



## Moving Mums Initiative:

# Tailoring Physical Activity for Sheffield's Diverse Maternal Communities

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## Preamble

This report has been commissioned by The Active Pregnancy Foundation as part of the Moving Mums Initiative, funded by Sheffield Teaching Hospitals NHS Foundation Trust. The initiative aims to enhance maternal and infant health outcomes by promoting physical activity during and after pregnancy in the communities of Burngreave, Parson Cross, and Darnall, which have been prioritised due to ongoing efforts to address health inequalities and improve maternal healthcare within Sheffield.

The report highlights insights gathered from women in these areas during the Patient and Public Involvement (PPI) phase, focusing on their needs and preferences for physical activity. Such feedback is essential for developing culturally sensitive and accessible initiatives that empower women to remain active throughout their childbearing years.

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## Project Partners



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## Executive summary

Maintaining physical activity levels during pregnancy and postpartum is crucial to both mother and baby's health (1,2). Despite recommendations, physical activity levels often fall below advised levels during and after pregnancy. Many women report a decrease in both strength and aerobic activities throughout pregnancy (3). This report explores the factors that may influence physical activity engagement in women who live in Sheffield's Darnall, Burngreave and Parsons Cross areas. A significant gap was identified for opportunities for women to be physically active in these areas of Sheffield during pregnancy and postpartum. In addition to this, women reported not receiving adequate information and guidance from healthcare professionals, leads many women to seek online resources. Participants expressed a strong desire for better support from family and healthcare professionals. Interviewees wanted access to culturally sensitive, evidence-based, and safe physical activity practices during and after pregnancy.

Common barriers hindering the uptake of physical activity included pregnancy-related symptoms, lack of time, concerns over the baby's safety and limited access to childcare. There was an interest in, and general recognition of the value of physical activity during pregnancy, however, concerns over the baby's safety seemed to be prohibitive for active engagement in perinatal physical activity. Some cultural and social practices discouraged women from engaging in physical activity, particularly within some minority communities.

To address these challenges, it is essential to promote access to trustworthy, culturally sensitive resources to shape knowledge and boost women's confidence in engaging in physical activity throughout pregnancy and postpartum. Provision of information and tailored support through healthcare professionals and fitness instructors is essential to address individual needs and cultural contexts. Interventions should focus on improving access to affordable, flexible physical activity opportunities that accommodate family and childcare needs.

## Introduction

Physical activity is key in all life stages, for health and well-being. Globally fewer women than men meet physical activity recommendations (4). In Sheffield, despite the large amounts of green space, engagement in physical activities is lower than the national average (5) and there is a notable difference between physical activity rates in areas with poorer health outcomes (6).

Women's physical activity levels are crucial for maternal and child health, yet levels remain low during and after pregnancy (3). Many women report they are unaware of safe physical activity during pregnancy (7). Current guidelines recommend that pregnant women accumulate 150 minutes of moderate-intensity physical activity each week and strength training on two days of the week (8). Postpartum, women are advised to gradually return to these levels (8).

Despite these recommendations, many women do not meet these guidelines. Studies have shown women spend a large amount of their time being inactive during pregnancy, which may have negative impacts on both maternal and child health outcomes (10, 11). Women report a significant decline in aerobic and strength-based activities during pregnancy (3, 7). After giving birth, many people continue to have low physical activity levels, which can slow their recovery (12, 13). For women who do return to activity, engagement is often at a lower intensity (14).

Over the last half century, antenatal physical activity has emerged as a powerful preventative tool to reduce major pregnancy complications (15). Depression, pre-eclampsia and gestational diabetes are reduced by 40–67% without increasing the risk of adverse pregnancy outcomes, including miscarriage, preterm delivery or small for gestational age baby (14, 15, 16, 17, 18). However, obesity remains a large problem among pregnant and postpartum women which may exacerbate these risks (19). Additionally, women who partook in physical activity during pregnancy had reduced odds of instrumental delivery and caesarean section (15). Overall, engaging in physical activity during pregnancy may mitigate specific complications that may arise during this period.

However, numerous barriers prevent women from achieving these activity levels. Postpartum women cite major barriers to being physically active, including time constraints, childcare responsibilities, and a lack of adequate support (3, 20). During pregnancy, women suggest they have a lack of confidence and lack of information on safe physical activity during pregnancy (7). In addition, physical issues such as pelvic pain (21), lower back pain (22), sickness and exhaustion during pregnancy hinder physical activity uptake (23). Postpartum women who report fatigue are more likely to engage in sedentary behaviours (24, 25). It has been reported women express a desire

to be more active despite barriers, however, they often feel unsupported in their efforts (3).

Since midwives and health visitors are the main contact points for pregnant and postpartum women, they are in a pivotal position to change women's behaviour (7). However, it has been reported only 51% of pregnant women and 76% of postnatal women reported receiving any information about staying active during pregnancy or after childbirth (3). Subsequently, women express a fear of harming their baby when being active throughout their pregnancy (26). This lack of professional support has driven women to seek information online despite expressing a strong desire for clear and consistent advice from healthcare professionals (12, 29).

Gaining a deeper understanding of women's experiences and perspectives on physical activity and support services available to them is key. Recognising women's experiences on a local level is paramount to implementing interventions and improving access to physical activity (30,31). The local area plays an active role in women's barriers to exercise postpartum (31). Women report poor access to affordable and appropriate physical activities in areas of higher deprivation (25). This highlights the importance of infrastructure on women's participation in physical activities either postpartum or during pregnancy and the importance of tailored advice to women's environment (7). This report explores the perceived capabilities, opportunities, and motivation of women living in Sheffield's Darnall, Burngreave and Parsons Cross areas. These areas are indicated as some of the most deprived within the city of Sheffield and fall within the 10% most deprived neighbourhoods in the country (32).

