

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Exploring obstetricians, midwives and general practitioners approach to weight management in pregnant women with a BMI $\geq 25$ : a qualitative study
<b>AUTHORS</b>	Flannery, Caragh; Mc Hugh, Sheena; Kenny, Louise; O'Riordan, Mairead; McAuliffe, Fionnuala; Bradley, Colin; Kearney, Patricia; Byrne, Molly

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Rhonda C. Bell University of Alberta, Canada
<b>REVIEW RETURNED</b>	11-Jul-2018

<b>GENERAL COMMENTS</b>	<p>Review for: Exploring Obstetricians, midwives and general practitioners approach to weight management in pregnant women with a BMI <math>&gt;25</math>: a qualitative study.</p> <p>General Comments: This manuscript is well written and provides qualitative information about practices used by a group of health care providers in Ireland when they are working with pregnant women who enter pregnancy with a high BMI. The information presented is in line with observations that have been reported elsewhere and therefore it adds to the literature insofar as it is confirming experiences of health care providers in other parts of the world. Additional context about Ireland and standard practices there would strengthen this paper. Also, it would be helpful for the authors to consider how health care providers and policy makers might implement suggestions outlined in the “Practical Implications” section.</p> <p>Without these additional sections though, I feel that the paper is not novel and would not warrant being published in BMJ Open. It's not clear whether they have information this information about implementation, which is why I've selected “reject” as my recommendation.</p> <p>Specific Comments: Introduction: Page 4, Lines 4- 14: Provide a sense of the numbers of women entering pregnancy with a BMI<math>&gt;30</math> in other parts of the world, particularly in high-income countries. This will improve relevance to those outside Ireland and the UK.</p> <p>Page 4, Lines 17 – 31: Use consistent definitions of maternal obesity throughout and relate this to the study. There is a</p>
-------------------------	---

	<p>discussion of maternal obesity being BMI&gt;30 but 29.9 and 25 are also mentioned in different parts of the manuscript (including the title).</p> <p>Page 4, Lines 42-47: clarify that HCPs influence women's lifestyle behaviours and that this could, in turn, influence weight in pregnancy.</p> <p>Page 4, Lines 50 – 55: Are there guidelines for gestational weight gain? If so, what are they? What is routine practice regarding weight in pregnancy? Does it vary among HCP and if it does, then how does it vary? Reference in this section should be updated as many papers have been published in this arena in the last few years.</p> <p>Page 5, Lines 12 – 14: the phrase: “ the factors that influence their approach for overweight and obese women...” seems to imply that approaches are not normally patient-centred. Should this be changed to “...their approach to working with overweight and obese women”?</p> <p>Methods: Page 5, Line 22: clarify whether HCPs were asked about women whose BMI was in the obese category, the overweight category or both.</p> <p>Page 5, Line 38: change to: GPs were purposively sampled...</p> <p>Page 6, Lines 17 – 34: Describe the types of clinics/settings that non-hospital HCPs or GPs were based in.</p> <p>Page 6, Line 39: clarify that 17 HCPs were recruited but that 12 were interviewed as data saturation was reached by that time. Also clarify that the other 5 interviews were not conducted (if that is correct).</p> <p>Page 7, Line 6-8: clarify that HCPs were asked about (and described) their attitudes toward weight in pregnancy, rather than weight more generally.</p> <p>Page 9, Lines 14-15: It's interesting that the HCPs seem to view themselves as managing weight (according the title of this section) when its women who are managing weight and HCPs would be playing a support role. Can you comment on whether this is the case? If not, please clarify this section.</p> <p>Page 12, Lines 27 – 51: There are several suggestions about how HCP might be helped to navigate this situation of supporting obese women with her pregnancy-related weight gain. Please expand on what would need to happen to promote uptake, dissemination and implementation of these suggestions. Who needs to be involved? How would stakeholders be brought together to move toward viable solutions?</p> <p>Page 13, Lines 12-13: It's not clear why the authors believe that their findings might not reflect those of HCPs working outside of their geographical area. Generalizability is not usually something that is expected with qualitative research. Please clarify (here and in the beginning section).</p>
--	---

