



## Perceived Factors Influencing Postpartum Weight Gain among Nursing Mothers Attending Postnatal Clinic at Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria

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Abstract	Article History
<p>This research was carried out to assess the factors influencing postpartum weight gain among nursing mothers attending Post-natal Clinic at Lagos State University Teaching Hospital, Ikeja. Three objectives guided the study which were to identify the factors influencing postpartum weight gain, to assess the perception and attitude towards postpartum weight gain among the nursing mothers. A cross-sectional research design was adopted for the study, in which only one hundred and eighty-eight (188) of them met the inclusion criteria. Questionnaire was the instrument for data collection, data was analyzed using SPSS version 25, and presented on frequency percentage tables. Findings from the study revealed that the perceived factors influencing weight gain after childbirth among nursing mothers was mainly post-natal in nature; due to the use of family planning method 109(57.8%); followed by the consumption of fast food 93(49.3%); and inadequate physical exercise 66(35.2%) as the main factors. Their perceptions towards postpartum weight gain was majorly poor as 139(73.9%) of them affirmed that there is satisfaction with their present weight. An evaluation of their attitude towards weight gain after childbirth revealed an overall negative attitude towards the concept, as majority 132(70.4%) of them agreed that family planning can cause nursing mothers' weight gain; about half 95(50.7%) of them attested to exercise being necessary after delivery to maintain healthy weight among nursing mothers. The study found a significant relationship between the perception and attitude of nursing mothers towards postpartum weight gain (<math>r = .863</math>; <math>p &lt; .05</math>). Based on these findings, the study concluded that there is an urgent need to positively improve nursing mothers' perception in order to improve their attitude towards weight gain after birth, through ante-natal health education, sensitization programmes and community mobilization addressing factors negatively influencing mothers' perception and attitude towards postpartum weight gain especially during the ante-natal period.</p> <p><b>Keywords:</b> <i>Factors, Postpartum weight gain, Nursing mothers, Perception and attitude</i></p>	<p>Received: 15 Aug 2024            Accepted: 25 Aug 2024            Published: 10 Sept 2024</p> <div data-bbox="1241 981 1449 1189" style="text-align: center;"> </div> <p style="text-align: center;">Scan QR code to view*</p> <p>License: CC BY 4.0*</p> <div data-bbox="1225 1323 1482 1391" style="text-align: center;"> </div> <p style="text-align: center;">Open Access article.</p>
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### Introduction

Obesity and overweight have emerged as major public health concerns with far-reaching social and economic ramifications. The World Health Organization (WHO) reports that between 1975 and 2016, the prevalence of obesity doubled, impacting more women than men. Additionally, obesity and overweight have been linked to an increased risk of developing several chronic non-communicable illnesses (NCDs) as well as some types of cancer. Millions of people are at risk of acquiring co-

morbid conditions linked to obesity, as there are an estimated 1.9 billion overweight individuals globally (WHO, 2016).

One of the life stages in which a woman is expected to acquire weight is during pregnancy (at least 12–12.5 kg by the conclusion of the pregnancy). Numerous studies carried out in the United States revealed that the majority of pregnant women gained more weight than they had anticipated. This is because these women increased their dietary intake during pregnancy, which in turn led to increased nutritional demand caused by

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the growing fetus. It has been demonstrated that gaining too much weight when pregnant can have both immediate and long-term effects on the mothers and the unborn children. While for the mothers, these outcomes could include the possibility of hypertension, pre-eclampsia, gestational diabetes, the need for a caesarean section, an induction of labor, a stillbirth, and obesity later in life with an increased risk of multiple NCDs; some of the effects of excessive weight gain to the infant's low APGAR score, macrosomia, polycythemia, hyperbilirubinemia and childhood obesity (Catalano & Shankar, 2017).

