24
Obesity	5.45% 22	10.40% 42	18.81% 76	20.30% 82	23.76% 96	21.29% 86
Nutrition	8.66% 35	37.87% 153	24.50% 99	17.82% 72	6.93% 28	4.21% 17
Alcohol consumption	1.98% 8	5.20% 21	15.84% 64	23.27% 94	21.29% 86	32.43% 131
Breastfeeding	68.32% 276	9.41% 38	4.21% 17	7.18% 29	3.96% 16	6.93% 28
Physical activity	7.92% 32	6.68% 27	12.13% 49	17.08% 69	26.98% 109	29.21% 118

1.2.2 Perceived role

Respondents were asked to indicate which professional group they felt had a role to play in the promotion of physical activity during pregnancy. Out of all the professions listed, most respondents strongly agreed that midwives were best placed to engage with pregnant women on this topic.

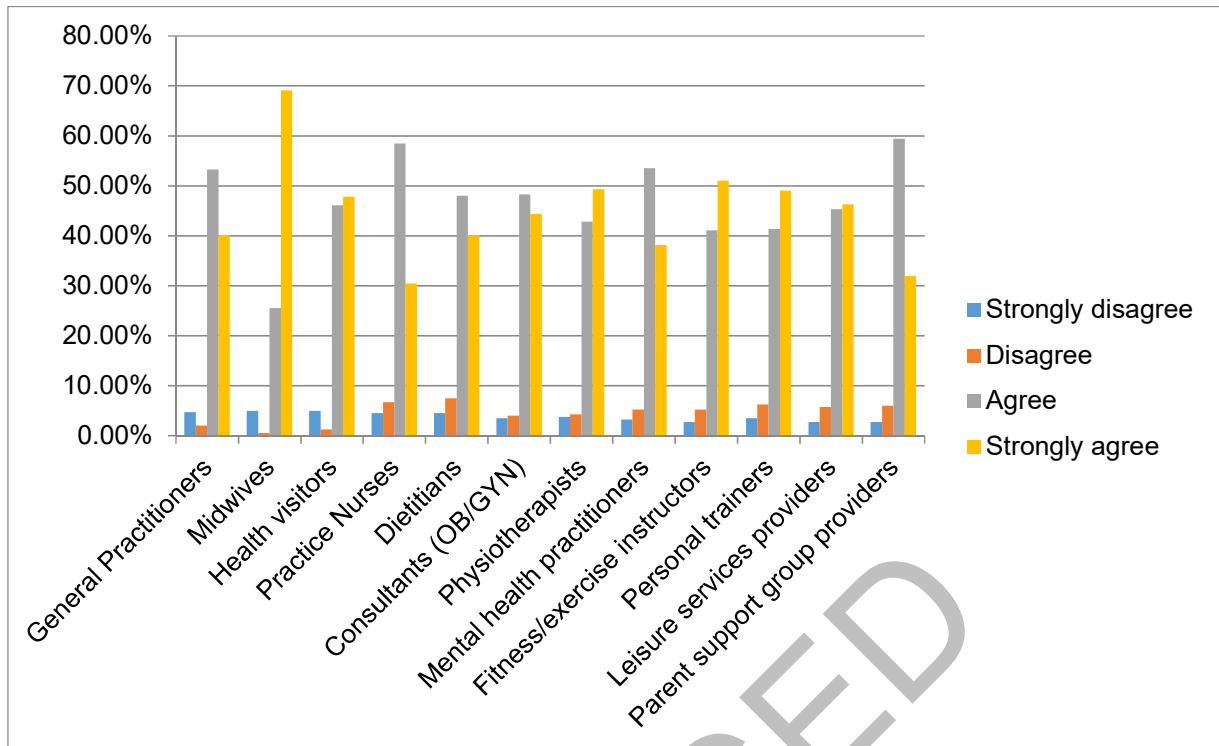


Figure 2: Professional role for promoting physical activity during pregnancy

1.2.3 Current practice

Nearly two thirds of participants reported that they asked about physical activity participation as part of their routine enquiry with pregnant women (62%) and new mothers (65%). As expected, this varied between professions depending on the timing of their engagement with pregnant women and new mothers.

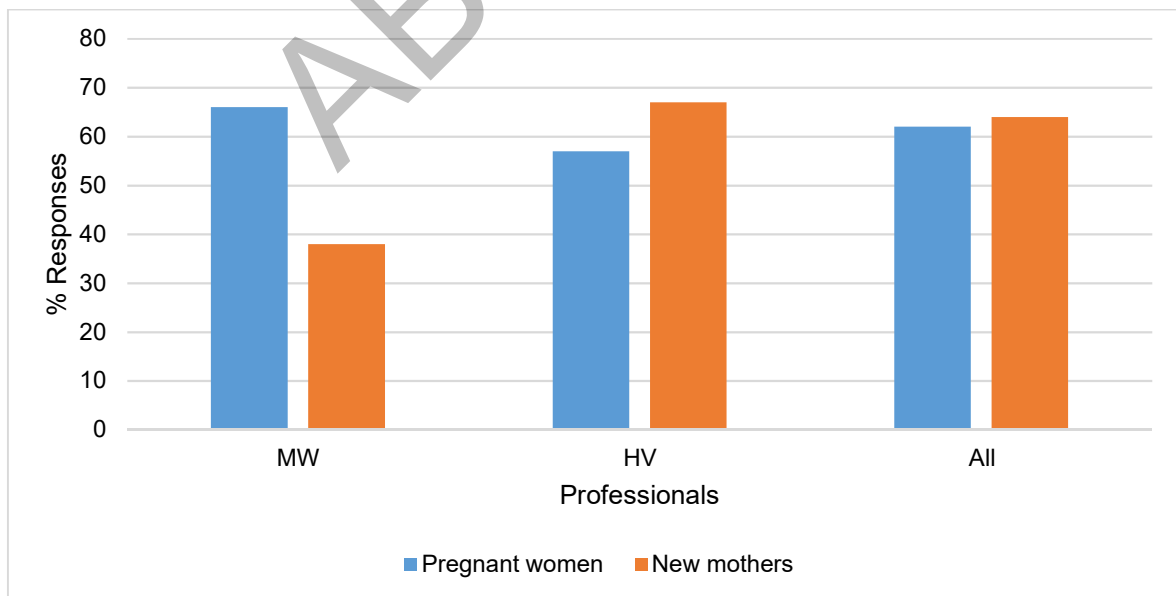


Figure 3: Physical activity as part of routine enquiry

When further exploring the nature of this interaction, it became apparent that healthcare professionals typically rely on three types of resources to engage with pregnant women and new mothers: (1) very brief advice about physical activity (VBA), (2) signposting to leaflets or resources, and (3) signposting to local groups or services (see Figure 4).

