Men's Perceptions of Pregnancy-Related Weight Gain: A Psychosocial Firestorm (Upheaval) Intertwined With Supportive Intentions

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ABSTRACT

In-depth interviews were conducted with 16 men who had a significant other who had given birth within the last 5 years. Men were asked about their perceptions of pregnancy-related weight gain, and content analysis was used to identify themes from the interviews. Men described nine themes related to perinatal weight gain: (a) negative perceptions, (b) eating behaviors, (c) exercise habits, (d) health impact, (e) body changes, (f) weight-loss success, (g) "it bothered her more than me," (h) "the weight gain wasn't a problem," and (i) intimacy. Together, these themes offer a glimpse into men's experiences and highlight the discord and balance between experiencing negative feelings/perceptions and being a supportive partner. This information on how men perceive pregnancy-related weight gain can be used to develop interventions to assist men to support their significant others in meeting weight loss goals following pregnancy.

The Journal of Perinatal Education, 21(4), 219–228, <http://dx.doi.org/10.1891/1058-1243.21.4.219>

Keywords: pregnancy weight gain, men's perceptions, postpartum weight loss

Obesity is epidemic in much of the United States. In 2007–2008, more than 36% of American adults were overweight (body mass index [BMI] > 25), and 32.2% of all U.S. adults were considered obese (BMI > 30; Flegal, Carroll, Ogden, & Curtin, 2010). Excessive pregnancy weight gain and obesity during pregnancy contribute to increased maternal and fetal risks (Artal, Lockwood, & Brown, 2010). Furthermore, excess weight gain during pregnancy and failure to lose weight after childbirth are predictors of later obesity (Rooney & Schauberg, 2002; Visram, Crosland, & Cording, 2009).

In the 1990s, the Institute of Medicine recommended guidelines for weight gain during pregnancy with the intention of increasing birth weight and improving infant health. In 2009, the Institute of Medicine revised its pregnancy weight gain guidelines to include weight gain recommendations for underweight, normal weight, overweight, and obese women based on prepregnancy BMI. The recommended pregnancy weight gain for normal weight women (BMI 18.5–24.9) is now 25–35 lb.

Among a sample of diverse women, Groth and Kearney (2009) found that most understood the health implications of gaining too little weight, but many were unaware of the risks of excessive pregnancy weight gain. Women were uncertain about the current recommendations for weight gain during pregnancy, and many suggested numbers much below recommended levels.

Several factors influence a woman's ability to manage weight gain during pregnancy and return to a normal prepregnancy weight following childbirth. Hickey (2000), who explored factors that influenced appropriate weight gain during pregnancy, found that factors affecting weight gain included ethnic group, education, marital status, age, parity, smoking status, and planned pregnancy. Certain psychosocial characteristics also appeared to affect pregnancy weight gain, including depression, anxiety, and low level of self-esteem.

One factor that has not received much attention, however, is the role of the infant's father. Few studies have examined the male perception of weight gain in women during pregnancy. Most of the research on fatherhood has focused on men's adjustment to fatherhood. There has been little research on their perceptions of pregnancy and the postpartum period. In an early study, Price (1996) used four as case studies of couples to map out the experiences of individuals during pregnancy. He found that with the

start of the second trimester, when women began changing contour, the men viewed their wives with pride because this confirmed the pregnancy. But in the third trimester, men considered their wife's body as amusing and a source of embarrassment. In a later study, Draper (2003) reported that men experienced their partner's changing body as both pleasurable and problematic.

To help reduce the number of childbearing women who are obese, more information is needed on men's perceptions of weight gain in pregnancy to identify the impact of the male's role on weight gain and retention in women. Therefore, in this study, we explored men's perceptions of gestational weight gain as a basis for developing appropriate, effective programs to help men optimize their role during and following pregnancy and find appropriate strategies to support their partners during pregnancy and postpartum weight loss efforts.

METHOD

A qualitative descriptive design was used to examine male perceptions of perinatal weight gain. This design was chosen because it is suitable to answering straightforward questions (Sandelowski, 2000). The principles of naturalistic inquiry, which involves study of subjects in a natural state, were employed using unstructured interviews to allow participants to describe their experiences in their own words.