Numerous factors that lead to obesity and weight gain following childbirth in women of reproductive age have also been examined in other studies. However, national surveys show that compared to women who gained moderately, pregnant women were more likely to retain more weight after giving birth. In addition, between 6 and 18 months after giving birth, 14–20% of women weighed more than 11 pounds (4.9 kg) more than they did prior to becoming pregnant (Zanotti, Capp, and Wender, 2019).

Similarly, it has been demonstrated that cultural attitudes significantly contribute to excessive weight gain during pregnancy in Nigeria. Pregnancy-related increases in food intake are frequently justified with common platitudes like "eating for two." Moreover, a number of studies have demonstrated that attitudes and perceptions regarding obesity and overweight may also influence the desire to put on weight when pregnant. Furthermore, it has been demonstrated that people who undervalue their weight are less likely to believe that their body size poses a health risk, which in turn makes them less likely to want to alter their weight or engage in healthy activities (Post *et al.*, 2018). This study therefore sought to determine the perceived factors influencing weight gain after childbirth among nursing mothers attending postnatal clinic at LASUTH, Ikeja.

### Statement of Problem

After the weight rise during pregnancy, many women are very concerned about pregnancy weight retention and post-partum weight gain. It is frequently challenging to reduce weight gained after giving birth, making it challenging to reach pre-pregnancy weight. Research has indicated that a woman's contentment with her large body image is largely determined by her weight retention during the postnatal period (Gjerdingen *et al.*, 2018). Postpartum weight retention (PPWR) is a condition that is more prevalent in the postnatal period and is linked to the development of obesity in women who are childbearing age. Pregnant women who are already fat are more likely to develop gestational obesity and the related issues (Bogaerts *et al.*, 2017).

Furthermore, regular prenatal clinic visits typically do not include instruction or counseling on maintaining a healthy weight. Due to the sensitive nature of the subject, health care professionals frequently steer clear of weight management counseling. Many have also believed that gaining the proper amount of weight during pregnancy should not be a primary priority, so they wait until patients have accumulated extra

weight before addressing the problem. For instance, healthcare professionals have acknowledged the delicate nature of talking about weight with patients and have cautioned themselves about doing so in order to prevent negative views about body image, particularly when patients feel that their doctor is stigmatizing them (Weeks *et al.*, 2018)

Okeke, Ugwu, and Okezie (2018) illustrated that postpartum weight gain among nursing mothers difficulties are made worse in Nigeria and other poor nations by factors like illiteracy, poverty, native customs, and cultural beliefs, as well as a lack of medical facilities and staff. Some practices are advantageous to the community and reasonably priced. Grandmothers, village healers, midwives, and native physicians frequently advocate for these conventional methods and at-home cures. It is against these backdrops that the researchers to determine the factors influencing weight gain after childbirth among nursing mothers attending postnatal clinic at LASUTH, Ikeja.

### Methodology

The study used a descriptive cross-sectional design to determine the factors influencing after-birth weight gain among nursing mothers attending Post-natal Clinic at LASUTH at Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria between September to November, 2022.

### Study Area

The study was carried out at the Lagos State University Teaching Hospital Ikeja's Postnatal Clinic. The Lagos State University Teaching Hospital Ikeja was once a small cottage hospital that was founded on June 25, 1955, by the former Western Regional Government to offer medical care to the residents of Ikeja and the surrounding area. Subsequently, the cottage hospital transformed into a complete general hospital that functioned as a secondary level healthcare center. The hospital has a range of surgical and medical education programs available. In addition, it offers a wide range of services in internal medicine, pediatrics, surgery, psychiatry, ophthalmology, pathology, community health, and obstetrics and gynecology. Additionally, a cutting-edge facility for Lassa Fever Research and Control is located there. Moreover, it acts as a teaching hospital for the state-owned Lagos State University College of Medicine. Due to its focus on the health and welfare of nursing mothers, this hospital's postnatal clinic will be studied.