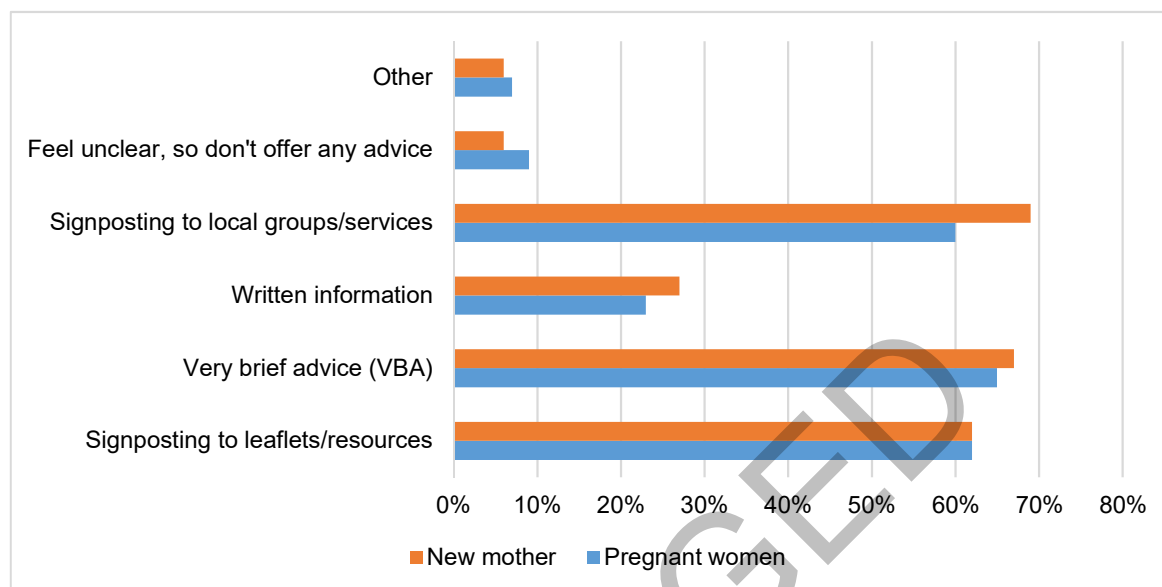


Figure 4: Physical activity resources

Whilst there was no significant variation between professional groups, the 50 comments received in relation to this question indicated that there was a lack of quality resources to draw on or refer to.

“Currently no resources to give mums agreed by trust and local groups/services have also declined” (Health visitor)

“Need better resources and information about what is available rather than signposting to the local gym and talking about the benefits of walking” (Health visitor)

“Limited by lack of targeted information” (Midwife)

1.2.4 Knowledge and confidence in providing physical activity advice

This section consisted of two parts. The first part addressed perceptions of knowledge and confidence whilst the second part was a test of actual knowledge in relation to the CMO guidelines for physical activity during pregnancy.⁷

Table 2: Perception of knowledge and confidence

	Strongly disagree	Disagree	Agree	Strongly agree
I am knowledgeable about the importance of physical activity during pregnancy	2.72% 11	23.27% 94	57.67% 233	16.34% 66
I am knowledgeable about the importance of physical activity for new mothers	1.49% 6	13.37% 54	64.85% 262	20.30% 82
I can confidently identify the benefits of physical activity for mothers	1.49% 6	16.09% 65	60.64% 245	21.78% 88
I can confidently identify the benefits of physical activity for the baby	1.98% 8	29.70% 120	50.00% 202	18.32% 74
I feel offering advice on physical activity to pregnant women/new mothers is a key part of my role	1.49% 6	12.62% 51	60.40% 244	25.50% 103
I feel I have the opportunity to discuss physical activity with pregnant women/new mothers	5.69% 23	24.50% 99	50.74% 205	19.06% 77
I have adequate knowledge to confidently offer advice about the benefits of being active to a woman/new mother	4.70% 19	27.97% 113	51.98% 210	15.35% 62
I am confident to instigate a conversation about physical activity with a pregnant woman/new mother	4.21% 17	18.32% 74	58.66% 237	18.81% 76
I am confident to offer advice to support a pregnant woman/new mother continue to be active safely	3.71% 15	30.45% 123	49.01% 198	16.83% 68
I have the skills to support pregnant women/new mothers in an educational process for behaviour change to engage in physical activity	5.94% 24	40.84% 165	40.10% 162	13.12% 53

Table 3: Knowledge of CMO guidelines (i.e. evidence-based messages)

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know
Regular participation in moderate physical activity during pregnancy leads to a reduction in hypertensive disorders	0.99% 4	0.99% 4	52.97% 214	33.91% 137	11.14% 45
Pregnant women should aim to accumulate 150 minutes of moderate intensity physical activity per week	0.99% 4	5.69% 23	43.07% 174	23.51% 95	26.73% 108
Regular participation in moderate physical activity during pregnancy improves cardiorespiratory fitness	0.99% 4	0.00% 0	53.96% 218	41.34% 167	3.71% 15
Regular participation in moderate physical activity during pregnancy lowers gestational weight gain	1.24% 5	5.45% 22	46.29% 187	37.13% 150	9.90% 40
Pregnant women who were active before should maintain their physical activity levels	1.49% 6	5.94% 24	50.99% 206	34.90% 141	6.68% 27
Regular participation in moderate physical activity during pregnancy reduces the risk of gestational diabetes	1.24% 5	4.21% 17	47.03% 190	29.95% 121	17.57% 71
Pregnant women who were not active previously should start gradually and build up activity levels	1.73% 7	1.49% 6	51.49% 208	39.85% 161	5.45% 22
Suggesting to pregnant women ways to increase daily physical activity is part of my professional role	1.98% 8	6.68% 27	49.75% 201	33.17% 134	8.42% 34