## Methods

A purposive sampling strategy was used during study recruitment (32). The study was advertised via poster and shared within professional organisations, local networks, Facebook and local communities. Local communities included local family hubs, Operational Refugee And Migrant Maternal Approach (ORAMMA) peer supporters and Sheffield Young Explorers. Women who were interested in taking part contacted the research team to register their interest. Those who were pregnant or had recently had a baby and lived within Burngreave, Parson Cross or Darnall areas of Sheffield, were eligible for inclusion. Recruitment took place between June 2024 and August 2024 and continued until no new topics were emerging from the data.

Participants could choose to take part in either an online or in-person session. In total, five online sessions and three in-person sessions were delivered, lasting between 90-120 minutes. The size of the groups varied from 1-14 due to the recruitment strategies employed.

A semi-structured interview schedule based on the COM-B model of behaviour change (33) featured open-ended questions to prompt in-depth responses from participants (see Appendix 1) (34). Women were asked about their experiences of being active before, during and after pregnancy. Their perceived capabilities, opportunities, and motivations were explored in the context of their local area. A workshop schedule was used for comparative purposes and to enhance consistency.

## Data analysis

Qualitative data analysis was managed using NVivo software. An inductive approach to analysis was undertaken using a thematic approach (35). The data was analysed using the following approach: data familiarisation, thematic coding based on the COM-B model, identification of sub-themes within the framework, refining the themes, searching for patterns within the data and combining smaller themes into main categories (36). The analysis is presented descriptively with direct quotations presented to show and confirm the researchers' interpretation.

## Ethical considerations

Ethical approval was obtained from the Sheffield Hallam University Research Ethics Committee. Before the interview participants were emailed a participant information sheet and consent form. Participants either electronically signed the consent form or returned the form in person. A £20 gift voucher was given to compensate them for the time to participate in the interview. The confidentiality of the participants was maintained by using codes within the transcripts and descriptive quotations provided below.



# Results

## Participants' characteristics

Thirty women were interviewed, twenty-six of whom had one or more children, and four were currently pregnant. Table 1 and 2 describes the characteristics of the participants.

Table 1: Interviewee Demographics (N=30)

	Women who have had children recently	Pregnant women
<b>Total 30</b>	26	4
<b>Ethnicity</b>		
<b>Asian</b>		
Pakistani	6	1
Bangladeshi	4	
Chinese	1	
Indian	1	
<b>White</b>		
White	6	2
White other	2	1
<b>Black</b>		
African	3	
<b>Arab</b>	1	
<b>Country of birth</b>		
Born in the UK	14	2
Born outside the UK	8	2
<b>Age</b>		
<30	3	3
31-35	8	1
36-40	3	
41-45	4	
45+	2	
<b>Age of youngest child (years)</b>		
<1	6	1
2-3	7	1
4-5	4	
6+	2	
<b>Education</b>		
Junior/ senior high school	7	
Undergraduate degree	8	2
Postgraduate degree	4	2
<b>Jobs</b>		
Full-time mum	10	
Healthcare or caring role	4	1
Education role	4	1
Administrative role	2	1
Other		1

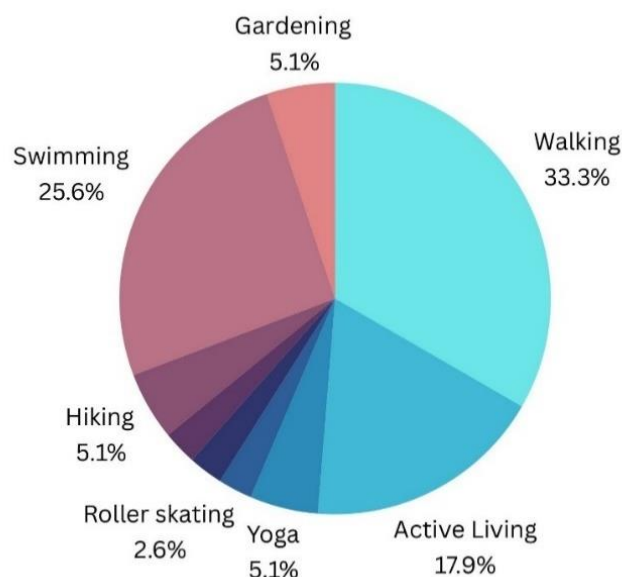
Table 2: Women's previous pregnancies

		Number of children
<b>Total</b>		108
<b>Weeks of gestation of the youngest child</b>		
	32-37 weeks	2
	37-39 weeks	6
	39-41 weeks	9
	41-42 weeks	3
<b>Mode of delivery of youngest child</b>		
	Vaginal Delivery	11
	Assisted vaginal delivery (forceps)	2
	Assisted vaginal delivery (vacuum extraction)	2
	Emergency Caesarean section (C-section)	5
	Water birth	1

The mean age of mothers was  $35.40 \pm 6.41$ , who in total had 108 children. The mean age of the youngest child was  $2.96 \pm 2.05$ .

### Activities women undertook

Women enjoyed doing a mixture of activities. Most popular were lower-impact activities including walking, swimming and active living.



\*Active living included cooking, shopping and cleaning.

Figure 1: Activities women undertook during pregnancy and postpartum

## Themes

Thirteen themes were found and mapped to the COM-B model of behaviour change.