Sample

Subjects were chosen using purposeful sampling. The study sample consisted of 16 men with a significant other who had given birth within the past 5 years. The period of 5 years was chosen as the cut-off time limit because it gave the men enough time to get past the initial time-consuming demands of newborn care and have a bit of time away from the pregnancy so they could reflect on their perceptions of maternal weight gain during the pregnancy. Most participants were Caucasian (62.5%, $n = 10$), and 37.5% ($n = 6$) were African American. Their ages ranged from 26 to 39 years old. Considerable variability existed in educational attainment: One participant had completed a General Educational Development test, two had received a high school diploma, six had completed some college, five had earned a bachelor's degree, and two had earned a master's degree. All but one of the participants were married. More than half ($n = 11$) of the children

For a copy of the Institute of Medicine (US) and National Research Council's 2009 report, *Weight Gain During Pregnancy: Reexamining the Guidelines*, or to read the entire report online for free, visit <http://www.iom.edu/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx>

born to the participants were a result of unplanned pregnancies.

Men were informed about the purpose of this study and that they were free to reveal or conceal whatever they wanted to about the topic. Thus, interviews were conducted at various locations depending on where the researcher and participant lived. Sites for interviews were chosen based on convenience to the researcher and the participant. All settings were quiet and free from outside distractions. Homes of the participant and researcher were common places for interviews. Data were collected over a 2-month span in the spring of 2005.

All interviews began with the opening question, "Tell me what you think about weight gain during pregnancy." After the initial question, unstructured questions were asked to gather more information. Participants were encouraged to elaborate by being asked to "Tell me more" or "Tell me what that was like." Dialogues ranged from 30 min to 75 min, concluding when the participant said he had nothing else to say. Interviews were audiotaped when participants gave permission (all but one participant agreed to audiotaping) and then transcribed verbatim to increase rigor. Careful note-taking was used for one interview that was not audiorecorded. Follow-up interviews with all participants were conducted to see if any of the participants had any further information to add and to obtain verification of the initial interview. Sixteen men were initially interviewed based on convenience. After review of the available data, the research team agreed that data saturation had been achieved because the last few interviews did not reveal any new information. All audiotapes and field notes were locked away to ensure confidentiality and security.

Analysis

Content analysis was used to examine the data; the primary analysis was extended to include an interpretive analysis of underlying meaning. Quotations were extracted based on importance, strength, and frequency of occurrence. They were then sorted, placed into categories, and assigned correlating themes. The final set of themes was more broadly characterized to broadly reflect men's perception of pregnancy-related weight gain.

RESULTS

Overall, the data generated nine themes related to perinatal weight gain: (a) negative perceptions,

(b) eating behaviors, (c) exercise habits, (d) health impact, (e) body changes, (f) weight loss success, (g) "it bothered her more than me," (h) "the weight gain wasn't a problem," and (i) intimacy. The themes included concrete and conceptual ideas and both physiological and psychological components.

Overarching Theme

A primary theme was negative perceptions related to perinatal weight gain. The physiologic themes were eating behaviors, exercise habits, health impact, body changes, and weight loss success. Psychological themes were "it bothered her more than me," "the weight gain wasn't a problem," and intimacy. Together, these themes offer insight into men's experiences and highlight the overarching theme: A careful balance exists between negative feelings/perceptions and being a supportive partner. The themes are discussed in detail in the following sections.

Negative Perceptions

The first theme, negative perceptions, was derived from the abundance of comments men made regarding their personal feelings about their significant other's weight gain. Many of the participants' comments were related to women maintaining their pregnancy weight. One participant said it best when he commented, "I think the media portrays it [pregnancy weight gain] to be a real struggle for a lot of women, and, needless to say, this is truly the case for many women in America." Some men viewed the continual weight gain as unhealthy. One participant explained,

Continuing to gain weight postpartum is selfish. I mean, I know pretty much nobody wants to be overweight or unhealthy or living an unhealthy lifestyle. But, I mean, if you're going to continue to just gain weight because you want to say, "Well forget about it. I don't care anymore." You just want to lose yourself in the eating processes or gaining the weight, then you just suffer the consequences.

Another participant shared similar thoughts:

A negative aspect of weight gain is that you go up three or four different sizes and you get comfortable like that, and it might cause you health problems in the future, and it might not look as good, you might not feel as good, your confidence might not be there.