Whilst most participants strongly believed that they had the knowledge and confidence to engage with pregnant women on the topic of physical activity, there was a lack of strong agreement with the statements underpinning the CMO's recommendations. This is particularly alarming as these statements involved the key evidence-based messages that healthcare professionals would be expected to convey. Thus, whilst healthcare professionals held the perception of being confident and knowledgeable this did not translate into effective engagement with the topic. This is also evident in the finding that nearly half of the respondents (47%) reported they did not have the

skills to support pregnant women/new mothers in an educational process for physical activity behaviour change.

Overall, there was a lack of strong agreement with the statements underpinning the CMO's recommendations.⁷ Over a quarter (27%) of the respondents had indicated that they did not know whether pregnant women should engage in 150 minutes of moderate intensity physical activity per week. This forms the basis of the CMO recommendations and is in line with the guidelines for physical activity in the general population.⁹

1.2.5 Training needs

The final part of the survey focused on training needs. A significant number of the respondents reported having not received any formal training on physical activity, i.e. 77% of midwives and 88% of health visitors. Not surprisingly, an overwhelming 97% of the respondents reported that they would be interested in accessing training if it was available.

When prompted, most healthcare professionals (89%) indicated that training on the evidence-based outcomes for mother and baby would be particularly helpful. This is again interesting as these relate to the evidence-based messages underpinning the current CMO guidelines. Healthcare professionals were also keen to have more resources to support advice, safe activity levels, types of activities pregnant women and new mothers could engage with, and local physical activity pathways and support services.

Table 4: Preferred topics for training

	n	%
Safe activity levels	317	78.47
Types of activity	311	76.98
Evidence-based outcomes for mother and baby	360	89.11
Resources to support advice	331	81.93
Support to have the conversation	166	41.09
Local pathways and support services	308	76.24
N/A	13	3.22
Other (please specify)	12	2.97

To deliver effective training, it is also necessary to consider the potential barriers that may limit healthcare professionals from seeking and participating in further training. Not surprisingly, time was reported as a potential barrier by 72% of the respondents. Availability of suitable training courses (62%) and resources to support training (52%) were also recognised as barriers.

Table 5: Barriers to training

	n	%
Time	290	71.78
Availability	252	62.38
Resources	211	52.23
Not considered a local priority	150	37.13
Lack of management support/commitment	89	22.03
Other (please specify)	21	5.20
Already have sufficient knowledge	10	2.48
Personal views	2	0.50

Interestingly, over a third of the respondents (37%) did not see the promotion of physical activity during pregnancy and the postnatal period as a local priority and saw this as a potential stumbling block to engage with any training in this area. This was also evident in some of the comments received in relation to the question.

“I don’t think managers are aware of [the] importance” (Health visitor)

“Does not appear to be [a] subject addressed by either commissioners or management” (Health visitor)

“Other issues such as safeguarding and mandatory training are a priority. There is not time to do everything” (Health visitor)

1.3 Summary

The results of the survey indicate clearly a lack of knowledge and confidence in providing physical activity advice and guidance during pregnancy and the postnatal period. This is consistent with literature in this area.⁴ This survey, however, brings to light the need and desire for training and upskilling. These findings also served as a guide informing the focus groups discussions that followed, allowing deeper exploration of the issues raised (see Appendix 1).

2. FOCUS GROUPS

Seven separate focus groups were conducted in the two pilot sites of Bexley and Sheffield. Participants included pregnant women (n = 3), new mothers (n = 11), health visitors (n = 18) and midwives (n = 13).

In accordance with PPI guidance, information sheets and consent forms were provided to participants (see Appendix 2). A small incentive in the form of a £10 shopping voucher was offered to those who participated as a thank you for their time and contribution.

The focus groups were arranged through local health visitor and midwifery leads, and held at times and venues agreed as mutually convenient. Representatives from CCCU, iHV and ukactive facilitated the sessions using a focus groups schedule that was informed by the

healthcare professionals' survey described above and agreed with the project's academic partners at CCCU and Aston University.

The focus groups with pregnant women and new mothers were structured around the constructs within the COM-B model¹⁰ and wider campaign concepts:

- Capability
- Motivation
- Opportunity
- Research engagement
- Views on the campaign and brand

Discussions with healthcare professions were structured to cover the following broad areas:

- Current practice
- Understanding of the CMO guidance
- Training needs
- Research engagement
- Views on the campaign and brand

Where all participants agreed, focus group discussions were recorded and/or notes taken to capture participant's views.

2.1 Attendance

2.1.1 Bexley

There was significant difficulty engaging the midwifery services in Bexley. This was complicated due to the area being served by various NHS and commissioned providers. Whilst initial discussions with midwifery leads were positive, due to a change in leadership and lack of response following initial conversations in November 2018, it was only possible to engage one organisation with limited numbers eventually attending the focus group. This lack of engagement also had a knock-on effect in terms of the recruitment of pregnant women.

Conversely, health visitors were successfully recruited through their service lead and new mothers through contact with a local children's centre coordinator.

Table 6: Attendance at focus groups in Bexley

Group	Numbers attended
Pregnant women	0
New mothers	9
Health visitors	10
Midwives	3

2.1.2 Sheffield

The uptake in both the health visitor and midwifery groups was very positive, supported by the area being served by a single provider. The health visiting service was particularly engaged and agreed to support the recruitment of both groups of women. A number of women responding positively to the idea of participating, however, turnout was low on the day – this may have been compounded by extremely cold weather on the days that the focus groups took place.