Table 3: COM-B Table

COM-B		Barriers	Facilitators
Capability	<b>Physical</b>	<b>Physical Limitations:</b> Pregnancy symptoms: Pelvic pain, Nausea Postpartum symptoms: Tiredness, Lack of energy	<b>Postpartum Physical Benefits:</b> Easier labour & recovery. Starting exercise slowly.
	<b>Psychological</b>	<b>Lack of Information and Guidance:</b> Insufficient amount of guidance about exercise, exercise not mentioned & poor advice about exercising with conditions.	<b>The desire for information:</b> Proactively seeking information online or asking HCPs Receiving information from HCP Listening to their own body
Opportunity	<b>Physical opportunity</b>	<b>Resource Availability:</b> Time: Mum's time is valuable, time of classes, and working. Cost Childcare Availability of pregnancy-specific programs  <b>Environmental factors:</b> Inadequate accessible spaces, Transport, Location of programs, knowing programs are happening.	<b>Resource Availability:</b> Cheap or free Walking: Dog More time during maternity leave. Children make you more active  <b>Environmental factors:</b> Good facilities in the local area Sheffield Green spaces Easy to access: women can drive or good public transport
	<b>Social Opportunity</b>	<b>Cultural &amp; Societal Pressures:</b> Lack of support from family and friends Stigma and familial expectations Fear of judgement	<b>Community and Support Networks:</b> Friend and family encouragement Being from an active family
Motivation	<b>Reflective</b>	<b>Health Beliefs &amp; attitudes:</b> Fear of hurting self Physical activity is not a priority	<b>Health beliefs &amp; attitudes:</b> Exercise is good for mental & physical health Exercise is 'me' time Feeling proud after exercise
	<b>Automatic</b>	<b>Emotional &amp; Psychological State:</b> Fear of hurting the baby Fear due to previous pregnancy experiences	

## Perceived Capability

### *Psychological Capability Barriers:*

#### Lack of Information:

Participants highlighted the lack of information they received from healthcare professionals about engagement in physical activities during and after pregnancy. Women described never or not remembering ever being told about being active during pregnancy or postpartum by any healthcare professional.

*“I don't know. I probably had a leaflet thrown at me. When you're in the hospital, they usually just say, “here's a bunch of leaflets”.* **MM24**

*“This is not information that you generally get from your care providers. It's just what you see around on the internet, things like that.”* **MM25**

Participants suggested there was a need for more in-depth information about physical activity during pregnancy and postpartum with some women feeling their questions weren't answered, leading to women being left unsure about what activities were safe to do.

*“They only say, there's only one sentence when I go to doctors, “be physically active,” that's it.”* **MM10**

One woman shared that her healthcare professional told her to stay at home during her pregnancy and she was asked first by neighbours about being active during pregnancy.

*“So I think it was, it was actually my neighbour, I used to, I used to do exercises, said have you got any plans for yoga? And I was like, “no, no, no one said anything to me.” So then I just went on YouTube, so I'm watching videos, or vlogs”* **MM16**

Participants received information on postpartum pelvic floor exercises, however, women did not fully understand how to perform them, leading to confusion.

*“The only bit of information that I got was on the pelvic floor, exercises and that, again, that's the bulk of what you get. And how do you do it?”* **MM3**

Participants mentioned not getting information from their healthcare professionals about being active with certain conditions, leading some to conducting their own research online on how to do so safely.

*“Looking back, I don't think there was anything that I was advised that was specific to my situation.” MM30*

*“I was told that, because my cervix just starts opening up with physical activity. So, I was told that I can't, but I wasn't told how I safely could. I would have preferred to know” MM4*

Common reasons for women receiving minimal information about being active during pregnancy and postpartum were described as healthcare professionals not having time to talk about the topic or being dependent on which healthcare professional you had to assigned to you.

*“I think professional advice is it is very important, or it should be very important, but it depends who you are assigned to. So, because some people they will give all their time to the patients, but the others they just gonna be there for the salary” MM29*

One woman was told by her healthcare professional not to take part in physical activity whilst pregnant unless she was active before her pregnancy.

*“I thought if you did your exercise before you could carry on, but don't start now if you're pregnant, that's what I was told.” MM10*

## Psychological Capability Facilitators

### Listening to their bodies:

Listening to their bodies was of high importance to women. Women valued combining a mixture of healthcare professional advice and their intuition or instinct.

*“And as I was progressing throughout my pregnancy, thought, no, actually, I shouldn't be doing that. So, I've actually found it ok to work out myself and obviously following some guidance that I found online as well” MM28*

*“Yeah, I think it's when you're pregnant, you know your own, well everyone knows their own body, but you can feel it, I think, in me anyways. So when my body, when I felt exhausted, I'm like, right, I need to, I need to look to the side, whether that's fitness or just general housework.” MM7*

Women said they received information about physical activity during pregnancy or postpartum.

*“I love my fitness classes and stuff like that. No athlete. But you know it was a big part of my life. And then, when I became pregnant, I was advised to continue that as much as possible, because nothing I was doing was unsafe.” MM30*

*“you're given initially when you go for your first check-up and everything, they have to give you the sheets of the healthy eating and healthy exercises to do, then obviously it's up to us to decide what to do.” MM11*

*“the midwife told her [MM1], get out and walk. So, at first, she was hesitant, but then she did listen to the advice.” Translated*

Participants felt they received information about physical activity for different reasons i.e. with their first child, due to their gestational diabetes diagnosis or postpartum and were signposted to other specific resources, classes or websites. A few women felt the need to be proactive and prompt their healthcare professional to talk about their physical activity levels.

*“I went for my like post, you know like 6 to 8 week check it wasn't mentioned until I asked.” MM8*

Women who desired more information about safe activities during pregnancy conducted their own research online such as on YouTube or social media platforms.

