

Agree

It is important to get agreement on an action plan. The woman herself needs to set PA as a priority in her life. If it's not, she will disengage from the process. It is also important to get her to buy into the advice you give with the confidence that the advice is given with her particular situation in mind. She should not feel that her care provider themselves has any biases or barriers when they give the advice. Both of you need to agree on a plan that will bring realistic changes to improve PA levels. Target clear levels of PA that can be followed up on, and put in place behavioural changes that may need to be addressed in order to meet the PA levels agreed upon. Sometimes it takes more than one appointment to gain agreement – it should come through a trusting relationship that is based on the welfare of the woman.

Example: Walking your older children to school and back at least three days each week instead of driving is a great idea. As you say, you will be able to encourage your kids to walk a bit more too and your whole family will benefit.

Key points:

- the woman needs to identify PA as a priority in her life before agreeing on any plan of action
- you need to make sure your conversation does not bring in your personal preferences and biases of PA to ensure a high level of trust.

Assist

Assistance can be provided in the form of authoritative resources that have credibility. You can thus validate any recommendations you make based on the evidence. This is key, as most women will have heard many different things about exercise and don't know what to trust. The source of your recommendation will reassure them, and also help educate her in seeking good quality information for herself, further enabling her to make her own choices.

Point to appropriate professional support if needed and arrange for regular follow-ups for accountability. This can be delegated within the community setting and reported back on a regular basis, creating a 360° setting of accountability reporting. This will ensure the woman feels supported in her decisions and when things get hard, she has the level of support needed to reconnect with her plan without feeling dejected or defeated.

Example: There is no data or good scientific evidence that suggest that moderate levels of PA can harm your pregnancy or cause miscarriage.

Key points:

- assistance should be evidence-driven, minimal but consistent
- create a 360° accountability setting of support via community and GP buy-in if possible.

Midwives who were interviewed identified a lack of specific knowledge and training on giving exercise advice and guidance

CONCLUSION

Knowing the benefits of PA across our lifespan, the impact of incorporating a PA pathway in all pregnancy and postnatal care packages, not just high-risk categories, is hugely important. I hope that with this simple, yet effective framework, we can start the conversation about more active lifestyle choices for women at antenatal and postnatal clinics. However, it is not enough to just start the conversation – it is important to keep the momentum going. Without a commitment to support women becoming and staying active throughout their lives, it will inevitably fall by the wayside.

In the UK we have amazing exercise science expertise. However, we need to focus this expertise on the perinatal period, as it is not just about serving women, but also getting it right for our future generations. The health impact, the long-term financial benefit to our health services and a collective culture of being active across all age groups starts with mothers and the babies in their wombs. **TPM**



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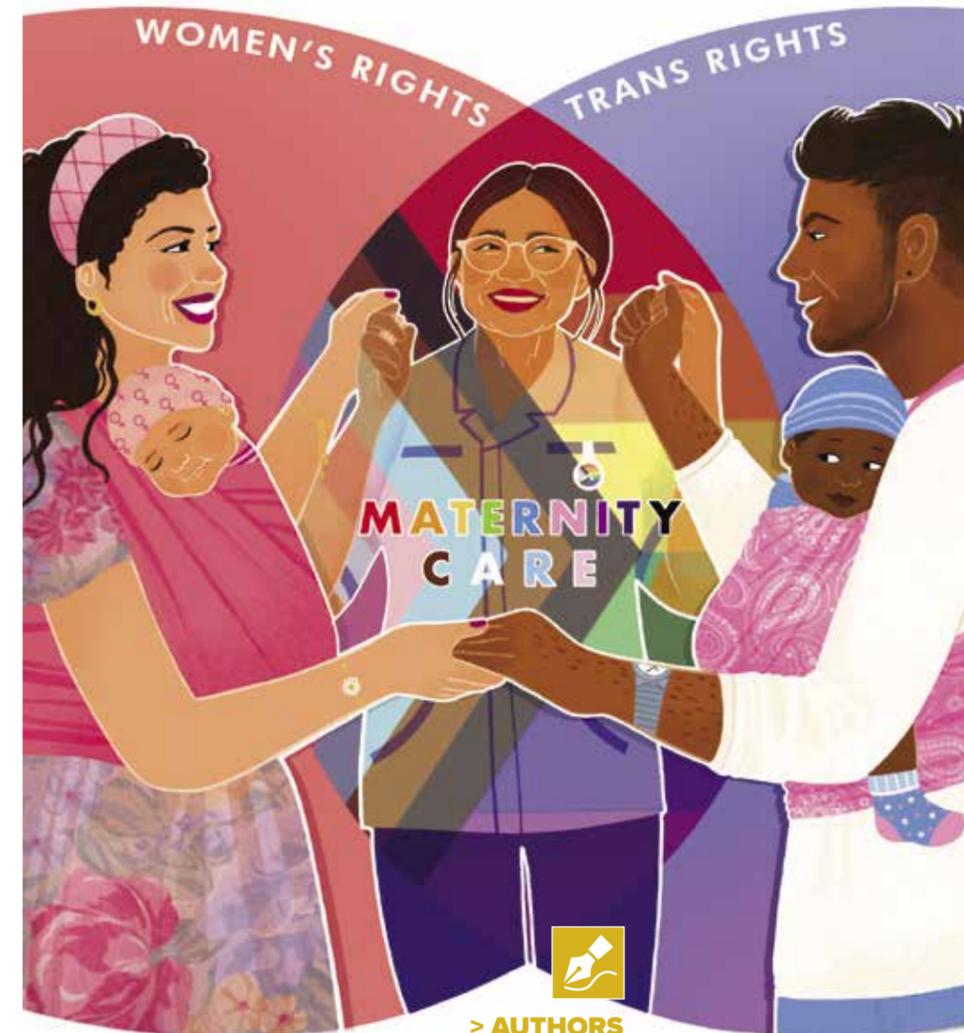
LGBTQIA+ MATERNITY CARE

1. PRIDE IN MATERNITY:

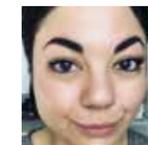
PROUD OF WHAT?

SUMMARY

Our knowledge and understanding of gender and sexuality is changing dramatically. With increasing numbers of LGBTQIA+ individuals accessing maternity care, we are now at a critical transition point. How do we turn what has been historically a heteronormative cisgendered system into one that caters for all genders and sexualities? As the first article in a four-part series, here we explore the current challenges facing the LGBTQIA+ community when accessing healthcare and how the current maternity system fails to create a safe and inclusive space for new parents. We explore the improvements needed for progressive change to happen and how individual practitioners can care for the LGBTQIA+ community with compassion.



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INTRODUCTION

Currently, the UK is experiencing a movement of sexual orientation and gender freedom, with increasing numbers of people identifying as Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally, plus non-cisgender and non-straight identities (LGBTQIA+). The Office for National Statistics states 'An estimated 1.4 million people aged 16 and over in the UK identified as lesbian, gay or bisexual (LGB) in 2019¹ – this does not include gender identities, such as transgender and non-binary, as up until the recent Census 2021 questionnaire these characteristics were not acknowledged.² This in itself demonstrates how society is shifting – the demand for representation and visibility is growing.