Table 7: Attendance at focus groups in Sheffield

Group	Numbers attended
Pregnant women	3
New mothers	2
Health visitors	8
Midwives	10

2.2 Findings

2.2.1 Pregnant women and new mothers

2.2.1.1 COM-B

The focus group schedule for the pregnant women and new mothers focused on eliciting views around the constructs of capability, motivation, and opportunity as part of the COM-B system.¹⁰ Within this system, behaviour is dependent on a person being physically and psychologically able (i.e. capability), having a favourable social and physical setting to engage in the behaviour (i.e. opportunity) and, in addition, a desire or need to do the behaviour more than any other competing behaviours at that time (i.e. motivation).

A high-level analysis of the data was conducted and resulted in themes being identified under these categories. Raw data involving the focus groups with pregnant women and new mothers was combined as there was no significant difference between the views of the groups in either area.

Table 8: Exploring perceived “capability” to be physically active

CAPABILITY	
<i>“No information on exercise, didn’t get information from the health visitor or the midwife...spoke to other mums who carried on and then thought I could do that” (New mother)</i>	LACK OF INFORMATION AND SPECIFIC ADVICE FROM HEALTHCARE PROFESSIONAL
<i>“Booking was too busy....” (Pregnant woman)</i>	
<i>“No one told me that being active could help with labour, I was nervous, told by family not to do it. I didn’t get information” (New mother)</i>	
<i>“No one spoke about exercise...” (New mother)</i>	
<i>“I got generic information, mainly from friends but not from the health visitor (New mother)</i>	
<i>“I had no real information; was told to wait for the 6-8 week check and then couldn’t get an appointment” (New mother)</i>	
<i>“You just wanted to be told it’s ok to do and find your place within that” (Pregnant woman)</i>	
<i>“I had no advice with my first or second one” (New mother)</i>	
<i>“Doctor and midwife say don’t start new things, carry on what you’re doing, but if you don’t have exercise classes it can be hard” (Pregnant woman)</i>	
<i>“Had to find out myself” (New mother)</i>	RELIANCE ON OTHER SOURCES
<i>“Used google but don’t know who to trust” (New mother)</i>	
<i>“Les Mills leaflet for pregnancy was really useful – [it] gave advice about how to modify exercises” (Pregnant woman)</i>	
<i>“In the end [I] googled ‘mummyfit’ classes, found a lady who used to be midwife, really empowered to do cardio, low resistance weight, pilates and relaxation” (Pregnant woman)</i>	
<i>“There was a focus on diet and smoking general health promotion but no links to the labour or baby” (New mother)</i>	IN PREGNANCY: FOCUS ON BEING HEALTHY BUT NO LINK TO PHYSICAL ACTIVITY.

<i>"...more about what to eat, what not to eat, and staying healthy... (New mother)</i>	
<i>"...said drink lots of water and didn't ask about activity..." (New mother)</i>	
<i>"Did questionnaires about mental health but not about physical health – having a baby is isolating... I got quite depressed [and] would have liked to be active but couldn't find anything locally" (New mother)</i>	POSTNATAL: FOCUS ON BREASTFEEDING AND MENTAL HEALTH BUT NO LINK TO PHYSICAL ACTIVITY.
<i>"Was all about breastfeeding and weighing - nothing about being active..." (New mother)</i>	
<i>"I think I never saw the same person twice...it is hard as you keep having to say the same thing over and over..." (New mother)</i>	
<i>"I had four midwives in and out in and out...depends on their shift" (New mother)</i>	CONTINUITY OF CARE/CARER
<i>"I saw the same midwife and health visitor...it really makes a difference, you get to know them, and they know you." (New mother)</i>	
<i>"My work is quite physical, and I didn't think they liked that I worked until the end..." (New mother)</i>	HEALTH AND SAFETY AT THE WORKPLACE
<i>"There are guidance work has to follow but made to feel like it's an illness...sit down, take a rest..." (New mother)</i>	
<i>"My GP is great, they advised me to do baby Pilates... but it's hard to find groups, no one place to look" (New mother)</i>	
<i>"Physio told me, explained I could only do some things after like post pregnancy Pilates" (New mother)</i>	HELPFUL INFORMATION FROM OTHER PROFESSIONALS
<i>"My gym instructor didn't think I should do body pump..." (Pregnant women)</i>	

Table 9: Exploring perceived opportunities to be physically active

OPPORTUNITY	
<i>"Harder to do than before [I] had [the] baby – [now] no time, tired, can't always be bothered" (New mother)</i>	TIME
<i>"It's hard when the baby cries, need someone to help, not all places have a crèche" (New mother)</i>	
<i>"I heard celebrities do it but it's easy for them [they] got personal trainers so tell them what to do – but I just thought not worth trying, haven't got time..." (New mother)</i>	
<i>"I want things locally and easy to get to...expensive to get to some" (New mother)</i>	TRAVEL AND COST
<i>"Gyms are fine, but you have to pay, not everyone can ..." (New mother)</i>	
<i>"My partner exercises all the time, sometimes makes me feel bad, so it motivates me to go" (Pregnant woman)</i>	SOCIAL SUPPORT
<i>"Time to chat to other mums, learn new things..." (New mother while walking)</i>	
<i>"We have spoken about it and he'll say I'll take the baby so you can have time on your own to do something you enjoy, I'll stand with the pram while you do the park run" (Pregnant woman)</i>	
<i>"...people say don't do that, not good for you; told by the midwife I was doing too much [in a physical job] but I felt fine" (New mother)</i>	STIGMA
<i>"There are mixed views; some feel you shouldn't do it, people tell you to go and have a sit down..." (New mother)</i>	
<i>"...as a pregnant person you don't want to be put in a box that says don't do it anymore" (Pregnant woman)</i>	
<i>"...like my Nan would say, you should be resting..." (New mother)</i>	