Some men expressed an understanding that maintaining weight after pregnancy may be inevitable for some women. One participant said,

If I had to choose a woman right now, I'd choose her based on how she might look in the future. That's how you've got to look at it 'cause some people might be in trouble. Some women might get as big as a house, and that man didn't even know that before she got pregnant. You've got to pay attention to stuff like that.

The inevitability of weight gain was expressed by a participant who said, "I never pushed her [to exercise] and I purposely did not want her to think that I thought she was gaining too much weight because I didn't want her to feel self-conscious about her weight."

Many other participants focused on physical attraction surrounding pregnancy and voiced negative views of this as well. One participant noted, "I think she is chubbier now than she ever has been and, honestly, she could stand to drop a few pounds." Another participant similarly explained, "I definitely don't think she's fat. I don't even really think she's overweight. But someday I would like for her to get back to the size she was when I met her." Another participant's comments also indicate that maintaining physical attraction is important to men; he stated,

I think most men—when a man marries a woman, he wants her to stay the way he found her. Which over time you know yeah you're going to gain weight but you don't expect a big 15 to 20 pounds you know, even during pregnancy. A lot of men have a hard time because the way their wife . . . I mean their noses get big, their butt gets big, everything gets big.

Physiologic Themes

Eating behaviors. In interviews with men about their perceptions of their significant other's perinatal weight gain, a common theme was "eating." Participants discussed eating habits prior to, during, and after pregnancy. One participant noted that he and his significant other would diet together prior to pregnancy. He said that he lost a lot of weight and could not afford to lose anymore. When his significant other became pregnant, he felt that "she had a harder time without someone to diet with." During pregnancy, the men claimed that their significant others had "certain cravings." One stated,

"If she wanted or craved something like McDonald's French fries, I would get them for her even though I knew they probably weren't the best for her and would probably make her gain a little bit more." Because of these cravings, one of the men said that he "tried not to bring certain foods into the house, like chips, cake, pastries, and stuff like that." He said they would "rush through that area [of the grocery store] because she's a chip and salsa person. She likes it." One participant noted that his significant other's weight gain was partly because of the attitude of "Hey, I'm pregnant, I have an excuse to eat whatever I want," and, according to him, she did.

It was also common for men to encourage eating healthier foods. For example, one study participant stated, "We try to cook leaner—vegetables and meats. She is trying portion control." Another participant stated,

I tried to encourage her to eat good food. I do a lot of the grocery shopping and the vast majority of the cooking when we don't eat out. And because of that, I had some control over what she ate.

The importance of eating was also stressed by some of the men. One man stated, "First of all, they can't help it because they're hungry. When you think about it, they're eating for two people. I'll be feeling so bad for them because they wake up hungry, and they be having to eat." Another participant stressed the importance of eating by stating, "If they don't eat, they'll get to the point that she's going to want to throw up or something like that, so you've got to keep them full." The quantity and quality of the types of foods consumed by their significant others seemed to be a common theme among the participants who were interviewed.

Exercise habits. Participants frequently discussed the amount and type of exercise their significant other performed. Participants identified that their significant others exercised at each end of the extremes (from not at all to too frequently). Based on the participants' responses, it seemed that many of the women ceased exercise and other activities during pregnancy but attempted to continue them after childbirth. One participant made the following statement regarding his wife's exercise habits prior to pregnancy: "My wife, she exercised a lot, really. In fact, uh, I believe before we got pregnant, both of us, my wife and I, we were the healthiest during our marriage. We were at our healthiest times." Another

participant stated that his significant other could not exercise because of “shortness of breath, and her body was changing.” Another participant stated that “she doesn’t really like to exercise . . . she does well with the kids, but she doesn’t exercise to get that baby fat off [chuckles].” One subject stated that his wife “stopped doing everyday things—[for example, vacuuming, hauling hay]—when she found out she was pregnant.” The same participant stated that “she’ll clean a little more now [6 weeks postpartum] and she’s a little more active, since most of her, since her body is pretty much back to normal.” Another subject stated that his wife “started working 12 weeks after the baby was born. She became more active and doing things and started to come around to her normal self where she felt good.”

The amount of activity performed by the women was stressed by the men. One participant stated,

My wife, she talks a lot about losing weight and to me it’s not a big deal. My perception is, if you are consistent, and if you say what you’re going to do, then do it. But my wife does a lot of talking, and not enough doing [laughs].