<b>REVIEWER</b>	Ruth Walker Monash University, Australia
<b>REVIEW RETURNED</b>	15-Aug-2018

<b>GENERAL COMMENTS</b>	<p>Overall comments</p> <p>A really interesting topic and important research. Very well-written and I enjoyed reading. A few comments in general:</p> <p>Avoid starting sentences with acronyms</p> <p>It is quite long. Perhaps less of an issue is qualitative research however, when reading I see a lot of room to cut down repetition or word things more succinctly.</p> <p>A few small grammatical errors throughout (e.g. use of " for themes)</p> <p>Abstract:</p> <p>Line 30: Weight management (not weigh)</p> <p>Introduction:</p> <p>Line 1 (Page 4): Rates of maternal overweight and obesity are increasing (? Assists with rationale to conduct surveys about HCPs perceptions of dealing with weight in women with BMIs &gt; 25kg/m2)</p> <p>Line 30-31 (Page 4): Are you referring to the poor quality of the reviews that made conclusions about the impact of interventions to prevent GWG or the studies themselves? I wonder if poor study quality is the only issue. Another factor is the heterogeneity of studies.</p> <p>Line 56 (Page 5): Few studies? There have been a fair few (see below)... You might choose to reword this to 'few studies in Ireland' or 'few studies that use one on one interviewing to fully elucidate the issue'.</p> <p>Schmied V, Duff M, Dahlen H, Mills A, Kolt G (2011). 'Not waving but drowning': a study of the experiences and concerns of midwives and other health professionals caring for obese childbearing women. <i>Midwifery</i> 27(4), 424-430.</p> <p>Stewart Z, Wallace E, Allan C (2012). Weight gain in pregnancy: a survey of current practices in a teaching hospital. <i>Australian and New Zealand Journal of Obstetrics and Gynaecology</i> 52(2), 208-210.</p> <p>Biro M, Cant R, Hall H et al. (2013). How effectively do midwives manage the care of obese pregnant women? A cross-sectional survey of Australian midwives. <i>Women and Birth</i> 26: 119-124.</p> <p>Methods:</p> <p>Line 38 (Page 5): purposively sampled</p> <p>Line 39: Does snowballing really maximise diversity? You might need to reference this? Or leave out.</p> <p>Results:</p> <p>There seems to be a bit of inconsistency in how you present the quotes. Some of the in-text quotes are linked to a participant while others are not. Perhaps a way to deal with this would be to include less in text quotes, make these more succinct and then use two good quotes at the end of each theme that represent that theme.</p> <p>Line 55 (Page 6): Use of "... Particularly for themes.</p> <p>Line 44 (Page 9 – under 'doing what you can' theme) discusses unclear guidelines. I wonder whether this point might fit more clearly under the last theme 'unclear roles and responsibilities'.</p>
-------------------------	--

	<p>Discussion: The start of the discussion should summarise the results. Yours does however, it basically repeats the second paragraph of the results.</p> <p>Line 3 (Page 12): Technically, this is adding results into the discussion (a new quote). This might need to be re-worded so the author is defining the softly-softly approach.</p> <p>Conclusion: Line 39 (page 13): This is in the introduction... Perhaps unnecessary in conclusion also. I wonder whether this needs to be more succinct in how it sums up the paper... No new ideas should be introduced (e.g. )</p>
--	--

<b>REVIEWER</b>	Karen New The University of Queensland, Australia
<b>REVIEW RETURNED</b>	26-Aug-2018