### Study Population

Study population included all nursing mothers attending Postnatal Clinic in Lagos State University Teaching Hospital Ikeja (LASUTH) who were still breastfeeding their babies and gave consent to participate in the study. Mothers who were ill at the time of the study were excluded.

### Sampling Size Determination

The sample size (n) was determined using the Taro Yamane (1967) formula to determine the sample size:  $n = N / 1 + N\epsilon^2$   
Where: n = sample size

N = population size = 293 (total number of women in that visited the Post-natal Clinic for the period of data collection – September to November, 2022).

e = precision value of 10% and 95% (0.05) confidence level  
N=293

$$n = 293 / (1 + 293(0.05)^2)$$

$$n = 293 / (1 + 293(0.0025))$$

$$n = 293 / (1 + 0.7325)$$

$$n = 293 / 1.7325 \quad n = 169.12$$

Approximately 169

Minimal size is 169

Non-Response Rate

$$N = n / (1 - f)$$

Where n = 169 and f = 0.1 constant

$$N = 169 / (1 - 0.1)$$

$$N = 169 / (0.9)$$

$$N = 187.77$$

Approximately 188 post-natal women

### Sampling Technique

Systematic sampling technique. Therefore, the study comprised all consecutive patients from the Post-natal Clinic seeking care on the days that were randomly selected (Mondays, Wednesdays and Fridays).

### Instrument for Data Collection

A 31-item questionnaire adapted from previous was used for data collection. The questionnaire was developed by the researcher based on the literature reviewed and research objectives. The structured questionnaire was divided into four sections labelled A-D. Section A elicited the socio-demographic characteristics of respondents consisting of 7 items. Section B was used to obtain data on the factors influencing weight gain after childbirth among nursing mothers consisting of 10 items. Section C was used to obtain data on respondents' perception towards after child birth weight gain consisting of 7 items while Section D was used to obtain data on attitude of nursing mothers towards weight gain after childbirth consisting of 7 items as well.

### Validity and Reliability of Instrument

The questionnaire was developed from the reviewed literature in line with the study objectives and research questions. The instrument was presented to research experts in the area of study for assessment and approval to ensure its face and content validity. Necessary corrections were made prior to administration of instruments. A test – retest method was used to ensure the reliability of the instrument, where it was administered to twenty nine (18) mothers attending Post-natal Clinic in another facility. Calculated reliability coefficient was 0.9%.

### Method of Data Collection

The process of data collection took about three months. The questionnaire was shared to nursing mothers who met the inclusion criteria. Prior to the administration of the questionnaire, the purpose of the research was explained to the participants, consent was obtained from the participants who signed the consent form before the questionnaires were administered. Finally, the questionnaire was administered by

the researchers to the participants during their visit at the Post-natal Clinic in Lagos State University Teaching Hospital and retrieved immediately upon completion. Retrieval rate was 100%.

### Procedure for Data Analysis

The collected data was analyzed using descriptive statistics (percentages, means, charts and frequency tables) and inferential statistics (regression analysis).

Objective (i) and (ii) were analyzed using descriptive statistics such as frequency, percentage, and mean. Objective (iii) was achieved using mean score based on Likert scale rating. Hypothesis I was tested using Pearson Correlation technique. IBM SPSS Statistics Software 25 was used for the data analysis.

### Ethical Consideration

An application was sent to the ethical review committee of Lagos State University Teaching Hospital Research Ethics Committee (LASUTHREC) who gave an approval for the study to take place. All respondents were informed about the reason and benefits of the study and given a choice to either participate or not participate. Consent of respondents was obtained verbally and the confidentiality of data collected was assured and maintained throughout the course of the study.

## Results

### Demographic characteristics of the respondents

#### Age

The results from Table 1 revealed that a considerable number 66 (35.2%) of the study population are between 30-34 years of age; followed by 58 (31.0%) of them between 25-29 years of age; while as low as 37 (19.7%) and 27 (14.1%) are 35 years of age and above, and below 25 years of age respectively.