Another participant encouraged his wife’s weight loss efforts and was sympathetic to the demands on her time by stating, “I don’t expect too much of her right now because it’s quite a job just to take care of two kids. I know there’s going to come a time where we both have more time, to work out more.” The common theme of “exercising” was evident throughout the interviews to discover these men’s perceptions of their partner’s pregnancy-related weight gain.

Health impact. Most of the men had some opinion about how maternal weight gain impacted their wife’s health, and most of the men seemed to struggle with how to convey their thoughts and concerns while maintaining an empathetic and nonjudgmental tone. The men seemed to consistently try to balance encouraging behaviors that would decrease the likelihood of excessive weight gain with their tendency to nag or fuss as the pregnancy progressed and the gestational weight increased.

Most of the participants made very positive comments and were very supportive of “whatever was necessary” to facilitate a safe, healthy pregnancy and birth. Comments such as “I did not have a problem with it [her pregnancy weight gain]” and statements about the beautiful glow and sensuality of pregnant women were common. Participants felt that

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gestational weight gain is natural and necessary to have a healthy baby. They described the weight their spouses gained as not drastic and that it was important to not get fixated on gaining little or no weight. Society does cause many people to be very weight conscious. Respondents in this study felt this could be dangerous for pregnant women.

Body changes. The change a woman’s body undergoes during pregnancy is perhaps the most obvious transformation noticed by men. All of the men interviewed gave descriptions of body changes their significant others went through. Some changes were desirable, and other changes were described as worrisome and undesirable. Some men viewed weight changes as positive. For example, one participant said, “Her weight gain was not in just one spot. She gained all over, so it looks good on her.” Another participant stated, “Body changes during pregnancy were definitely [viewed] in a good way.” Another participant proclaimed, “Some weight gain can be good, and some women go through pregnancy and end up gaining some weight [and this] can make them feel more confident.” One man commented, “One of the best parts of the pregnancy was getting to see her body take shape. I enjoyed it, personally.”

Some men had mixed emotions regarding body changes accompanied by pregnancy. For example, one participant noted,

Weight gain wasn’t a big deal. You can get it off, you can take it back off . . . I wasn’t that concerned about it until I saw the first stretch mark . . . when you see that, it becomes a reality of . . . your body may not ever look like it did before you were pregnant.

The men acknowledged that continual postpartum body changes occur in women. For example, one participant remarked, “Her body is still going through changes postpartum,” and “there was some change in her body [after giving birth]. And some of that change was related to aging.”

Women’s breasts were the body part most mentioned by the men, second to women’s belly. The

consensus among the men in this study was that breasts enlarged during pregnancy, and this change was viewed as desirable and attractive. For example, one study participant said, “Her breast size changed, but . . . it wasn’t like a huge issue, like oh let’s have fun now, ya’ know it was more like, ya’ know [it] just added to the beauty of who she was.” Another participant said, “I did not mind her weight gain because it also had some side benefits—certain areas of her body got larger. Particularly, it was her breasts.” Another participant commented, “Breast size. They do get larger, and I am not going to lie—it was a nice addition to her.”

The men in this study did not often remark on specific undesirable body changes. However, a few study participants mentioned stretch marks. For example, one participant said,

The only thing that I really noticed is that she used a lot of creams to help with the expansion of her belly. Most of it seemed to work. She has a few stretch marks on her sides, but I guess every postpartum woman would have some.

Another participant stated, “In the long run it wouldn’t have bothered me if she got stretch marks or not. She was really bothered by the idea. Fortunately, she didn’t get any.” Many men commented that their significant other gained weight in the belly only: “She gained weight primarily in her belly” or “She protruded more in the belly.”

Weight loss success. Some partners of the men in this study succeeded in reaching their postpartum weight loss goals. For the participants whose partners lost weight after pregnancy, several attributes were discussed that contributed to their weight loss success. Most of these men credited breastfeeding for successful postpartum weight loss in their partners. One of the study participants stated, “She’s excited about the fact that breastfeeding is sucking the weight right off of her. You can tell a noticeable difference from when she came out of the hospital to two or three weeks later to now.”

Other men in this study noted that their significant other lost postpartum weight effortlessly. Their partners did not engage in any special nutrition plans or exercise programs after pregnancy to lose weight. The study participants considered themselves “lucky.” One father said, “This was sort of neat. That I didn’t have to worry about how she looked. We were lucky that we didn’t have to face this [difficulty losing the pregnancy weight].”