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review your paper exploring obstetricians, midwives and general practitioners approach to weight management in pregnant women with a BMI <math>\geq 25</math>. Overall there appears to be some inconsistency and discrepancy with the focus of this paper – it is pregnant women who are overweight (BMI <math>\geq 25</math>) or obese BMI <math>\geq 30</math>.</p> <p>General comments The use of a BMI of <math>\geq 25</math> in the title implies that the issue of overweight and obesity in pregnancy. However, the introduction has focused on and presented information specifically on the obesity category with no mention of BMI <math>\geq 25</math> and thus addressing overweight category also. Could you please clarify (and correct) if the paper is addressing overweight and obesity or just obesity in pregnancy. This is important in this area if we are talking/exploring health weight gain in pregnancy; discussing the importance with women of not progressing from overweight to obese during pregnancy etc.</p> <p>Introduction Could you please confirm that the reference (8) used for the definition of maternal obesity is correct. This is a large document and I may have missed it, but I could not find a sub-section or reference to addressing obesity in pregnancy.</p> <p>The review of the literature appears limited and missing the work of de Jersey and colleagues. Work has also been published by Lucas, Arrish, and Wilkinson around the challenges of weight and lifestyle discussions. The paper cited (ref 21) appears more related to nutrition interventions studies and less about how HCPs engage with overweight and obese pregnant women (page 4, lines 42-44). Although barriers appear to be addressed again (p 5, lines 6-9), although unclear if this relates to clinical guidelines or the engagement of clinicians in general. The flow of the paragraphs and ideas is mixed.</p> <p>The aim, is stated quite broadly, however the study was conducted within 1 hospital and surrounding area in 1 location in Ireland. The aim and sentence leading into the aim should more succinctly indicate that this study had the potential to 'inform the development of antenatal lifestyle interventions in a (or 1) large maternity hospital' for example.</p> <p>Study design Indicated for pregnant women with BMI <math>\geq 25</math> – but no supporting information around why this BMI in introduction (as previously mentioned).</p> <p>Results</p>
-------------------------	--

	<p>Sentence 42 – 43 (p6) needs rewording. It could be read that only 12 interviews were analysed as data saturation was reached after 12 interviews (the wording of 'as no new themes emerged in the preceding 5 interviews' – reads that from interview 7 to 12 -no new themes emerged). But I think what is trying to be said is that data saturation was deemed to have been reached at 12 interviews as no new themes emerged from the last 5 interviews. If my interpretation is correct and that 17 interviews were conducted and analysed with no new themes emerging after the 12th interview – then the definition of data saturation (line 11, p6) is not quite accurate as an additional 5 interviews were conducted past the point of which no new themes emerged.</p> <p>Softly-softly approach. Much within this theme and the quotes within the first paragraph do not demonstrate the softly-softly approach. This appears to be more about individuals' attitudes to weight in general. P7, lines 31-39 – not supported by any quotes regarding the theme presented.</p> <p>Some of the language is confusing (page 11, line 3) ...'spoke about an overweight and obese young woman' – not clear how this person fits into both categories. For this manuscript and in the context of this research, I am assuming that overweight is from 25-29.9 BMI and obese is greater than 30. This needs to be made clear within the manuscript. Also surrounding this point and quote (p11, line 3-12) – this appears to be a postnatal quote but given the aim and information in the introduction – it is implied this research is interested in antenatal lifestyle interventions and management in pregnant women (not postpartum/interconception period). There is some inconsistency in the focus of the manuscript.</p> <p>Discussion</p> <p>Opening sentence (p11, line 44-45), does not seem to reflect the weight management approach of women with BMI <math>\geq 25</math> as most of the quotes reflect on BMIs within 30s and 40s.</p> <p>Page 12, lines 43-50. Whilst there may not be formal guidance of appropriate GWG in pregnancy in Ireland or the UK – there are in a number of other countries including the USA and Australia and this would be worth discussing. Additionally there are papers which describe routine weighing and the use of weight monitoring graphs during pregnancy as a means to open the communication around weight gain in pregnancy. Exploring these aspects would strengthen the discussion.</p> <p>Conclusion</p> <p>This study does not appear to highlight or add any additional 'important insights' than have already been presented in previous studies. Concluding that evidence-based policies could improve care, has not been demonstrated or raised with the results. EB guidelines were, but not policies specifically. It is also difficult to conclude the a population based approach is needed when this research is the views of HCPs within 1 hospital and small surround district.</p> <p>References</p> <p>Please check formatting – ref 15 appears to be different to the rest Abstract – results should clearly articulate that 4 themes were identified. Conclusion is stating a result (4 themes) and does not reflect the results as presented by the themes.</p>
--	--

**VERSION 1 – AUTHOR RESPONSE**

**Reviewer: 1**

**Reviewer Name: Rhonda C. Bell**

**Institution and Country: University of Alberta, Canada**  
**please state any competing interests or state 'None declared': None**

This is a well-written manuscript and confirms observations made by several other groups in other parts of the world.