#### Marital status

Majority 152 (81.0%) of the study participants are married; only 18 (9.5%) of them are single; while negligible percentages of 13 (7.0%) and 5 (2.5%) are divorced and widowed respectively (Table 1).

#### Tribe

The study population is dominated by Yorubas 86 (45.8%); Igbos 74 (39.4%); other ethnic groups 16 (8.5%); and Hausas 12 (6.3%) as presented in Table 1.

#### Level of Education

More than half 103(54.9%) of the respondents have a tertiary level of education; a considerable number 61(32.4%) of them have a secondary level of education; as low as 21(11.3%) have a primary level of education; while a negligible percentage 3(1.4%) of them have no formal education (Table 1).

#### Occupation

A considerable number 73 (38.7%) of the participants work in a private sector setting; followed by 61 (32.4%) of them who are civil servants; as low as 34 (18.3%) are self-employed; while only 20 (10.6%) of them are full housewives.

**Number of pregnancies/Gravidity**

Less than half 85 (45.1%) of the respondents have had 3-4 pregnancies; about 66 (35.2%) of them have been pregnant 1-2 times; while as low as 19.7% have been pregnant 5 times and above.

**Number of Children/Parity**

More than half 102 (54.2%) of the respondents have given birth to 3-4 children; followed by 83 (44.4%) of them who have 1-2 children; while as low as 3 (1.4%) have given birth to 5 children and above.

**Table 1:** Nursing Mothers’ Socio-demographic Characteristics (n = 188)

Socio-demographic Characteristics	Frequency	Percentage (%)
<b>Age of Respondent</b>		
Less than 25 years	27	14.1
25-29 years	58	31.0
30-34 years	66	35.2
35 years and above	37	19.7
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Marital Status</b>		
Single	18	9.5
Married	152	81.0
Divorced	13	7.0
Widowed	5	2.5
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Ethnicity</b>		
Yoruba	86	45.8
Hausa	12	6.3
Igbo	74	39.4
Others	16	8.5
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Highest Level of Education</b>		
No formal education	3	1.4
Primary	21	11.3
Secondary	61	32.4
Tertiary	103	54.9
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Occupation</b>		
Self-employed	34	18.3
Civil servant	61	32.4
Housewife	20	10.6
Private sector	73	38.7
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Number of pregnancies/Gravidity</b>		
1-2	66	35.2
3-4	85	45.1
5 and above	37	19.7
<b>Total</b>	<b>188</b>	<b>100.0</b>
<b>Number of Children/Parity</b>		
1-2	83	44.4
3-4	102	54.2
5 and above	3	1.4
<b>Total</b>	<b>188</b>	<b>100.0</b>

From Table 2, more than half 109 (57.8%) of the study population strongly acknowledged that the use of family

planning method also contributes to postpartum weight gain. Nearly half 93 (49.3%) of them strongly agreed that consumption of fast food contributes to excessive weight gain after childbirth. A considerable number 66 (35.2%) of the respondents strongly affirmed that physical exercise is one of the factors that decrease weight gain after childbirth. About 64 (33.8%) of them strongly attested to sedentary job nature contributing to weight gain after childbirth. Less than half 58 (31.0%) of the participants strongly believed that a nursing mother in the higher socio-economic class is more likely to gain more weight after childbirth. More than a quarter 53 (28.2%) of the respondents strongly acknowledged that eating late at night is one of the predictors for postpartum weight gain. As low as 27 (14.1%) strongly believed that husband’s approval is important to shedding of weight among nursing mothers.

From Table 3, majority 169(90.1%) of the study population acknowledged that losing weight is important to a woman because it helps put her back in shape. Most 139(73.9%) of them affirmed that there is satisfaction with their present weight. About 132(70.4%) of the respondents agreed that a woman is expected to increase her feeding habits during breastfeeding, which leads to a steady weight gain because she is eating for two. More than half 124(66.2%) of them believed that the quantity of food consumed helps to produce more milk during breastfeeding. Majority 122(64.8%) of the participants affirmed that weight gain is a natural part of pregnancy, and cannot be controlled. Less than half 82(43.7%) of them acknowledged that gaining weight after childbirth is normal and expected in their culture for nursing mothers. A considerable number 60(31.7%) of the study population believed that a woman can add more weight after childbirth as a result of sexual activity.