*“I just sort of looked on online, it's sort of like. People who specialise in like things like postpartum yoga and things like that, just like videos that they've posted. But you kind of you've got to presume that they know what they're talking about. You've just kind of got to trust that that's the correct information and just do what suits you.” MM8*

*“I follow a few people on Instagram that are like kind of, I guess, mum, fitnessy types that'll talk about like, at what point is this type of movement safe” MM26*

*“It was more finding out, and what I can and can't do what is safe, what's unsafe. And so, yeah, I've just been having to Google, because I've been going to be honest to find out what what what I should be doing,” MM28*

### *Physical Capabilities Barriers:*

#### *Pregnancy symptoms:*

Detailed experiences of pregnancy symptoms, such as pelvic pain, tiredness or low energy, sickness, placenta previa, sciatic nerve, cholestasis and other areas of pain, were described by women as reducing their capability for movement.

*“Sometimes I can't pick up a glass of water. Sometimes I can't pick up a glass of water because of the pain in my joints. And I never thought that this was pregnancy related.” MM18*

*“Things like that. I had to be active with the third one because she'd really done something to my body, my hips, my back, everything. If I sat still, it would just freeze and I couldn't move.” MM25*

*“If you say to me, during that period of time, go and walk outside, that would have made it worse because the smell of people, the smell of everything triggered everything.” MM5*

#### *Struggle to regain momentum Postpartum:*

Women reported suffering from a lack of energy and tiredness postpartum, which hindered their desire to be active. This was exacerbated for some women who suggested that being active felt harder postpartum.

*“I'd say, time, yeah, 100% when I am at work and finding the motivation after a long day, just to do a bit of exercise is difficult. But being off at the minute. I just feel like I've got that bit more freedom and and energy and been able to be bothered.” MM28*

*“It's harder to go do the exercise as well because once you have the baby out, you're not going to look after the baby. If you want to go do exercise, it's harder, so you're feeling more down. You're feeling a bit more hard on yourself” MM3*



Participants reported facing physical challenges during their recovery and while engaging in physical activity, including difficulties related to a challenging birth and labour and navigating infant feeding alongside being active.

*“I feel it more within my body. Especially since I had the epidural. I feel there's an ache in my lower back I could probably exercise much more before pregnancy than I have after I think it's physically much harder as well” MM23*

#### *Physical Capabilities Facilitators:*

##### **Starting slow and building up:**

Women said starting slowly and tailoring their activity levels depending on pre-pregnancy engagement helped them reach their desired physical activity levels.

*“I was already quite active, so the advice for me was just to continue, although I wasn't able to, and I'm sure we'll come onto it. But I wasn't actually able to continue being as active as I was, I would have liked to. But yeah, my understanding is that whatever you were doing before as long as it's safe. Just continue with that, or introduce some gentle exercise.” MM30*

*“To be honest, I'm not 100% sure, because I've not got to that point myself yet, and I'm sort of just taking each week as it comes. Really. So at the moment I'm still pregnant, I'm just like seeing what I can do as I'm pregnant each week. And but then I do really want to make sure I do try and keep active after childbirth as well to try and get back to how I was.” MM28*

## Perceived Opportunity

### *Physical Opportunity Barriers:*

Time to be active:

The primary challenge women faced was time. Many expressed that they did not have enough time to engage in physical activity, with participants suggesting that one contributing factor was the time required to prepare to leave the house with children.

*“And but with, like, you're doing under five, it's more stressful. You've got to think about prams, holding hands, wings, harnesses. You don't want to run off in the streets. Where are you going to be? How are you going to get there? How are you going to be there? Are you going to come back? Do they need food, snacks? Do you still have a pram?” MM24*

Participants also had concerns about the timings of classes and wanted more weekend activities due to clashes with work.

*“There are gym, gym swim nearby, and then for the baby, we will go to the like the I think family home. Which is, they organize the baby groups. So the baby play and stuff so. But that is appropriate only where, if you are on maternity, because usually it's only in the mornings.” MM29*

Additionally, women expressed a desire for more flexibility in class schedules due to the unpredictability of their infants' routines.

*“If it's cheap as a factor at the moment, I guess again, because if I know I'm going to show up and be tired and not manage to do it, that well, or I might be late if I'm having to pay more for it. That boots me off, because I don't feel confident. I'll you know. If then I was 45 min late, and I only got the last 15 min. I think I'd then I would have added extra pressure on myself to try and make the most of it if it was expensive.” MM26*

### Money matters:

Financial constraints also posed a barrier to engaging in physical activity. Women cited the costs associated with activities, travel expenses, and the added expenses of bringing children along, which deterred them from participating in activities outside their local area.

*“And I was a regular gym goer. I was trying to go to the gym about 4 times a week, and but then the boosted the prices up, and then that, along with being pregnant, I was paying quite a lot to go to the gym but then, having to sort of change what I was doing, and I found what I was doing at the gym. I could do at home, and so I did quit the gym to save money because maternity pay is shocking.” MM28*

*“Because most women, they would not go by themselves, they're just driving a whole bunch of kids. So it's £3, £3, £3, £3, £3, £3. So actually it's the cost of taking everybody there as well.” MM11*

*“We've recently gone out a few times with local families to the peaks and done stuff, and and then everyone's like scrambling on the rocks. They're going for a walk, and it's free, which is a big thing at the moment, because everyone's short on money. You haven't booked onto it. So there's not that anxiety of like, what if someone's sick or we're tired.” MM26*

### No childcare:

Access to childcare posed another barrier for women, making it challenging to incorporate activity into their schedules alongside their family commitments. This issue was further complicated for some women due to the absence of nearby family members who could provide childcare support.