Reviewer comments	Response to reviewer	Page & Line
1. There is potential to strengthen the paper by describing ways that suggestions for improving the situation could be implemented, if the authors have access to this information.	We thank the reviewer for this suggestion. We have now added some additional information to the practice implication section that could improve implementation of our suggestions. These includes creating multidisciplinary teams or networks within the shared antenatal care setting and asking how a patient feels about their weight to alert HCPs that additional support may be required.	<b>Page 13-14</b> <b>Line 435-444</b>

**Reviewer: 2**

**Reviewer Name: Ruth Walker**

**Institution and Country: Monash University, Australia**

**Please state any competing interests or state 'None declared': None**

Overall comments: A really interesting topic and important research. Very well-written and I enjoyed reading. A few comments in general:

Reviewer comments	Response to reviewer	Page & Line
1. Avoid starting sentences with acronyms	Sentences no longer start with acronyms. This can be seen throughout the results section of the manuscript.	<b>Page 7-12</b> <b>Line 208-371</b>
2. It is quite long. Perhaps less of an issue is qualitative research however, when reading I see a lot of room to cut down repetition or word things more succinctly.	Based on all reviewer comments, we have moved around sections within the results, subsequently editing and removing over 100 words.	<b>Page 7-11</b> <b>Line 208-371</b>
3. A few small grammatical errors throughout (e.g. use of " for themes)	This has now been corrected to "..." for quotes used within the theme names in the results section.	<b>Page 7-11</b> <b>Line 208-375</b>
<b>Abstract:</b>  4. Line 30: Weight management (not weigh)	Thank you for pointing this out. This has now been amended to weight management.	<b>Page 2</b> <b>Line 54</b>

<b>Introduction:</b>		
5. Line 1 (Page 4): Rates of maternal overweight and obesity are increasing (? Assists with rationale to conduct surveys about HCPs perceptions of dealing with weight in women with BMIs > 25kg/m2)	This sentence now states that both the prevalence of overweight and obesity during pregnancy is increasing.	<b>Page 4</b> <b>Line 104</b>
6. Line 30-31 (Page 4): Are you referring to the poor quality of the reviews that made conclusions about the impact of interventions to prevent GWG or the studies themselves? I wonder if poor study quality is the only issue. Another factor is the heterogeneity of studies.	The intervention studies to prevent GWG or GDM included in these reviews are of poor quality. We agree with the reviewer and have highlighted the heterogeneity in the included intervention designs also.	<b>Page 4</b> <b>Line 128-131</b>
7. Line 50 (Page 4/5): Few studies? There have been a fair few, see below*. You might choose to reword this to 'few studies in Ireland' or 'few studies that use one on one interviewing to fully elucidate the issue'.	We agree with the reviewers comment and have reworded this to ' <i>few studies in Ireland</i> '. We also acknowledge the studies suggested by the reviewers and have referenced these in the introduction and discussion.	<b>Page 5</b> <b>Line 146-147</b>
<b>Methods:</b>		
8. Line 38 (Page 5): purposively sampled	This has been amended to 'purposively sampled'	<b>Page 5</b> <b>Line 169</b>
9. Line 39: Does snowballing really maximise diversity? You might need to reference this? Or leave out.	We have now left this out.	
<b>Results:</b>		
10. There seems to be a bit of inconsistency in how you present the quotes. Some of the in-text quotes are linked to a participant while others	We thank the reviewer for raising this issue. To make the quotes more succinct we have now only included the	<b>Page 7-12</b> <b>Line 208-371</b>