From Table 4, majority 132 (70.4%) of the study population agreed that family planning can affect nursing mothers’ weight gain. More than half 113 (59.9%) of the respondents affirmed that the use of food supplements is needed for weight reduction of nursing mothers. About half 95 (50.7%) of them attested to exercise being necessary after delivery to maintain healthy weight among nursing mothers. Less than half 77 (40.9%) of the study participants believed that most nursing mothers will not reduce weight no matter the effort made. Less than a quarter 43 (23.2%) of them agreed that eating in between meals is good for nursing mothers. As low as 28 (14.8%) of the respondents believed that eating fast foods has no effect on the weight of nursing mothers; while 24 (12.7%) of them affirmed that the occupation of nursing mothers has nothing to do with weight gain.

From Table 5, the Pearson’s correlation coefficient (r) is 0.863 and a p-value is 0.000.

**Decision Rule:** If the p-value of the correlation coefficient is less than 0.05, it is concluded that there is a significant relationship between the two variables; but if it is more than 0.05, then there is no significant relationship.

**Conclusion:** There is a significant relationship between the perception and attitude of nursing mothers towards weight gain after childbirth (r = .863; p < .05).



**Table 2:** Perceived Factors Influencing Weight Gain after Childbirth among Nursing Mothers (n=188)

Item Question(s)	Strongly Agree	Disagree	Agree	Strongly Disagree	Total
Consumption of fast food contributes to excessive weight gain after childbirth.	93 (49.3%)	16 (8.5%)	71 (38.0%)	8 (4.2%)	188 (100%)
Sedentary job nature contributes to the weight gain after childbirth.	64 (33.8%)	29 (15.5%)	82 (43.7%)	13 (7.0%)	188 (100%)
Use of family planning method also contributes to postpartum weight gain.	109 (57.8%)	13 (7.0%)	64 (34.0%)	2 (1.2%)	188 (100%)
Husband's approval is important to shedding of weight among nursing	26 (14.0%)	53 (28.2%)	40 (21.1%)	69 (36.7%)	188 (100%)
A nursing mother in the higher socio-economic class is more likely to gain more weight after childbirth.	58 (31.0%)	37 (19.7%)	66 (35.2%)	27 (14.1%)	188 (100%)
Mothers' physical exercise is one of the factors that decrease weight gain after childbirth.	66 (35.2%)	19 (9.9%)	90 (47.9%)	13 (7.0%)	188 (100%)
Eating late at night is one of the predictors for postpartum weight gain.	53 (28.2%)	37 (19.7%)	85 (45.1%)	13 (7.0%)	188 (100%)

**Table 3:** Nursing Mothers' Perception towards Weight Gain after Childbirth (n=188)

Item Question(s)	Option	Freq.	%
Weight gain is a natural part of pregnancy, and cannot be controlled.	True	122	64.8
	False	66	35.2
	<b>Total</b>	<b>188</b>	<b>100.0</b>
There is satisfaction with my present weight.	True	139	73.9
	False	49	26.1
	<b>Total</b>	<b>188</b>	<b>100.0</b>
Losing weight is important to a woman because it helps put her back in shape.	True	169	90.1
	False	19	9.9
	<b>Total</b>	<b>188</b>	<b>100.0</b>
Gaining weight after childbirth is normal and expected in my culture for nursing mothers.	True	82	43.7
	False	106	56.3
	<b>Total</b>	<b>188</b>	<b>100.0</b>
A woman can add more weight after childbirth as a result of sexual activity.	True	60	31.7
	False	128	68.3
	<b>Total</b>	<b>188</b>	<b>100.0</b>
During breastfeeding, a woman is expected to increase her feeding habits; thus, gain weight steadily because she is eating for two.	True	132	70.4
	False	56	29.6
	<b>Total</b>	<b>188</b>	<b>100.0</b>
The quantity of food consumed helps to produce more milk during breastfeeding.	True	124	66.2
	False	64	33.8
	<b>Total</b>	<b>188</b>	<b>100.0</b>