Table 10: Exploring perceived “motivations” to be physically active

MOTIVATION	
<i>“Think it would help to focus on the baby, how they will benefit, and prepare for labour” (Pregnant woman)</i>	BENEFITS FOR MUM AND BABY
<i>“no one tells you, think [healthcare professionals] need to let you know the positives then might have carried on...” (New mother)</i>	
<i>“...your body recovered for your sake, the baby’s sake, mental health – important you feel empowered emotionally and mentally” (Pregnant woman)</i>	MENTAL HEALTH
<i>“Doing something lifts your spirits...” (New mother)</i>	
<i>“Found walking really good, calms her and calms me...” (New mother)</i>	
<i>They concentrated on mental health, but I know exercise does help with mental health as well...” (New mother)</i>	
<i>“I wanted to lose weight and go to groups, they didn’t really focus on that...” (New mother)</i>	STAYING FIT AND BEING IN SHAPE
<i>“Want to get body back, feel like me again, it helps...” (New mother)</i>	
<i>“Just started going to the gym as it has a crèche - good for my mental and physical health...good for everything” (New mother)</i>	MY OWN TIME AND SPACE

Table 11: Summary

THEMES: What women wanted	RAW DATA: What they said
Consistent information	<i>“I want the messages to be consistent” (New mother)</i>
Specific advice from healthcare professionals	<i>“I wanted the midwife to give me advice and signpost me” (Pregnant women)</i> <i>“My babies were back to back. No one told me about physical activity, and I didn’t know positioning could have helped...wish I had had that advice” (New mother)</i>
Summary leaflet	<i>“Focus on what you can do not what you can’t...I wanted specific advice, some tips and ideas” (Pregnant woman)</i> <i>“...maybe give a leaflet early. I did have ones from the midwife and read them all but nothing on exercise...” (New mother)</i>
Early advice and guidance	<i>“By the time you see the midwife you’ve lost confidence...” (New mother)</i> <i>“Would have felt more empowered to continue if I’d be told from my booking appointment –I worried I would be responsible for something going wrong” (Pregnant woman)</i>
Trust the information	<i>“It would have been good to have advice. I didn’t know and lacked confidence to try new things. I would see signs [for classes] but brushed it off. Think if the health visitors had said it was ok to go, I would have gone” (New mother)</i>
Links to local services and information	<i>“I couldn’t find any groups, didn’t know where to look...” (New mother)</i> <i>“App called Peanut gives you information in your area...really good” (New mother)</i> <i>“...think [I’d] use Facebook, leaflets would be good...” (New mother)</i> <i>“Hoop really good app, found out about ‘mummyfit’, really up-to-date” (New mother)</i>

Table 12: Current practice of health visitors in relation to physical activity promotion

HEALTH VISITORS – CURRENT PRACTICE	
<p><i>“No, not seen before. Think it is [a] clear visual, and simple to understand” (Health visitor, Bexley)</i></p>	<p>KNOWLEDGE AND APPLICATION OF CMO GUIDANCE</p>
<p><i>“Reminds me of the portion sizes guide which is really helpful, people respond to it well” (Health visitor, Sheffield)</i></p>	
<p><i>“Advise gentle activity, don’t advise gym” (Health visitor, Bexley)</i></p>	<p>TYPICAL ADVICE</p>
<p><i>“...simple messages, go for a walk, get yourself out, linked to mood...” (Health visitor, Sheffield)</i></p>	
<p><i>“Say go for gentle walks. Some want to go straight to the gym, not sure about that” (Health visitor, Sheffield)</i></p>	
<p><i>“I talk about the pelvic floor exercise sheet that the midwives give out” (Health visitor, Bexley)</i></p>	
<p><i>“Say to the mother wait until you have your 6-week check with the GP” (Health visitor, Sheffield)</i></p>	
<p><i>Don’t think I have any advice to offer, if they ask, advise to wait to see the GP” (Health visitor, Bexley)</i></p>	
<p><i>“It’s difficult if they ask for specific advice; I don’t have any literature, just say listen to your body. I feel the advice is too vague, need guidelines” (Health visitor, Sheffield)</i></p>	
<p><i>“All the women have different red books so don’t have the same information, this makes it hard” (Health visitor, Bexley)</i></p>	
<p><i>“...some cultures don’t leave the house for 6 weeks having said that they could be active indoors” (Health visitor, Sheffield)</i></p>	
<p><i>“...need to consider the beliefs of the women” (Health visitor, Bexley)</i></p>	
<p><i>“Birth experience can be a barrier, depends what they have, had C section or not” (Health visitor, Sheffield)</i></p>	<p>BARRIERS TO PROVIDING ADVICE:</p> <ul style="list-style-type: none"> • Cultural • Birth experience • Lack of support • Women with high BMI • Language and use of the word “exercise”
<p><i>“Having other children and no one to help is a barrier” (Health visitor, Sheffield)</i></p>	
<p><i>“...should be part of discussion at every contact...but with some it feels hard if</i></p>	

<p><i>parent is overweight...feel might be hard to talk about as women already know and may have a negative perception” (Health visitor, Bexley)</i></p>	
<p><i>“The word exercise is a barrier, I like physical activity better” (Health visitor, Sheffield)</i></p>	
<p><i>“Historically, expect the midwives to give advice for pregnant women and new mothers. Used to ask if they have their exercise letter (from the midwife) as mode of delivery makes a difference” (Health visitor, Sheffield)</i></p>	<p>CONFIDENCE TO GIVE ADVICE</p>
<p><i>“Don’t feel confident, say ask the GP...” (Health visitor, Sheffield)</i></p>	
<p><i>“My background is midwifery, so I feel ok giving advice” (Health visitor, Sheffield)</i></p>	
<p><i>“There is no guidance in place just have to use your previous experience” (Health visitor, Bexley)</i></p>	
<p><i>“Some children’s centres have activities; buggy push would be good to have information that up-to-date to give out...” (Health visitor, Bexley)</i></p>	
<p><i>“Do use activity in a conversation sometimes, need it to relate to the child” (Health visitor, Bexley)</i></p>	<p>INCLUDE CHILD AND FAMILY IN CONVERSATION</p>
<p><i>“Do link them to children’s centre, buggy pushes, sports centres” (Health visitor, Bexley)</i></p>	
<p><i>“I had this dad who wanted to lose weight...I suggested he pushed the buggy harder and got out of breath – he came back and said the GP had asked how he had lost weight and he told him the health visitor had told him to push the buggy fast...” (Health visitor, Bexley)</i></p>	