<p>are not. Perhaps a way to deal with this would be to include less in text quotes, make these more succinct and then use two good quotes at the end of each theme that represent that theme.</p>	<p>in-text quotes which are linked to a participant in the manuscript.</p>	
<p>11. Line 55 (Page 6): Use of "... Particularly for themes.</p>	<p>This has now been corrected to "... for direct quotes based on the language from the participant.</p>	<p><b>Page 7-12</b> <b>Line 217-371</b></p>
<p>12. Line 44 (Page 9 – under 'doing what you can' theme) discusses unclear guidelines. I wonder whether this point might fit more clearly under the last theme 'unclear roles and responsibilities'.</p>	<p>While we agree with the reviewer that unclear guidelines could fit under 'unclear roles and responsibilities', in this study 'doing what you can with what you have' was based on experience within a setting. Doing what you can in the absence of clear guidelines which are a resource similar to dietetic input. The theme 'unclear roles and responsibilities' reflects the confusion across settings about who is doing what.</p>	<p><b>Page 10</b> <b>Line 318-339</b></p>
<p><b>Discussion:</b></p> <p>13. The start of the discussion should summarise the results. Yours does however, it basically repeats the second paragraph of the results.</p>	<p>We have now reworded this so that it summarises the results but does not repeat the second paragraph of the results.</p>	<p><b>Page 12</b> <b>Line 373-379</b></p>
<p>14. Line 3 (Page 12): Technically, this is adding results into the discussion (a new quote). This might need to be re-worded so the author is defining the softly-softly approach.</p>	<p>This has been reworded. It now reads as the "softly-softly" approach is defined as...</p>	<p><b>Page 12</b> <b>Line 381-383</b></p>

<b>Conclusion:</b>		
15. Line 39 (page 13): This is in the introduction. Perhaps unnecessary in conclusion also. I wonder whether this needs to be more succinct in how it sums up the paper... No new ideas should be introduced (e.g.)	We agree with the reviewer and have removed this sentence. We have also revised the conclusion section to make it more succinct in how it sums up the paper.	<b>Page 14</b> <b>Line 447-453</b>

**\*Papers:**

**Schmied V, Duff M, Dahlen H, Mills A, Kolt G (2011). 'Not waving but drowning': a study of the experiences and concerns of midwives and other health professionals caring for obese childbearing women. *Midwifery* 27(4), 424-430.**

**Stewart Z, Wallace E, Allan C (2012). Weight gain in pregnancy: a survey of current practices in a teaching hospital. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 52(2), 208-210.**

**Biro M, Cant R, Hall H et al. (2013). How effectively do midwives manage the care of obese pregnant women? A cross-sectional survey of Australian midwives. *Women and Birth* 26: 119-124.**

**Reviewer: 3**

**Reviewer Name: Karen New**

**Institution and Country: The University of Queensland, Australia**

**Please state any competing interests or state 'None declared': None declared**

Thank you for the opportunity to review your paper exploring obstetricians midwives and general practitioners approach to weight management in pregnant women with a BMI  $\geq 25$ .

<b>Reviewer comments</b>	<b>Response to reviewer</b>	<b>Page &amp; Line</b>
1. Overall there appears to be some inconsistency and discrepancy with the focus of this paper – it is pregnant women who are overweight (BMI $\geq 25$ ) or obese BMI $\geq 30$	We thank the reviewer for raising this issue. The focus of this paper is overweight and obese pregnant women which we have now addressed consistently in the manuscript.	<b>Page 4</b> <b>Line 113</b>
<b>General comments</b>		
2. The use of a BMI of $\geq 25$ in the title implies that the issue of overweight and obesity in pregnancy. However, the introduction has focused on and presented information specifically on the obesity category with no mention of BMI $\geq 25$ and thus addressing overweight category also. Could you please clarify (and correct) if the paper is addressing overweight and obesity or just obesity in pregnancy.	We thank the reviewer for raising this issue. We agree that this is important to clarify. The focus of this paper is overweight and obese pregnant women (BMI $\geq 25$ and BMI $\geq 30$ ) which we have now addressed in the manuscript.	<b>Page 4-14</b> <b>Line 104-453</b>