*“Friends have said in the past. “Oh, if you want to go back to dance, we'll babysit.” But it's not really materialised so far.” MM27*

*“What makes it easy? If you have accessibility, if you have childminders, that's you pick up your kid, what's I'm doing my yoga. Childcare, childcare.” MM4*

Environmental:

Women expressed concerns about the limited availability of safe and accessible spaces in their local areas. Additionally, they desired more options for physical activity that cater to their needs within their communities.

*“So the rest of them were all over the other side of town and I was kind of like, they're in an evening. I don't really want to trapse all the way across Sheffield at like 8:00 at night. I'm tired.” MM8*

*“I don't think we have the facilities within Darnall at all, because I find myself, there really is myself and my kids, I have to travel to the other end of Sheffield in order to get to the right facility, especially like in swimming or the gym things like that.”*

**MM16**

In addition to this, women reported that there was a lack of pregnancy physical activity classes in their areas or suggested they were unaware of any other suitable classes.

*“We've got sport activities in Darnall, you've got the Urban Centre, you've got a lobby, all of these offer physical activities. But pregnant. Nothing specific. Nobody's going to tell me when I go in that this is appropriate for you as a pregnant woman.” MM5*

*“So, you know, for during pregnancy, after pregnancy? You've seen like on TV, don't you, in the American shows where they have these sort of like, pregnant ladies going to like, during the park and things like that, that type of thing sounds great. And sitting on your birthing ball and practice exercises whilst on that, but I don't think there's anything more.” MM24*

*“After I had her, I have to look myself again on the internet, right, what is there like mother and baby stuff? .... And I'm like, oh, there's a mother and baby session going on in Huddersfield. I'm like, I'm not driving to Huddersfield for an hour session... There was nothing locally, nothing at all.” MM7*

This was highlighted further when physical activity classes were not communicated with them by organisers.

One woman described attending a discovery session focused on identifying local resources that women may need, and upon the session's start:

*"They didn't even email to let me know it was on. So I had sort of found out via someone else. But yeah, a bit strange." MM27*

*"No, I didn't do anything. Yeah, that was specific. I mean, I am aware that there's sort of mom and baby fitness type things on offer, but I wouldn't know where to go to look for that kind of information" MM30*

Other environmental factors such as bad weather reduced motivation for women to be physically active and one participant had concerns about personal safety in local areas.

*"You just go for a walk and make some free. I've personally not gone yet. I think mostly because of the weather, he's a winter baby and then it's done nothing but rain since" MM8*

*"You just go for a walk and make some free. I've personally not gone yet. I think mostly because of the weather, he's a winter baby and then it's done nothing but rain since" MM8*

*"if the weather is bad, you can't go out, especially if it's an out outdoor activity." MM9*

#### *Physical Opportunity Facilitators:*

#### *Nearby Resources and Outdoor Spaces:*

A key enabler identified by women was the proximity of resources, as they expressed a need for these services to be close to their homes. Additionally, women highlighted the ease of being active in Sheffield, citing the convenient access to outdoor spaces.

*"Proximity to my house. The classes just I can walk down there, which is brilliant because nothing's ever near about my house, really." MM27*

Women found walking highly accessible some highlighted walking the dog to stay active, while others noted its cost-free nature and its use as a mode of transport. Additionally, some women mentioned that using baby carriers and slings helped them remain active with their newborns.

*“Was every day after after birth, so maybe 3 weeks after I would go for a walk, and it would be like uphill. So, I was pushing the I would push the chair with the baby, and I would take all the things, and I would just go by walk, and everybody said, Oh, why, you just don't take the bus, I said. That's not the point. The point is that I can't do much, but at least I can walk.” MM29*

*“it's a must. You must go out every day. You must have that walk every day. Everybody else can wait. The house can be a tip. It doesn't matter. You need to go out every day.” MM11*

Participants suggested that having children encouraged greater engagement in physical activities, as they wanted to take their children outside and keep them active.

*“I don't know. It feels like people are like wanting to go on bike rides and country walks and climbing and stuff, if nothing else. Again, for the sake of the kids.” MM26*

Time off work:

Participants reported that time off work, including maternity leave and holidays, increased their activity levels due to having more time available for themselves.

*“And then I will start maternity. But I would like to be more active.” MM29*

*“So I'm on 6 week holiday at the minute. So I found that actually, I'm more active now because I've got more time to sort of walk the dog, so I'll do an hour and a half, walking slash, jogging sometimes with the dog, and and then do like a little bit of a home workout as well.” MM28*

*Social Opportunity Barrier:*

Not enough support from loved ones:

Women expressed feeling unsupported by friends and family in their efforts to be physically active during and after pregnancy, which contributed to the challenges in maintaining an active lifestyle. Additionally, some participants noted that family members living far away limited the support they could receive.

*“The family aren't close, though I mean they would support me going, but they can't physically support me” MM27*

One woman described her family as unsupportive and expecting to be:

*“Served like a king and that's it. Yeah. They just... I always say they, but expect, expect, expect. And if it's not done, then you know, it's not good. But no, there's no support.” MM25*

Partners, or friends' partners were described as being unsupportive of women's physical activity due to their stance on a woman's place in the home.

*“Women who I know personally, their husbands have this weird idea of the role of a woman and have this idea that a woman should be at home. And they will not [be physically active], but then they also expect her to look good for him.” MM4*

## *Expectations, judgement and stigma*

### Cultural:

Women felt pressure to conform to cultural expectations and expressed fear about being judged by family and community members regarding their engagement in physical activity, particularly due to concerns related to pregnancy loss.

*“you go to do a physical activity, you come back, and your mother-in-law's like, oh, why are you so active? You're going to lose the baby or something. That is a real thing. Worried about losing or damaging the baby. Stigmatising. Also worried, like this concern about you lose the baby.” MM4*

Cultural expectations often dictated that women should rest during pregnancy, leading some to defy their families' or friends' wishes to be physically active.