Table 13: Current practice of midwives in relation to physical activity promotion

MIDWIVES – CURRENT PRACTICE	
<i>“No, never seen before” (Midwife, Bexley)</i>	KNOWLEDGE AND APPLICATION OF CMO GUIDANCE
<i>“Think I might have seen it” (Midwife, Bexley)</i>	
<i>“I think it looks much better than what we have which is wordy, [I] like the infographic” (Midwife, Bexley)</i>	
<i>“Yes, we are all aware of the guidelines, they are in the women’s hand-held record” (Midwife, Sheffield)</i>	
<i>“I think it would be useful in other languages” (Midwife, Sheffield)</i>	
<i>“I think that women who are active ask about it, but those that aren’t don’t ask” (Midwife, Sheffield)</i>	
<i>I sometimes give the advice but don’t always....not in any detail” (Midwife, Sheffield)</i>	
<i>“Definitely use NHS Choices” (Midwife, Sheffield)</i>	RESOURCES
<i>“Locally not aware of much; there were classes but stopped” (Midwife, Bexley)</i>	
<i>“Generally, tell them to go to the leisure centre who can advise them” (Midwife, Sheffield)</i>	
<i>“I advise them to use the Bounty app, can read lots of information in lots of languages...” (Midwife, Sheffield)</i>	
<i>“APPs cut out some people and our (midwives) phones won’t have [internet] in the future so not good for us...” (Midwife, Sheffield)</i>	
<i>“Feel I give advice at the beginning of pregnancy and at the end when they are due – say go for a walk to get the baby moving” (Midwife, Sheffield)</i>	TYPICAL ADVICE
<i>“Feel we get more questions on diet, not asked about exercise” (Midwife, Sheffield)</i>	
<i>“Scope for more, but just don’t have time...” (Midwife, Bexley)</i>	
<i>“I do a whole section on mental health, as part of my assessment will sometimes ask</i>	

<p><i>about activity...like are you getting out..."</i> (Midwife, Sheffield)</p>	
<p><i>"I think more women who are continuing to exercise ask, but those that aren't don't"</i> (Midwife, Sheffield)</p>	
<p><i>"Sometimes I bring it up but not all the time"</i> (Midwife, Sheffield)</p>	
<p><i>"Feel I get asked more about diet than exercise"</i> (Midwife, Sheffield)</p>	
<p><i>"If not on board, difficult to engage not going to take on board to stop smoking so just another thing to suggest that they are not doing well at, that's hard..."</i> (Midwife, Sheffield)</p>	<p>BARRIERS TO PROVIDING ADVICE</p> <ul style="list-style-type: none"> • Cultural • Birth experience • Lack of support • Women with high BMI
<p><i>"Life after a baby is hard, not everyone has the energy to continue"</i> (Midwife, Sheffield)</p>	
<p><i>"Difficult if you're not in the right place socially"</i> (Midwife, Sheffield)</p>	
<p><i>"Some people link being active with having had a miscarriage"</i> (Midwife, Sheffield)</p>	
<p><i>"If I saw someone heavily pregnant jogging down the road I might think, ooh get inside and get your feet up"</i> (Midwife, Sheffield)</p>	
<p><i>"Lack of children's centres, lots of groups have stopped, really important that women can go with others"</i> (Midwife, Sheffield)</p>	
<p><i>"Lots of focus on BMI, high risk, think women already know and we need to be more positive. Women are scared, need to give them something to do right, look at what they can do not what they can't as it knocks their confidence"</i> (Midwife, Sheffield)</p>	
<p><i>"By the time we see them they are starting to feel rotten and don't want to do anything..."</i> (Midwife, Sheffield)</p>	
<p><i>"The entry about advice from the GP is late, they are already pregnant and need advice before"</i> (Midwife, Sheffield)</p>	
<p><i>"I do a whole section on mental health as part of my assessment, sometimes ask about being active"</i> (Midwife, Sheffield)</p>	
<p><i>"Tend to do advice at start and then just before have baby, not much in between"</i> (Midwife, Sheffield)</p>	

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Appendix 1: Focus Group Schedule

Educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle

Focus Group Schedule – Topics for Discussion

Ground Rules:

1. WE WANT YOU TO DO THE TALKING:

- Let's hear from everyone!
- One person at a time.
- We may call on you if we haven't heard from you in a while.
- Please ensure that your mobile phone is turned off (or in silent mode).

2. THERE ARE NO RIGHT OR WRONG ANSWERS:

- Everyone's ideas and experiences are valuable.
- It's important to hear all sides – including both positives and negatives.
- We will not always agree, but we must always show respect for one another.

3. WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM:

- We will be recording this session so we don't miss anything.
- Please respect each other's privacy and do not share or repeat any sensitive information outside of this session.
- Only first names will be used and you may use an alias if you prefer.
- We will summarize themes without identifying individuals by name.

4. HOUSEKEEPING:

- Participation consent forms will be reviewed.
- Participation is voluntary and based on informed consent.
- When necessary, the discussion will be halted to allow participants to take breaks.
- [Relay any relevant health and safety information (e.g. fire alarms and exits).

Discussion topics – healthcare professionals:

Research has shown that the benefits of physical activity during pregnancy extend to both mother and baby. However, we know that many women find being active during and after pregnancy difficult for a number of reasons, even if they were active before and are keen to stay active.

This project is aimed at supporting the delivery of consistent and clear messages regarding physical activity by healthcare professionals (in line with current guidance), as well as helping to stimulate engagement with physical activity during and beyond pregnancy.

1. Chief Medical Officers' (CMO) guidance (2017)

- a. Are you aware of the guidelines? What are the key evidence-based messages?
- b. Do you think that women receive adequate information regarding physical activity during pregnancy and/or the postpartum period?
- c. What do typical conversations about physical activity look like? How long do these conversations last?
- d. What are the opportunities/barriers to you providing physical activity advice to pregnant women and new mums (e.g. time, confidence, knowledge)?
- e. When it comes to giving advice about physical activity during pregnancy, which resources can you draw on or make use of (e.g. have you referred pregnant women to any online resources)? Is there a particular reason for choosing these resources?
- f. How do you stay up to date with information/services relating to physical activity?