**Table 4:** Nursing Mothers' Attitude towards Weight Gain after Childbirth (n=188)

Item Question(s)	Agree	Disagree	Undecided	Total
Exercise is necessary after delivery so as to maintain healthy weight among nursing mothers.	95 (50.7%)	40 (21.1%)	53 (28.2%)	188 (100%)
The use of food supplements is needed for weight reduction of nursing mothers.	113 (59.9%)	33 (17.6%)	42 (22.5%)	188 (100%)
Eating in-between meals is good for nursing mothers.	43 (23%)	113 (60%)	32 (17%)	188 (100%)
No matter the effort you make, most nursing mothers will not reduce weight.	77 (40.9%)	66 (35.2%)	45 (23.9%)	188 (100%)
When nursing mothers eat fast foods, it has no effect on their weight.	28 (14.8%)	139 (73.9%)	21 (11.3%)	188 (100%)
The occupation of nursing mothers has nothing to do with weight gain.	24 (12.7%)	151 (80.3%)	13 (7.0%)	188 (100%)
Family planning can affect nursing mothers' weight gain.	132 (70.4%)	20 (10.6%)	36 (19.0%)	188 (100%)
<b>Average</b>	<b>38.9%</b>	<b>42.7%</b>	<b>18.4%</b>	<b>100%</b>

**Table 5:** Correlation between Nursing Mothers’ Perception and their Attitude towards Weight Gain after Childbirth using Pearson correlation technique (n=188)

		Perception towards weight gain after childbirth	Attitude towards weight gain after childbirth
Perception towards weight gain after childbirth	Pearson’s Correlation	1	.863
	Sig. (2-tailed)		.000
	N	188	188
Attitude towards weight gain after childbirth	Pearson’s Correlation	.863	1
	Sig. (2-tailed)	.000	
	N	188	188

**Discussion**

**Perceived Factors influencing Post-natal Weight Gain**

Findings from this study revealed that perceived reasons for weight gain after child birth were mainly as a result of post-natal factors such as the use of family planning method 109(57.8%); consumption of fast food 93 (49.3%); physical exercise 66 (35.2%); sedentary job nature 64 (33.8%); higher socio-economic class 58 (31.0%); eating late at night 53 (28.2%); and husband’s approval 26 (14.1%). This study outcome conforms to the findings of a study carried out by Yirenyki (2019), in which more than 65% of the mothers identified consumption of fast food, occupation, husband’s influence, income and sleeping as perceived factors influencing weight gain after childbirth. Similarly, Falivene & Orden (2017) demonstrated that if energy intake limitations are not added, breastfeeding or exercise by themselves will not help a nursing mother reach her pre-pregnancy weight. Decreased sleep has an impact on eating and activity patterns, which changes the glucose metabolism and lowers energy expenditure. They further illustrated in their study that some factors of maternal behavior such as breastfeeding, diet, physical activity, sleep and clinical-metabolic disorders associated with retention and/or weight gain during postpartum. Also, according to Mbada *et al* (2022), pregnant Nigerian women engaged in physical activities of moderate intensity and those related to the home most frequently. Pregnancy-related contextual facilitators and barriers to physical activities were mostly associated with intrapersonal, interpersonal, organizational, environmental, and cultural factors. On the contrary, Adeoye, Bamgboye, & Omigbodun (2023) in their study on “Gestational weight gain among pregnant women in Ibadan, Nigeria: Pattern, predictors and pregnancy outcomes” discovered that the most common type of gestational weight gain among their study participants occurred during the antenatal period.