*“But I was going to the gym and I go to an Asian gym and they were like, if we see you in the gym, the ladies at the gym, they were like, if we see you tomorrow, you should be at home, resting on the bed.” MM15*

*“Because most women that have come from Bangladesh, India or wherever, they've given the opposite. They're normally told to sit and rest for that nine months.” (on behalf of MM1)*

Women spoke about the idea of a 'blame culture' negatively affecting their desire to be active. Some participants felt they would be blamed by their family if anything happened to their child, and they had been active.

*“That happened to my sister. She carried on working and she lost, she had a miscarriage and straight away it was up to my mother-in-law to blame her because she carried on working. It's, that blame culture is really big. It's really big. Even now, you'd think it's dying out. And that would be one of the biggest, I'd say, obstacles for women who don't speak the language and who may live in mixed households.” MM3*

*“There's a blame culture in some communities. If a woman is, if a woman in some communities, especially if you're living with in-laws, if you are regularly going out to do exercise and something happens in your pregnancy, it's your fault.” MM5*



Women discussed having the confidence to ignore the expectations of others and continue being active during pregnancy.

*“But even they had a stigma and in regards to a woman going out too much, despite me being very, very independent and I don't care, I'm going to go out if I want to go out. I still found myself bound by that. Because I'm in their household and I'm aware of creating a safe space for me. But that, I'd say that. You're a strong woman, but still, it does impact you. I appreciate the constraints that I take into account.” MM4*

*“You know, where sometimes you get affected, but you know, because of me. And I'm like, no, I'm going to keep it up. So I was getting this, you know, we don't want to see, because it was really intimidating actually.”*

**MM15**

Other cultural expectations were suggested such as women remaining indoors after giving birth, limiting the opportunity to be active. Fear of judgment from other women was expressed for resuming physical activity too quickly postpartum, which made her feel less confident in starting.

*“There's also there's always someone as well that would be like. Oh, it's too soon to do that after having a baby, and you shouldn't fear judgment of others. But I'm only human, you know, like you're at mum groups and things.” MM30*

#### *Social Opportunity Facilitators:*

##### **Encouragement from friends and family:**

Participants reported feeling encouraged by their friends and family. They described how friends played an active role in motivating them to stay physically active, including:

*“Like my sister-in-law, they'll come to my house, they'll be like, come on, let's go for a walk. And I'll be like, nope, [and she says] I'm dragging you.”*

*“like every week at park, and I'm like I'm giving up. I'm never doing it again, and he's [her husband] like, no, you're not giving up.” MM30*

A recurring theme was the influence of coming from an active family. One participant noted that marrying into a family that prioritised physical activity led her to view being active as a “safe and positive” choice.

Several respondents indicated that support from their partners played a crucial role in helping them maintain their activity levels during and after pregnancy.

*“especially my partner because he do calls whenever he's free to remind me if I've, you know, walked around, you know, cause for a day. I need to take required steps.” MM9*

## Perceived Motivation

### *Automatic Motivation Barriers:*

#### Fear of hurting the baby

Some participants expressed reluctance to be active due to concerns about potentially harming their baby during pregnancy.

*“Well, I think you. Because if if you well, even if it's your second pregnancy, you don't really know what's gonna harm the baby, or doing too much. You don't want to risk the baby coming early or or hurting the baby in some way.” MM27*

*“Well for me personally, I knew that if I had ended up miscarrying and I'd been to the gym that day I knew I would never have accepted any explanation other than I caused this I would have absolutely. And you know I met a lady who's had a second, and she'd miscarried between her two children, and she had done a park run when she was newly pregnant and then miscarried, and she said she could kind of. She was kind of saying the same thing like she's got no proof either way, but she never did any more in pregnancy, because it frightened her thinking of what if I'd caused this?”*

**MM30**

There were reports of women feeling discouraged from being physically active due to negative experiences from previous pregnancies.

*“But that's because my first one was born so premature. And then all the doctors kept telling me, like, just to lay down. So now, like when I become pregnant, I instantly get scared and I don't move.” MM24*

One participant shared that she initially felt apprehensive about being physically active due to concerns about a slightly higher risk of miscarriage, which made her anxious. However, once she reached the 12-week mark and the bleeding ceased, she was more confident in engaging in physical activity.

*“They told me that it did carry a slightly higher chance of miscarriage, and I just got super paranoid, and I thought I can't manage this, but once I hit the 12-week mark and the bleeding stopped. I started going back to the swimming pool which my big thing was swimming.” MM30*

#### *Reflective Motivation Barriers:*

Several women were mindful of not *“overdoing it”* during pregnancy or when returning to physical activity, as they were concerned about the risk of injury.

*“Yeah, because obviously, you don't have a baby to risk when you when you and actually, I think I did actually exercise a little bit too long, because I think I did get some sort of old muscle which I then thought was possibly not labor, but something cause it was in my back, I was like, Oh, I've got. I've got pains in my back since going to the hospital to have it checked out, and I think it was just old muscle, but it was obviously it's a bit easier to too much when you're pregnant, because there's something about your ligaments stretched, or something.” MM27*

### Women's priorities:

Physical activity was not regarded as a priority by some women, who felt that '*other life demands*' were more important. Additionally, others mentioned that their lack of activity before having children contributed to their inactivity postpartum.

*"As a mum, I mean, I'm sure as as dads as well, or the caregivers, but like I'm quite often like the least washed, the least fed the least. It's like whatever. So I think for me, exercise fits into that box like, because it's not super immediate"* **MM26**

Other reasons women suggested activity was not their priority was due to not being from an active family and or not describing themselves as a "*sporty person*".