2. Toolkit

We are planning to devise a toolkit to aid healthcare professionals in promoting and supporting physical activity during pregnancy and beyond. We are aware that time is limited during appointments and that you have multiple competing priorities for each woman. With this in mind:

- g. How would this work for you in practice? For example, how would you see this working during a normal consultation? Are there scenarios where this would not be helpful?
- h. How should the toolkit look (format, style, etc.)?
- i. What are the core elements that it should encompass?
- j. What would make it easier for you to actually use the toolkit in your practice?
- k. How should the toolkit be rolled out to healthcare professionals?

3. Toolkit training

- l. What would you like to be covered as part of the toolkit training?
- m. How should the toolkit training be delivered (e.g. format, etc.)?

- n. What support would you like to help you make the best use of the toolkit following training (e.g. reminders, case studies, refresher training, etc.)?

3. Research design and process

The effectiveness of the toolkit will be tested in a research study. This means that we will assess the impact of the toolkit on healthcare professionals' practice but also the physical activity levels of pregnant women and new mums.

- a. How can the recruitment of women and professionals be facilitated?
- b. How can the retention of participants be supported?
- c. What do you feel would and wouldn't work?

4. Brand identity

A wider campaign around the promotion of physical activity during pregnancy and beyond will also be developed. We have developed some branding examples to represent this campaign and would be interested in your thoughts.

- a. What do you think of the look, feel, colour, font, image, etc? Do you have any alternative suggestions?
- b. What do you think of the proposed name(s)? Do you have any alternative suggestions?
- c. Any other comments or feedback?

5. Concluding thoughts

- a. Of all the things we've discussed today, what would you say are the most important issues you would like to express?
- b. Does anything else come to mind with regards to this project?

Discussion topics – pregnant women/new mums:

We know that many women find being active during and after pregnancy difficult for a number of reasons, even if they were active before and are keen to stay active. This project is aimed at supporting women who want to be active to overcome some of the challenges they might face, so it is really helpful if you can think about times when you have struggled to be active, what contributed to this, and what might have helped you at that time. Also, if you have been successful, what has contributed to this that might help other women?

1. Capability

- a. Do you know how much physical activity it is advised to do during/following pregnancy?
- b. What information has been given to you? Where did you get this information from? Was this given to you proactively (i.e. without you raising the issue) or

- did you have to ask/look for it?
- c. Do you understand most of the physical activity advice that you've been given?
 - d. Do you currently discuss physical activity with your healthcare professional and/or local exercise professional? Can you summarise those discussions? Who initiated them, how did you feel about what was discussed and/or advised?
 - e. How important is the advice of your healthcare professional during and following pregnancy?
 - f. How able do you feel to engage with physical activities at this time?
 - g. Do you feel able to be physically active in the way that you would like to? Can you explain why?
 - h. What physical activities do you feel able to engage with at this time? Can you explain why?

2. Opportunity

- i. How do you think your activity levels compare to other pregnant women/new mums that you know?
- j. What opportunities are there for you to be physically active? For example, groups/classes, places, facilities? How suitable are they for you? What else would you like to be on offer?
- k. Would you describe your partner, friends and family as active? How supportive are your partner, friends and family of you being active at this time?
- l. What are the factors or circumstances that make it easy or enable you to be physically active?
- m. What are the factors or circumstances that make it difficult or prevent you from being physically active?

3. Motivation

- n. What would you say are the main advantages to you being physically active during your pregnancy and beyond? [*Prompt for self, baby, family etc.*] Is this different to before you were pregnant?
- o. What would you say are the main disadvantages to you being physically active during your pregnancy and beyond? [*Prompt for self, baby, family etc.*] Is this different to before you were pregnant?
- p. How does being physically active make you feel at this time? Is this different to before you were pregnant?
- q. Can you think of any experiences that have or would inspire you to take up or continue with physical activities during your pregnancy and beyond?
- r. Can you think of any experiences that have or would deter you from taking up or continuing with physical activities during your pregnancy and beyond?

4. Research project

We are planning to devise a toolkit to aid healthcare professionals in promoting and

supporting physical activity during pregnancy and beyond. The effectiveness of the toolkit will be tested in a research study. This means that we will assess the impact of the toolkit on healthcare professionals' practice but also the physical activity levels of pregnant women and new mums.

- s. In terms of physical activity, what support would you like from your healthcare professional (e.g. information, practical advice/tips, referral to services, reassurance, etc.)? How important is this for you in terms of being/staying active at this time?
- t. In terms of physical activity, what type of information would you like to receive from your healthcare professional? How detailed should this be? Should it be mainly focused on benefits/risks, or should it be more practical, e.g. exercise recommendations, links to local services?
- u. What do you feel would and wouldn't work for you and other women like you?
- v. When we run the study we will need women to take part, this will involve completing questionnaires at different times and monitoring their activity levels. How can the recruitment of women to the project be facilitated? How could we encourage them to stay involved in the study until it is completed?

5. Brand identity

A wider campaign around the promotion of physical activity during pregnancy and beyond will also be developed. We have developed some branding examples to represent this campaign and would be interested in your thoughts.

- w. What do you think of the look, feel, colour, font, image, etc? Do you have alternative suggestions?
- x. What do you think of the proposed name(s)? Do you have any alternative suggestions?
- y. Any other comments or feedback?

6. Concluding thoughts

- z. Of all the things we've discussed today, what would you say are the most important issues you would like to express?
- aa. Does anything else come to mind with regards to this project?

