Regionally based medical practitioners may need support when prescribing exercise to pregnant women

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Physical activity (PA) undertaken in accordance with exercise during pregnancy guidelines is associated with a variety of health benefits.1 Despite these health benefits, very few women are sufficiently active during pregnancy.1 International research suggests that medical practitioners (MP) play a vital role in assisting women to exercise during pregnancy, with exercise counselling by MP found to be effective and feasible in increasing PA levels in pregnant women.2

An increase in visits to MP during pregnancy places MP in a unique position to offer consistent PA/exercise counselling and support.2 Specifically, pregnant women see their MP up to 11 times over the course of an uncomplicated pregnancy,2 compared to the general population who see their MP at least once a year.3 Furthermore, MP advice is a powerful motivator to increase PA levels because of the MP’s perceived credibility and authority,4 especially among pregnant women who may consider pregnancy as the opportune time to implement healthy lifestyle changes. However, previous research suggests MPs may not be promoting exercise in accordance with recommended guidelines or utilising screening tools to assist in the exercise prescription process.

International research also suggests that MP receive no formal training in exercise prescription for pregnant women and that many MP lack confidence in their exercise counselling abilities and knowledge.2 However, no study to date has examined these factors in an Australian context. The importance of having MP provide PA/exercise advice is amplified in rural, remote and regional Australia where PA levels are lowest, and access to specialist health care services, such as antenatal care, is less accessible than in urban Australia.5 These factors place individuals living in rural, regional and remote areas of Australia at increased health risk.5 Thus, interventions that aim to increase PA through MP counselling are warranted. To inform intervention development, insight into what MP currently know about exercise during pregnancy is needed. This study aimed to examine the level of awareness of exercise during pregnancy guidelines and associated screening tools, training received, and degree of confidence in offering exercise prescription to pregnant women in a sample of MP based in Rockhampton, Australia. This study was approved by the CQUniversity Human Research Ethics Committee (H13/06-123).

Participants, methods & results

All general practitioners in Rockhampton (n = 80–90) were invited to participate in a survey exploring the level of awareness of exercise during pregnancy guidelines and associated screening tools, what training MP received in exercise prescription for pregnant women and MP’s confidence in prescribing exercise to pregnant women. Of these, 50 responded (response rate 55–62%). Most participants were women (58%), aged 25–34 years (40%) and practicing less than 5 years (40%). Only 8% were familiar with exercise during pregnancy guidelines and none were familiar with screening tools. Only 4% of MP had received formal training in exercise prescription, whereas 42% were confident in providing exercise advice to pregnant women. Results are further illustrated in Table 1.

Comment

The present findings suggest Rockhampton-based MP in Australia have insufficient awareness of exercise during pregnancy guidelines and associated screening tools, receive very little formal training in prescribing exercise to pregnant women and lack confidence in providing exercise prescription to pregnant women. There are obvious advantages to having MP offer exercise advice to pregnant women, especially in a regional context.
setting where access to specialist services may be limited. To do this, MP need to be equipped with the necessary training and ongoing support to provide effective exercise prescription to pregnant women. Future studies using nationally representative samples are needed to better inform both policy and practice.

Competing interests
No relevant disclosures.

Author contributions
MH and PR designed the study. MH and CS analysed results. MH drafted the manuscript. PR and CS critically reviewed the manuscript and assisted with revisions. All authors read and approved the final manuscript, and take responsibility for the integrity of the data.

References

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<tr>
<th>Question</th>
<th>Response, n (%)</th>
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<tr>
<td>Have you received any formal training on exercise during pregnancy?</td>
<td>Yes: 2 (4)</td>
<td>No: 48 (96)*</td>
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<td>Are you familiar with any exercise during pregnancy guidelines?</td>
<td>Yes: 4 (8)</td>
<td>No: 46 (92)*</td>
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<td>Are you familiar with any screening tools that help to prescribe exercise among pregnant women?</td>
<td>Yes: 0 (0)</td>
<td>No: 50 (100)*</td>
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<td>Are you confident in providing exercise advice to your pregnant patients?</td>
<td>Yes: 21 (42)</td>
<td>No: 29 (58)</td>
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*Significance (P < 0.05).