Too Busy To Exercise: Examining Pregnant Women’s Exercise Preferences

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BACKGROUND
- Gestational diabetes mellitus (GDM) is glucose intolerance first recognized during pregnancy.
- GDM is diagnosed between 24 and 28 weeks of pregnancy and affects 4-10% of pregnancies in the United States.

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<thead>
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<th>Adverse Health Outcomes Associated with GDM</th>
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<td><strong>Short Term Risks</strong></td>
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<td>Large infant size</td>
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<td>Delivery complications</td>
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<td>Child at increased risk of obesity</td>
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<tr>
<td>Associated with large infant size</td>
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<tr>
<td><strong>Long Term Risks</strong></td>
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<td>Child at increased risk of obesity</td>
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<td>Both mother and child at increased risk of diabetes</td>
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- First line therapy for GDM includes medical nutrition therapy and physical activity (PA), though clinical practice focuses more on diet, due in part to a lack of consensus regarding the benefits of PA for blood glucose control in women with GDM.1
- The most common mode of PA reported by pregnant women is walking.2 A behavioral PA intervention that encourages women to set walking goals, self-monitor and receive feedback may benefit women with GDM.

PURPOSE
In preparation for behavioral PA intervention for women with GDM, to elicit thoughts and feelings about PA and to understand how they may fit at least 30 minutes of walking, or stepping in place when they cannot walk, into a typical day.

METHODS
- 15 semi-structured interviews, lasting approximately 20 minutes, were conducted by study staff.
- The proposed behavioral intervention strategies were based on Bandura's Social Cognitive Theory and the Transtheoretical model.3
- Interviews were audio recorded and transcribed verbatim using InqScribe 2.2.4.
- The interview aimed to gather descriptions on:
  - A typical day for a woman with GDM
  - Opportunities to engage in PA
  - Challenges that accompany PA during pregnancy
  - PA preferences
  - Thoughts about the use of a Fitbit to track PA
- Transcripts were analyzed to identify themes, noting similarities and differences among the women.

RESULTS
- Participants varied by marital status, employment status, and family size.
- Themes identified were:
  - Motivation
  - Bettering health of self and unborn baby, managing blood glucose
  - Willing vs. able–integrating exercise into daily life, work, chores
  - Barriers such as work, family, children, no time
  - Overall complexity of women’s lives
  - Flexibility

Motivation: “It would be healthier for me and the baby...I don’t want to put anything bad on the baby”

Barriers: “I live on a farm, so there is a lot of chores and things to be done”

CONCLUSIONS
- The findings of this study will inform the development of a behavioral PA intervention for GDM and suggest the intervention should consider the many factors that influence the ability and feasibility of completing the recommended PA protocols.
- Overall, it is important to acknowledge the distinct and multifaceted components of each woman’s life in the development of future PA interventions.
- Every effort to integrate PA into daily life and offering the option of multitasking while engaging in PA will increase the practicality of the intervention for women with GDM.