<p>This is important in this area if we are talking/exploring health weight gain in pregnancy; discussing the importance with women of not progressing from overweight to obese during pregnancy etc.</p>		
<p><b>Introduction</b></p> <p>3. Could you please confirm that the reference (8) used for the definition of maternal obesity is correct. This is a large document and I may have missed it, but I could not find a sub-section or reference to addressing obesity in pregnancy.</p>	<p>The reviewer is correct, reference 8 should in fact be 'Weight gain during pregnancy: re-examining the guidelines'. This document provides the correct definition of overweight and obesity. This has been corrected in the manuscript.</p>	<p><b>Page 4</b> <b>Line 113-122</b></p>
<p>4. The review of the literature appears limited and missing the work of de Jersey and colleagues. Work has also been published by Lucas, Arish, and Wilkinson around the challenges of weight and lifestyle discussions.</p>	<p>We have now included additional literature to strengthen the introduction and discussion. We have included the work of Wilkinson et al (2012) which focuses on the evidence-practice gap. Also based on comments from reviewer 1 we referenced studies by Stewart et al (2012) examining current practices for weight gain in pregnancy and Biro et al (2013) exploring how midwives manage the care of obese pregnant women.</p>	<p><b>Page 5</b> <b>Line 146</b></p> <p><b>Page 12</b> <b>Line 390</b></p> <p><b>Page 13</b> <b>Line 412</b></p>
<p>5. The paper cited (ref 21) appears more related to nutrition interventions studies and less about how HCPs engage with overweight and obese pregnant women (page 4, lines 42-44).</p>	<p>The reviewer raises an important point here. We have now removed this paper and highlighted that, in Ireland little is known how HCPs engage with overweight and obese pregnant women.</p>	<p><b>Page 5</b> <b>Line 141-147</b></p>
<p>6. Although barriers appear to be addressed again (p 5, lines 6-9), although unclear if this relates to clinical guidelines or the engagement of clinicians in general.</p>	<p>We have now clarified this. This section of the introduction outlines both the lack of clinical guidelines and the barriers HCPs face such as difficulties communicating with patients, a lack of confidence and training to provide weight management advice and a lack of resources within antenatal care.</p>	<p><b>Page 5</b> <b>Line 152-159</b></p>

<p>7. The flow of the paragraphs and ideas is mixed.</p>	<p>Similar to comments made by reviewer 1, we have moved and edited parts of the results to improve the flow of the paragraphs.</p>	<p><b>Page 7-11</b> <b>Line 208-371</b></p>
<p>8. The aim is stated quite broadly; however the study was conducted within 1 hospital and surrounding area in 1 location in Ireland. The aim and sentence leading into the aim should more succinctly indicate that this study had the potential to 'inform the development of antenatal lifestyle interventions in a (or 1) large maternity hospital' for example.</p>	<p>We have now reworded the sentence leading into the aim to include 'within the Irish context'. Furthermore, we have acknowledged in the aim that HCPs were from a large maternity hospital and primary care setting in the same region.</p>	<p><b>Page 5</b> <b>Line 155-159</b></p>
<p><b>Study design</b></p> <p>9. Indicated for pregnant women with BMI <math>\geq 25</math> – but no supporting information around why this BMI in introduction (as previously mentioned).</p>	<p>We thank the reviewer for raising this issue. The focus of this paper is overweight and obese pregnant women and we have edited the introduction to reflect this.</p>	<p><b>Page 4</b> <b>Line 113</b></p>
<p><b>Results</b></p> <p>10. Sentence 42 – 43 (p6) needs rewording. It could be read that only 12 interviews were analysed as data saturation was reached after 12 interviews (the wording of 'as no new themes emerged in the preceding 5 interviews' – reads that from interview 7 to 12 -no new themes emerged). But I think what is trying to be said is that data saturation was deemed to have been reached at 12 interviews as no new themes emerged from the last 5 interviews. If my interpretation is correct and that 17 interviews were conducted and analysed with no new themes emerging after the 12th interview – then the definition of data</p>	<p>We thank the reviewer for raising this issue. We have now removed this in the methods and clarified that 17 interviews were conducted with hospital based health care professionals and GPs. Interviews were analysed chronologically, with similar themes emerging after 12 interviews, we continued with interviews to confirm this. It was agreed then, after interview 17, that no more interviews were required as no new themes were developed.</p>	<p><b>Page 7</b> <b>Line 209-211</b></p>