Another contributing factor to successful postpartum weight loss was the lack of time for women to consume food. With the addition of a child to the family, mothers became increasingly engaged in the responsibilities of child care. One father commented, “After the pregnancy, she actually lost more weight than she weighed before she got pregnant. She was really busy with the children and barely had time to eat herself.”

According to some of the study participants, their partners did not experience concerns regarding postpartum weight loss. In these cases, participants perceived that their partners never had an issue with weight before or since the pregnancy. One participant found that the weight his significant other gained during pregnancy was insignificant. He recalled, “I don’t really remember her weight gain being an issue for her.”

The amount of weight gained during pregnancy and lost postpartum varies from one person to another. One participant in this study commented about mothers who gain very little weight during pregnancy and who have immediate success with postpartum weight loss. He stated, “Some women look the same after pregnancy. You can’t even tell they had a baby, it depends on the individual person.”

Psychological Themes

“It bothered her more than me.” Half of the men interviewed expressed the view that “she has more of a problem with it [perinatal weight gain] than I do.” According to one participant, “Weight gain during pregnancy is something every woman concerns herself with.” However, these men did not regard the weight as negative, nor did it change how they viewed their partner. As one participant described, “My wife was always thin. To me she looks the same [after giving birth]. She thinks she is totally different. I think she is perfect.”

Weight gain was a concern expressed by the women to these men, but the concern was not necessarily mutual. For example, one participant explained that “she is concerned and always talking about how she’s gaining weight and her clothes not fitting. I could care less. It doesn’t bother me.” These men also perceived that their partners were self-conscious and uncomfortable with their weight gain. One participant explained,

The way she dressed postpartum, wearing my larger shirts, trying to cover her body up, I think was because she was self-conscious. I think she is still

self-conscious about it because there is a scale in our bathroom and I know she weighs herself every day because it is moved from spot to spot. I don't think the baby is playing with it. She has obviously been having some more problems with it than I have.

“The weight gained wasn’t a problem.” Men who expected their significant other to gain weight during pregnancy perceived the weight gained in a more positive light. These men perceived the weight gained as part of the natural process of pregnancy that indicated that a baby was on the way. Knowing that gaining weight is inevitable made the transitions for most men easier and enabled them to have a more positive perception. Some examples of this sentiment are reflected in participants’ statements such as “I looked at it as a natural process—a beautiful process” and “Obviously, everyone has to go through it.”

Another aspect that made the transition easier was *where* a woman gained weight. Most men in this study did not have a positive view of weight gain that changed many features of a woman. However, gaining primarily “baby weight” or weight in the stomach region, as opposed to weight everywhere, was perceived as more attractive and more acceptable. For example, one study participant stated,

A lot of men [during pregnancy] have a hard time because their [women’s] nose gets big, their butt gets big, and everything gets big. So some men have a hard time during pregnancy, and I understand that happens . . . Now my first son’s mother, she was all baby.

Another male, who was reassured by the way his wife’s weight was all in the stomach, stated, “From the back, you couldn’t really tell she was pregnant. When she turned around, she was all baby.”

Men who accepted the weight gained during pregnancy perceived that society had unfairly set weight goals for women that were unrealistic. This view may explain why women tend to be more concerned with their own weight versus how men perceive a woman’s weight during and after pregnancy. One male who felt that society puts pressure on women to be a certain weight stated,

I personally believe weight gain varies. It varies from person to person and culture to culture, depending on societal perceptions, from my experience. I find that a lot of people tend to be shallow and not realistic about pregnancy.

Finally, the love that a man has for his partner, not the overall appearance of his partner, determines how he perceives the weight gained during pregnancy. The men who viewed their partner’s weight gain as normal and acceptable versus unattractive and scary were not as concerned with appearances as they were with the love they had for their partner, as shown by one man’s statement:

You have to make a commitment, and if you’re making a commitment to looks, then that’s you. And that’s usually not going to work out because everybody’s not going to stay the way they look forever. So I mean, if the lady or whomever I’m with decides to have a baby and wants to maintain the weight and keep the weight, if I care about her, I care about her. If I don’t, if I stop caring about her, it’s not going to be because she didn’t lose the weight. I would not agree with it, you know, stepping out on somebody or leaving somebody just because they gained weight to have your child. That’s just not the kind of thing that I consider to be appropriate.