### *Reflective Motivation Facilitators:*

The most prominent facilitator among women was their positive attitude towards being active, which they viewed as something beneficial for themselves. Many women engaged in physical activity to enhance their mental health and overall well-being. Additionally, they reported a greater awareness of the benefits of staying active following childbirth.

*"I think it makes me feel a lot more rewarded, if that makes sense. Because when I was younger, I used to do dancing stuff. And it was more like, oh, it's a hobby. I dance and whatever. Whereas now, I'm like, no, I'm doing this because I need to be fit. Like you said, I need to make sure I'm in good health because if I were to be in hospital for two weeks, what's happening with my children?"* **MM5**

Motivations for being active also included physical health benefits, such as postpartum weight loss.

*"I mean, I've got one friend in my country, and she's been like she's my goal because she got rid of all extra weight and everything in like 6 months after, and all. And that's not something I managed to do."* **MM29**

Other participants felt that being active provided women with a sense of identity.

*“I guess, for some people, if it's something that's an important part of their lives pre-pregnancy, then I guess it gives you a bit of continuity of that identity stuff like a lot of the rest of the things in your life have changed. If you're off mat leave. So, whatever your work role was like before, you might have lost that.” MM26*

*“Something for me, something that's mine, something I can really take ownership of.” MM30*

Participants noted a shift in their views on physical activity after childbirth. Before pregnancy, some felt it was a routine obligation. However, postpartum, many found it more enjoyable, viewing it as an opportunity to get outside and connect with their babies. They expressed a desire to ensure their babies experienced the benefit of being outdoors.

*“Erm I feel like before I was pregnant, it was just kind of like part of everyday life, like, you know, and almost like felt like a chore. Like, it sounds awful, but I used to be like, I've got to take the dog out. And it's, you know, I mean, whereas now, like, ohh, it gets us out of the house. It's good for us all. Like, I'm really trying to. Get baby outside as much as possible and like get.” MM8*

Participants expressed feeling prouder after being physically active postpartum.

*“I think it makes me feel a lot more rewarded, if that makes sense. Because when I was younger, I used to do dancing stuff. And it was more like, oh, it's a hobby.” MM5*

*“I'm not naturally an active person. I've really worked at it. So I did definitely have levels of pride. But now I feel like particularly given the injuries I sustained in childbirth like I can't believe how far I've come” MM30*

Some participants expressed that they enjoyed physical activity classes for social reasons postpartum.

#### For my child:

Women wanted to remain active for their children for various reasons. They expressed the need for strength to “run after” their infants, particularly when out and about, and recognised that being active during pregnancy was beneficial for their baby’s health.

*“I need all the strength I can use, you know, run after them, especially when you’re going out. They’ll be running. You need to run after them to, you know, keep them in check. So that’s why.” MM9*

Some participants believed that being physically active themselves set a good example for their children.

*“It also educates the children to not be lazy, couch potatoes. Yeah. It’s good for the entire family’s health, children, especially.” MM25*

#### Structure to their days:

Participants noted that physical activity helped to provide structure their day after having a baby.

*“I’d say, after I’ve had the kids, it feels like last thing on my priority list, and I think I associate it so much with that pressure around like weight loss rather than just. Oh, actually, it could give you more energy, or it could boost your mental health, or it could give you a bit of structure to your day.” MM26*

Seeing others active:

Seeing other pregnant women remain active throughout their pregnancies inspired participants to keep up their own activity levels.

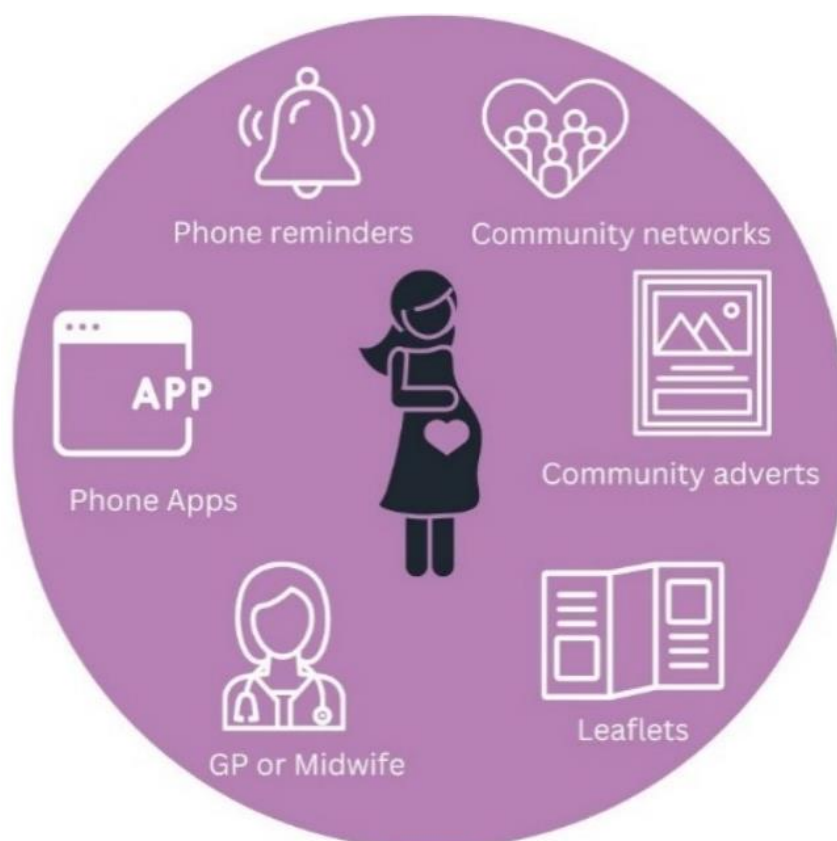
*“I witnessed a quite a long time ago. But a woman dancing right in really far into a pregnancy, and I think that probably made me feel like I could do the same, even though it's a long time later I actually got pregnant. But probably thinking about her. I must have thought oh, she did it so I can carry on sort of thing.”*

**MM27**

*“maybe quite similar. Really. A lot of the sort of homework out to do now will follow like a Youtube video which often now I'll do. I'll make sure it is a pregnancy specific one where the person in it is actually pregnant themselves. So, and again, it's if they can do it. Then then I can do it.”* **MM28**

## Future considerations

How do women want to be communicated with?