<p>saturation (line 11, p6) is not quite accurate as an additional 5 interviews were conducted past the point of which no new themes emerged.</p>		
<p>11. Softly-softly approach. Much within this theme and the quotes within the first paragraph do not demonstrate the softly-softly approach. This appears to be more about individuals' attitudes to weight in general. P7, lines 31-39 – not supported by any quotes regarding the theme presented.</p>	<p>This section highlights the drivers and influences to the approach used by health care professionals (i.e. HCP perceptions of weight, stigma, their perceptions of the women's reactions and patient experience). These contextual issues are important and are used to explain their approach to weight management. Furthermore, we have now supported this theme with a quote.</p>	<p><b>Page 7 -8</b> <b>Line 230-248</b></p> <p><b>Page 8</b> <b>Line 242</b></p>
<p>12. Some of the language is confusing (page 11, line 3) ...'spoke about an overweight and obese young woman' – not clear how this person fits into both categories.</p>	<p>We agree with this comment. As the focus of this paper was overweight and obese <i>pregnant</i> women, the woman used in this example was postnatal we have now removed this from the manuscript.</p>	<p><b>Page 4-14</b> <b>Line 104-453</b></p>
<p>13. For this manuscript and in the context of this research, I am assuming that overweight is from 25-29.9 BMI and obese is greater than 30. This needs to be made clear within the manuscript.</p>	<p>We thank the reviewer for raising this issue. The focus of this paper is overweight and obese pregnant women which we have edited the introduction to reflect this.</p>	<p><b>Page 4-14</b> <b>Line 104-453</b></p>
<p>14. Also surrounding this point and quote (p11, line 3-12) – this appears to be a postnatal quote but given the aim and information in the introduction – it is implied this research is interested in antenatal lifestyle interventions and management in pregnant women (not postpartum/interconception period). There is some inconsistency in the focus of the manuscript</p>	<p>We thank the reviewer for raising this issue. The focus of this paper is overweight and obese <i>pregnant women</i> which we have now highlighted in the manuscript. We have removed this section of the paper as it discusses a woman postnatal.</p>	<p><b>Page 4-14</b> <b>Line 104-453</b></p>

<p><b>Discussion</b></p> <p>16. Opening sentence (p11, line 44-45), does not seem to reflect the weight management approach of women with BMI <math>\geq 25</math> as most of the quotes reflect on BMIs within 30s and 40s.</p>	<p>The focus of this paper is overweight and obese pregnant women. All HCP were asked about overweight and obese pregnant women (BMI <math>\geq 25</math> and BMI <math>\geq 30</math>). While both overweight and obese BMI categories were discussed with HCPs, they tended to focus on women in the higher BMI categories. We have amended this opening sentence to reflect this.</p>	<p><b>Page 4-14</b> <b>Line 104-453</b></p>
<p>17. Page 12, lines 43-50. Whilst there may not be formal guidance of appropriate GWG in pregnancy in Ireland or the UK – there are in a number of other countries including the USA and Australia and this would be worth discussing. Additionally there are papers which describe routine weighing and the use of weight monitoring graphs during pregnancy as a means to open the communication around weight gain in pregnancy. Exploring these aspects would strengthen the discussion.</p>	<p>We have now acknowledged the guidelines in other countries such as the USA. We also discuss the evidence-practice gap that has been previously identified and provide more detail on routine weighing and the barriers.</p>	<p><b>Page 4</b> <b>Line 113-122</b></p> <p><b>Page 12-13</b> <b>Line 406-414</b></p>
<p><b>Conclusion</b></p> <p>18. This study does not appear to highlight or add any additional 'important insights' than have already been presented in previous studies.</p>	<p>We believe this paper provides detailed insights into the perspective of midwives, GPs and obstetricians who engage with overweight and obese pregnant women in an Irish context. Furthermore, we discuss how health care professionals can be supported to address weight with their patients and the need to clarify hospital based HCPs and GPs roles within shared antenatal care in order to effectively manage weight and obesity in pregnancy.</p>	<p><b>Page 13-14</b> <b>Line 428-453</b></p>
<p>19. Concluding that evidence-based policies could improve care, has not been demonstrated or raised with the results. EB guidelines were, but not policies specifically. It is also difficult to conclude the population based approach is needed when this research is the</p>	<p>We agree with the reviewers and amended this to evidence-based guidelines. Furthermore, we agree that a population based approach is ambitious as this research involves HCPs from 1 hospital and surrounding region. This has been removed from the manuscript.</p>	<p><b>Page 14</b> <b>Line 452-453</b></p>