Other participants in this study expressed similar views, although there was some concern about how the weight gain would affect maternal health. One man explained that he and his wife were not weight conscious, but they were health conscious. He and his wife had no “ideal size” in mind that they felt was appropriate, but he stated that neither wanted to be “fat, lazy people.” Their main concern was that they looked and felt healthy. Another man stated that it would be fine if his wife gained 150 lb as long as the baby was healthy. Another participant said that weight gain during pregnancy is natural, but that he still believed in healthy eating.

Intimacy. Intimacy can be viewed as an emotional state of closeness and affection between partners, which often includes sexual activity (Mackey, Diemer, & O’Brien, 2000). Pregnancy-related weight gain affects intimacy differently among couples. Some participants in this study reported an increase in feelings of intimacy during pregnancy. One participant said, “I always had my hands on her belly,” and another participant stated, “We still have a very active sex life. The weight gain did not change that.” Another participant proclaimed, “I think pregnant women are attractive. Only women can do it [get pregnant and carry a child]. I think that’s pretty special.”

Other participants reported experiencing a shift from physical intimacy to emotional intimacy. One man stated,

I think you have to look at your spouse differently when you go through those experiences [giving birth]. Certainly there are moments, particularly toward the end of pregnancy, you know, the desire for intimacy isn't there. After some time you kind of get back to your routine and life, I think, it's almost more intimate knowing you created a baby with someone.

Another participant reported, "I don't remember thinking she was less attractive when she was pregnant. I remember being very excited about the changes that were going on, knowing that our first baby was growing inside her stomach."

A few of the men who were interviewed expressed a decrease in intimacy, mostly with respect to physical intimacy. One participant admitted a decrease in sexual desire related to pregnancy weight gain: "I was attracted to [my significant other] during the pregnancy, just not sexually. It had nothing to do with the pregnancy. It was just large women in general."

Summary of Themes

Overall, nine major themes were identified from participants' descriptions of their perceptions of perinatal weight gain. The first theme was negative perceptions related to the men's views of perinatal weight gain. The eight other themes contained either physiologic or psychological elements. The physiologic themes were eating behaviors, exercise habits, health impact, body changes, and weight loss success. The psychological themes were "it bothered her more than me," "the weight gain wasn't a problem," and intimacy.

A significant proportion of the participants' comments were decidedly negative in nature. The negativity theme presents a realistic view of men's negative perceptions of pregnancy-related weight gain. In contrast, the other eight themes encompass both positive and negative elements. These themes represent a harmonic balance or "dance" to deal with these negative perceptions while trying to be a supportive partner and, presumably, a good father. The men's comments identify experiences that indicate an acceptance of their significant other's weight gain and the difficulty it sometimes takes to lose the weight despite negative feelings and emotions regarding the weight itself.

DISCUSSION

Previous research has demonstrated potential negative maternal and infant outcomes with excessive maternal weight gain. It is also known that weight gain is an important concern of pregnant and postpartum women. A gap in knowledge exists regarding men's perceptions of perinatal weight gain. This study assessed men's perceptions of pregnancy-related weight gain and identified the following common themes: negative perceptions, eating behaviors, exercise habits, health impact, body changes, weight loss success, "it bothered her more than me," "the weight wasn't a problem," and intimacy. These themes help us to understand how men perceive pregnancy-related weight gain.

This study has some limitations. Data were collected by self-report of the male significant other's views of perinatal weight gain. A potential bias may exist if the participants reported information according to what they believed the interviewer wished to hear (e.g., social desirability). The length of time since pregnancy and the age of children must also be considered. The data were collected from men whose partners had given birth within the last 5 years. Recollection of perceptions of pregnancy weight gain may have changed over time for some participants. Another limitation to this study is that several of the participants worked in health care. This career choice and experience may reflect on the participants' perceptions related to pregnancy-related weight gain in that they may have more knowledge than the typical or average man does, and this knowledge may have influenced the study participants' perceptions. Moreover, the relationship between perinatal weight gain and male perceptions of perinatal weight gain needs to be investigated in a more racially and ethnically diverse population.