*Figure 2: How women want to be communicated with.*

Participants described communication about classes and physical activity opportunities during pregnancy as inadequate. Women wanted reminders to help them engage in physical activity on their own, using technology like text messages or mobile apps. Some preferred to receive this information from their healthcare professionals, while others thought it would be more practical to communicate through community organisations. Participants suggested that leaflets with advice on being active after a caesarean section would also be helpful.



## What do women want from physical activity?



Figure 3: What women want from their physical activity classes

## What activities are preferred?

While women were dissatisfied with the current offerings in Sheffield, their responses varied regarding what they wanted during and after pregnancy. Participants emphasised the importance of having a knowledgeable instructor leading classes, whether in person or online. Some highlighted that women-only spaces were preferable to feel more comfortable when engaging in physical activity.

Beyond traditional options, participants expressed interest in a wider range of activities, including running clubs, gym and swim sessions, and low intensity classes accessible to everyone, not just those in the perinatal period. Many women desired social, outdoor physical activities to support their mental health. Ideally, they wanted access to crèche facilities, allowing them to avoid additional childcare arrangements and keep their children nearby while being active.

An exercise class “suitable for, light stretchers, you know? Let's stretch out your muscles and things like that... but it was being made aware that there was an instructor there, who could adapt to pregnancy.” **MM4**

‘I think it would help if there are any like groups or gym, or something for pregnant women... Or so it can be in the same gym, but just like with the coach, who knows what we can, and we can't do.’ **MM29**

*'It would have to be, like, pregnancy-specific activities with someone running it who is in the know of pregnancy, and exercise and pregnancy, and possible issues, complications, things like that. So you want those people who are really educate. Not just a random swim aerobics person.'* **MM24**

*"People who specialise in like things like postpartum yoga and things like that, just like videos that they've posted. But you kind of you've got to presume that they know what they're talking about. You've just kind of got to trust that that's the correct information and just do what suits you."* **MM8**

## Recommendations



*Figure 4: Future recommendations*

## Conclusion

The findings in this report indicate that women in Sheffield face challenges in being active during and after pregnancy. Many women encounter significant barriers, including pregnancy-related symptoms, time constraints, and childcare responsibilities. Addressing these barriers is essential to creating an environment that encourages and supports women to engage in regular physical activity, particularly those with limited access to childcare.

The findings also highlight the need for tailored support and clear messaging to facilitate safe and effective physical activity during pregnancy and postpartum. A notable gap exists in the provision of advice and guidance, with many women reporting that they received little to no information from healthcare professionals. This lack of professional input often leads women to seek information online, although concerns about the reliability of these sources persist.

To bridge this gap, it is recommended that healthcare professionals, alongside fitness and sports instructors, play a more active role in providing clear, consistent advice on physical activity. Tailored programmes that cater to the needs of women, particularly in terms of flexibility, cost, and childcare availability, are necessary to facilitate engagement. Encouraging more culturally sensitive interventions may also help address the social and cultural pressures that prevent some women from participating in physical activity.

In addition to professional guidance, women have expressed a need for easily accessible, evidence-based resources on physical activity during and after pregnancy. Ensuring the visibility, trustworthiness, and appropriateness of these resources is critical in boosting women's confidence to participate in physical activity safely. Building a supportive infrastructure, through both healthcare and community resources, will be crucial in keeping women engaged in physical activities throughout their childbearing years.

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# Appendix 1: Semi-Structured Question Schedule

## Capability:

- What is your understanding of 'being active' during (a) pregnancy and (b) the first year after childbirth? What does 'being active' look like?
- What do you think the benefits are of 'being active' during (a) pregnancy and (b) the first year after childbirth?
- What information has been given to you? Where did you get this information from? Was this given to you proactively (i.e. without you raising the topic) or did you have to ask/look for it? Do you understand most of the physical activity advice that you've been given?
- How important is the advice of your healthcare professional during and following pregnancy?
- Do you feel able to be physically active in the way that you would like to? Can you explain why?
- What physical activities do you feel able to engage with at this time? Can you explain why?

## Opportunity:

- What opportunities are there for you locally to be physically active? For example, groups/classes, places, facilities? How suitable are they for you? What else would you like to be on offer?
- Would you describe your partner, friends and family as active? How supportive are your partner, friends and family of you being active at this time?
- What are the factors or circumstances that make it easy or enable you to be physically active?
- What are the factors or circumstances that make it difficult or prevent you from being physically active?

## Motivation

- What would you say are the main advantages to you being physically active during your pregnancy and beyond? [Prompt for self, baby, family etc.] Are these different from before you were pregnant?
- What would you say are the main disadvantages to you being physically active during your pregnancy and beyond? [Prompt for self, baby, family etc.] Are these different to before you were pregnant?

- How does being physically active make you feel at this time? Is this different to before you were pregnant?
- Can you think of any experiences or examples that have inspired you to be physically active during your pregnancy and beyond?
- Can you think of any experiences or examples that have deterred you from being physically active during your pregnancy and beyond?
- What is your burning question about being active during your childbearing years?