Appendix 2: Consent Form and Participant Information Sheets

CONSENT FORM

Educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle

Name of Participant:

Contact details of Participant:

Telephone:

Email:

Please initial box

1. I confirm that I have read and understood the information sheet dated 17 December 2018 (Version 1) for the above project, have had the opportunity to ask questions and have had these answered satisfactorily.
2. I confirm that I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I agree to take part in this project and confirm that I am willing to attend a focus group.
4. I agree to audio recording and the use of anonymised quotes in subsequent reports, publications and/or training material.
5. Following my participation in the focus group, I would like to remain in contact with the research team and would be willing to contribute further to this project.

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

PARTICIPANT INFORMATION SHEET (A)

Educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle

Public and Patient Involvement (PPI)

You have been invited to help us in the design of a research project because you are currently pregnant or have recently given birth to a baby in one of the areas that we have identified as pilot site for the project described below. You do not have to get involved, but before making your decision, you need to understand why the project is being carried out and what it would involve. Please take the time to read through and consider the information provided. If you have any further questions, please do not hesitate to ask the project team.

About the project

Research has shown that the benefits of physical activity during pregnancy extend to both mother and baby. Pregnancy is, however, associated with a decline in physical activity participation. A lack of training, knowledge and resources regarding physical activity have resulted in healthcare professionals having to rely on common sense and their own experience to advise and guide pregnant women and new mums. In turn, this often results in pregnant women and new mums turning to informal sources, such as the internet, for guidance.

This project will develop a toolkit to support the delivery of consistent and clear messages regarding physical activity by healthcare professionals (in line with current guidance), as well as helping to stimulate engagement with physical activity during and beyond pregnancy. Through increasing the confidence, skills and knowledge of healthcare professionals it is expected that pregnant women and new mothers will be empowered to make informed physical activity choices.

Your involvement

To get involved, you must be at least 18 years of age; have a good standard of English; be pregnant or gave birth to a baby in the last 12 months. You will be required to attend a focus group during January 2019 (date, time and venue to be confirmed). The project team will audio record and make notes during the session. We will use the suggestions and issues raised during the discussion group to design a toolkit and associated materials which will be evaluated at a later stage in a formal research study. To thank you for your time and contribution, you will receive a high-street shopping voucher to the value of £10.

You will also be given the choice to remain in contact with the project team and will then be given the opportunity to contribute further to the project as it progresses. This may involve reviewing study documentation and/or materials (e.g. research protocol, information sheet, and questionnaire), being a member on an advisory board or local delivery team, or co-applicant on the research ethics application.

Your rights

It is up to you to decide whether you want to get involved. If you agree, we will then ask you to sign a consent form.

Throughout the project, all details and personal information that we collect about you will be stored securely by ukactive, the lead partner in this project. Only the project team and the people directly involved in this project will have access to the information you provide. At the end of the project, we will make all information anonymous (that is, we will remove all personal details associated with the information you have provided). This means that you will not be identified in any subsequent presentation, report or publication.

Should you decide to get involved, you will be free to (i) withdraw agreement at any time without having to give a reason, (ii) request to see all your personal data held in association with this project, (iii) request that the processing of your personal data is restricted, and/or (iv) request that your personal data is erased. If you withdraw from the project, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. If you want further information about how your personal data is processed, please visit: <https://www.ukactive.com/privacy-policy/>

You can also find out more about how we use your information by contacting the ukactive Data Protection Officer (ermalcela@ukactive.org.uk).

About the project team:

The project, funded by Sport England, is led by ukactive and involves several partners including the Institute of Health Visiting (iHV), the Royal College of Obstetrics and Gynaecologists (RCOG), members from the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) network, Best Beginnings, Aston University and Canterbury Christ Church University (CCCU).

If you have any questions or concerns about the nature, procedures or requirements of getting involved, please contact Rachel or Marlize on the details listed below.

Rachel Lawson

Project Manager – Research
ukactive
26-28 Bedford Row
London
WC1R 4HE
Phone: 0207 400 8627
Email: rachellawson@ukactive.org.uk

Dr Marlize de Vivo

Senior Research Fellow
Canterbury Christ Church University
North Holmes Road
Canterbury
CT1 1QU
Phone: 01277 9211939
Email: marlize.devivo@canterbury.ac.uk

Thank you for taking the time to read this information sheet! Please keep this document as you may want to read it again in the future.

PARTICIPANT INFORMATION SHEET (B)

Educational campaign to support pregnant women and new mothers in enjoying and benefitting from an active lifestyle

Public and Patient Involvement (PPI)

You have been invited to help us in the design of a research project because you are currently practising as a healthcare professional (i.e. midwife or health visitor) in one of the areas that we have identified as pilot site for the project described below. You do not have to get involved, but before making your decision, you need to understand why the project is being carried out and what it would involve. Please take the time to read through and consider the information provided. If you have any further questions, please do not hesitate to ask the project team.

About the project

Research has shown that the benefits of physical activity during pregnancy extend to both mother and baby. Pregnancy is, however, associated with a decline in physical activity participation. A lack of training, knowledge and resources regarding physical activity have resulted in healthcare professionals having to rely on common sense and their own experience to advise and guide pregnant women and new mums. In turn, this often results in pregnant women and new mums turning to informal sources, such as the internet, for guidance.

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Your involvement

To get involved, you must be at least 18 years of age; have a good standard of English; be a practising midwife or health visitor; and have been qualified for more than one year. You will be required to attend a focus group during January 2019 (date, time and venue to be confirmed). The project team will audio record and make notes during the session. We will use the suggestions and issues raised during the discussion group to design a toolkit and associated materials which will be evaluated at a later stage in a formal research study. To thank you for your time and contribution, you will receive a high-street shopping voucher to the value of £10.

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If you have any questions or concerns about the nature, procedures or requirements of getting involved, please contact Rachel or Marlize on the details listed below.

Rachel Lawson

Project Manager – Research
ukactive
26-28 Bedford Row
London
WC1R 4HE
Phone: 0207 400 8627
Email: rachellawson@ukactive.org.uk

Dr Marlize de Vivo

Senior Research Fellow
Canterbury Christ Church University
North Holmes Road
Canterbury
CT1 1QU
Phone: 01277 9211939
Email: marlize.devivo@canterbury.ac.uk

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