The participants in this study were unusually nurturing and accepting of pregnancy-related weight gain, which might again be related to the fact that many of the men worked in health care or to the social desirability factor. Relatedly, it may be that the participants felt comfortable sharing their thoughts and that they did not try to conform to society's expectations for men (e.g., a tough attitude, insensitive). A larger interview sample might yield different responses.

RECOMMENDATIONS FOR PRACTICE

The findings from this study suggest that male partners may need additional education regarding

physical changes related to pregnancy. Men who are included in prenatal care from the beginning may also have a more realistic expectation about what is happening with the pregnant woman and why weight gain during pregnancy is important. Men should be educated on healthy pregnancy weight gain guidelines of 25–35 lb for normal weight women (prepregnancy) to help their partners achieve the healthiest pregnancy possible.

Nurses should support both mothers and fathers as they struggle with the transition to parenthood. The initial postpartum period is an especially stressful time for new or seasoned parents. Prenatal education can include content that focuses on nutrition and physical fitness, and the male partner should be encouraged to attend these sessions. Interventions that assist the couple to openly communicate would be a welcome asset to individual initiatives aimed at only the mother or father. The new family's well-being may also be promoted with family-based interventions. Table 1 lists recommended strategies that nurses and childbirth educators can employ to promote healthy weight gain during pregnancy and weight loss during the postpartum period.

Future studies could include a postpartum weight loss intervention with the mother and the baby's

Men's perceptions of pregnancy-related weight gain can positively or negatively impact maternal and newborn outcomes.

father that includes group exercise and nutrition sessions with on-site child care. Other studies that included similar group interventions and focused only on postpartum women found no significant improvement in weight loss or activity. Participants in these studies cited the lack of child care, lack of time, and stress of caring for a newborn as reasons why they were unable to fully participate in the interventions (Østbye et al., 2009; Walker et al., 2012). A family-centered intervention with social support from the baby's father may help overcome barriers revealed in previous studies.

Providers should assist women to balance weight gain during pregnancy and promote postpartum weight loss as a mechanism to prevent obesity. Ferrari et al. (2010) found that 89.1% of women in their study did not receive any advice about weight loss from a health-care provider and that 77.4% did not receive any advice about physical activity from a health-care provider during the 3-month postpartum period, missing a crucial opportunity to influence weight retention in the long term. It has been shown that women who gained excessive weight during pregnancy retained the most weight at 1 year after childbirth (Linné, Dye, Barkeling, & Rössner, 2004). It is clear from the perceptions of men about pregnancy weight gain that weight gain really does bother the mother of their children after childbirth, even if it always does not bother the men. Therefore, health-care providers must address the concerns of weight gain and retention in the postpartum period. Also, because half of the pregnancies were unplanned in this study, preconception counseling that includes diet and exercise should be provided at well-woman checkups to help women achieve their optimal weight before pregnancy.

CONCLUSION

The experiences and perceptions of men play a major role in the development of a healthy family. Men's perceptions of pregnancy-related weight gain can positively or negatively impact maternal and newborn outcomes. It is important to understand these perceptions so that men can be included in interventions to promote healthy weight gain during pregnancy and to promote weight loss during the postpartum period. Careful attention to

TABLE 1

Recommended Strategies for Nurses and Childbirth Educators to Promote Healthy Weight Gain During Pregnancy and Weight Loss During the Postpartum Period

- Include male partners in all education sessions with their pregnant or postpartum female significant other.
- Incorporate strategies into each encounter to educate men on appropriate weight gain during pregnancy and postpartum weight loss strategies.
- Role model appropriate strategies and supportive behaviors during visits.
- Educate men on physical changes of pregnancy and weight distribution of the fetus, amniotic fluid, increased blood volume, and placenta.
- Explain that water retention is a common cause of weight gain during the later part of pregnancy.
- Reinforce that adequate weight gain in pregnancy is necessary for normal growth and development of the fetus and is associated with improved outcomes.
- Explain that the pattern and consistency of weight gain is also important to ensure a healthy pregnancy.
- Discuss typical patterns of weight loss postpartum (e.g., women may have a significant weight loss initially, but the remainder may be more difficult to lose).

weight management during the childbearing years can prevent long-term weight gain and obesity. Supporting women in their weight management efforts will benefit women and their families. Women tend to be the guardians of family health; so, when women are healthy, families tend to be healthy, too.

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