

A qualitative exploration of the wants needs and differences between Ireland and the UK for a cooking programme during pregnancy

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Healthy cooking and eating are a challenge during pregnancy. However, optimising maternal nutrition is important as it impacts on pregnancy and infant outcomes⁽¹⁾. Culinary nutrition programmes have shown promise for improving diet quality and numerous health outcomes during pregnancy and the postpartum period⁽²⁾. Therefore, in line with the MRC's framework for developing complex interventions⁽³⁾, this research aims to understand wants and needs of such a programme combined with regional differences between the United Kingdom (UK) and Republic of Ireland (Ireland). The study involved online focus group discussions with pregnant women and those who have experienced pregnancy in the UK and Ireland between February and April 2022. Convenience, snowball sampling and social media advertising were used to recruit.

Participants received a £/€50 voucher for their time. Ethical Approval was received from Queen's University Belfast (Ref: MHLS 21_138). Group discussions were recorded and transcribed verbatim. A deductive thematic analysis will be conducted by two researchers (FL, CMK), preliminary findings are presented. Six groups were conducted with UK participants (n = 28) and seven with Ireland participants (n = 25). Mean gestational age (weeks) was (UK) 26.21 (SD 7.80) and (Ireland) 22.56 (SD 8.63). The majority of participants from both regions had the primary responsibility for meal preparation before and during pregnancy and reported feeling pressure or guilt around their pregnancy eating behaviours. Participants felt that a pregnancy specific cooking/food programme would be beneficial, especially for first time mothers. Important suggested topics included 'planning, batch cooking, storage and using leftovers,' 'making quick and easy convenience meals,' 'cultural inclusivity and alternatives for adapting meals for pregnancy aversions and/or safety,' and 'important food for different stages of pregnancy and post pregnancy.' Participants from both groups stressed the need for flexibility and a supportive network. The main differences between regions related to programme structure, Ireland participants preferred an online programme or hybrid structure, whereas UK participants preferred an in-person or hybrid structure. Additionally, cost was a bigger factor for Ireland participants, who felt that if the programme was not within the Health Service Executive (HSE), some cost should be claimable back from health insurers, to incentivise enrolment. UK participants also felt the programme should be connected to the National Health Service (NHS). While both regions believed in the programme value, the endorsement from respective health services was seen as important for programme uptake. There is a clear interest in and support for a flexible cooking and food skills programme during pregnancy. It would be beneficial for the programme to have the support of the HSE and NHS.

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