
Investigating Antenatal Nutrition Education Preferences in South-East Queensland, including Maori and Pasifika women

Initiative Type

Research

Status

Deliver

Added

01 May 2018

Last updated

12 June 2018

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/investigating-antenatal-nutrition-education-preferences-south-east-queensland>

Summary

Collecting country-of-birth data does not capture 'statistically invisible' population groups including Maori and Pasifika; ancestry data is needed. The findings from this study enable targeted service

delivery according to women's preferences.

Key dates

May 2018

Jan 2019

Implementation sites

Metro South Hospital and Health Service

Key Contacts

Helen Porteous

1052

paul.blee.hiu

Dietitian and Nutritionist

Metro South Hospital and Health Service

(07) 3176 6637

Helen.Porteous@health.qld.gov.au

Aim

To better understand women's nutrition-related knowledge, needs, behaviours and education preferences and to identify any significant differences among Maori & Pasifika (M&P) women.

Benefits

Improved dietary behaviours during pregnancy may support improved health outcomes in women and their infants.

Background

Little is reported about the nutrition-related needs and preferences of women seeking maternity services, particularly Maori and Pasifika (M&P) women who have higher chronic disease rates in Queensland.

Solutions Implemented

Women (>18 years) admitted to the postnatal ward were surveyed. Anthropometry, dietary quality, nutrition education preferences, country of birth and ancestry were collected. Analysis included chi-squared and t-tests.

Evaluation and Results

The survey was completed by 399 eligible women. Country of birth data suggested 4 per cent of respondents were Pasifika and failed to separately identify New Zealand Maori, whereas 18 per cent of respondents ($n = 73$) reported M&P ancestry. Descriptors were similar between groups (28 ± 5 years; 91 per cent any breastfeeding; 18 per cent gestational diabetes mellitus; $p > 0.05$). However M&P women were less often university educated (M&P:6(9 per cent); NMP:71(22 per cent), $p < 0.01$) and more likely had >2 children (M&P: 30 (54 per cent); NMP:70(30 per cent), $p < 0.01$). M&P women reported heavier weight at conception (M&P: 79.0 ± 20.2 kg, 29.2 ± 7.5 kg/m²; NMP: 71.3 ± 18.9 kg, 26.3 ± 6.5 kg/m², $p < 0.01$), and were more likely to report excess gestational weight gain (M&P:30(56 per cent), NMP:96(36 per cent), $p < 0.05$). Most (>75 per cent) women did not know their recommended weight gain. Many respondents reported inadequate intake of vegetables (95 per cent), fruit (29 per cent) and dairy (69 per cent) during pregnancy. Two-fifths (38–41 per cent) reported interest in perinatal nutrition education, with topics including healthy eating postpartum.

Lessons Learnt

Collecting ancestral and maternal data to facilitate the provision of appropriate nutrition education may be critical for achieving optimal maternal outcomes in Maori and Pasifika women.

References

Cruickshank A, Porteous HE, Palmer MA (2017) Investigating antenatal nutrition education preferences in South-East Queensland, including Maori and Pasifika women. *Women & Birth*. Accepted 7/11/17 - <https://doi.org/10.1016/j.wombi.2017.11.003>

PDF saved 12/04/2025