**Nursing mothers’ Perception towards Post-natal Weight Gain**

The assessment of their perception towards weight gain after childbirth revealed that majority of the women have a poor perception towards post-natal weight gain as they believe that it is normal and expected of a woman to add weight after delivery. Most of them 139(73.9%) affirmed that there is satisfaction with their present weight. About 132(70.4%) of the nursing mothers agreed that a woman is expected to increase her feeding habits during breastfeeding, which leads to a steady weight gain because she is eating for two. More than half 124(66.2%) of them believed that the quantity of food consumed helps to produce more milk during breastfeeding.

Majority 122(64.8%) of the participants affirmed that weight gain is a natural part of pregnancy, and cannot be controlled.

**Nursing Mothers’ Attitude towards Post-natal Weight Gain**

The evaluation of their attitude towards weight gain after childbirth in this study revealed an overall negative attitude towards the concept. About half 95(50.7%) of them attested to exercise being necessary after delivery to maintain healthy weight among nursing mothers. Less than half 77 (40.9%) of the study participants believed that most nursing mothers will not reduce weight no matter the effort made. Less than a quarter 43 (23.2%) of them agreed that eating in between meals is good for nursing mothers. As low as 28 (14.8%) of the respondents believed that eating fast foods has no effect on the weight of nursing mothers; while 24 (12.7%) of them affirmed that the occupation of nursing mothers has nothing to do with weight gain. The result of a study by Mbada *et al* (2022) is in line with the findings of this study, as more than half (63.3%) of the nursing mothers agreed that physical exercise after pregnancy prevents excessive weight gain. This finding is also consonant with the findings of Yirenyki (2019) in his study on attitude and perception towards weight gain after childbirth in public health facilities, Ibadan, Nigeria with 450 respondents where he reported that mother’s perception and attitude to weight gain after childbirth were generally poor; although more than 65% of the mothers identified consumption of fast food, her occupation, husband’s influence, income and sleeping as the factors for excessive weight gain after childbirth.

**Correlation between Perception and Attitude of Nursing Mothers towards Post-natal Weight Gain**

The correlation coefficient denotes a strong relationship; and this implies that as their perception improves, there will also be an improvement in their attitude towards weight gain after childbirth.

**Conclusion**

The findings of this study have identified that the factors influencing postpartum weight gain are mainly post-natal, it has also shown an overall good attitude towards postpartum weight gain among the nursing mothers. The significant relationship between the perception and attitude of nursing mothers towards postpartum weight gain indicates a need to positively improve their perception in order to improve their attitude. Moreover, an improvement in their perception will also improve the factors influencing weight gain after childbirth among them.

## Recommendations

Based on the result of the findings of this research study, the researchers recommended the following; policies should be established by healthcare facilities that highlight the nursing actions that are necessary when a mother's body mass index (BMI) indicates that she is obese before, during, and after pregnancy. On the other hand, health practitioners should identify and regularly monitor nursing mothers who are at high risk of obesity by using the established standards for weight gain based on pre-pregnancy body mass index (BMI). This will make it easier to discover irregularities. Similarly, healthcare management should support health clinicians' use of social and behavior change communication techniques in planned postnatal clinics, prenatal clinics, and counseling sessions. Midwives should also address personal, family, social, or cultural factors that negatively influence mothers' perceptions and attitudes around postpartum weight gain especially during the ante-natal period, since they develop closer relationships with nursing mothers and their significant others. Additionally, in order to help nursing mothers lose some weight after giving birth, health professionals especially nurses and midwives should urge them to walk and partake in other minor activity. Midwives must also stress the benefits of breastfeeding for controlling postpartum weight gain in mothers and urge moms to nurse their babies exclusively.

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## Conflict of Interest

The authors declare that there is no conflict of interest.

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DOI: <https://doi.org/10.54117/ijph.v4i2.24>

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