views of HCPs within 1 hospital and small surround district.	CUMH is a large academic maternity hospital in the South of Ireland where approximately 6,657 new obstetrics patients entered in 2015	<b>Page 6</b> <b>Line 171-172</b>
<b>References</b>		
20. Please check formatting – ref 15 appears to be different to the rest	This reference has been amended – it is now reference 18	<b>Page 4</b> <b>Line 129</b>
21. Abstract – results should clearly articulate that 4 themes were identified.	We agree with the reviewers and have now clearly articulated in the abstract that 4 themes were identified.	<b>Page 2</b> <b>Line 51-53</b>
22. Conclusion is stating a result (4 themes) and does not reflect the results as presented by the themes.	We have removed this sentence from the conclusion section in the abstract.	<b>Page 2</b> <b>Line 60-61</b>

#### Specific comments included in PDF

Comments	Response to reviewer	Page & Line
<b>Introduction</b>  Page 4, Lines 4- 14: Provide a sense of the numbers of women entering pregnancy with a BMI>30 in other parts of the world, particularly in high-income countries. This will improve relevance to those outside Ireland and the UK.	We have now provided the prevalence of obesity in high income countries (UK and USA). We also provide the prevalence estimates for overweight and obesity in Europe.	<b>Page 4</b> <b>Line 107-111</b>
Page 4, Lines 17 – 31: Use consistent definitions of maternal obesity throughout and relate this to the study. There is a discussion of maternal obesity being BMI>30 but 29.9 and 25 are also mentioned in different parts of the manuscript (including the title).	We thank the reviewer for raising this issue. The focus of this paper is overweight and obese pregnant women, which we have now addressed throughout the manuscript as BMI≥25 (or overweight and obese pregnant women)	<b>Page 4-14</b> <b>Line 104-453</b>
Page 4, Lines 42-47: clarify that HCPs influence women's lifestyle behaviours and that this could, in turn, influence weight in pregnancy.	To clarify this we have now included a sentence on pregnancy as a “teachable moment” where woman's health motivations could be harnessed for long-	<b>Page 4-5</b> <b>Line 136-143</b>

	term behaviour change. We also emphasise that routine contact with women during pregnancy provides HCPs with an opportunity to support women and influence their lifestyle behaviours and weight.	
Page 4, Lines 50 – 55: Are there guidelines for gestational weight gain? If so, what are they? What is routine practice regarding weight in pregnancy? Does it vary among HCP and if it does, then how does it vary? Reference in this section should be updated as many papers have been published in this arena in the last few years.	This has now been included in the introduction of the manuscript (Institute of Medicine (IOM) gestational weight gain recommendation for BMI categories). We have also highlighted that a low number of studies were adhering to these guidelines and there are no formal gestational weight gain guidelines in Ireland.	<b>Page 4</b> <b>Line 113-122</b>
Page 5, Lines 12 – 14: the phrase: “the factors that influence their approach for overweight and obese women...” seems to imply that approaches are not normally patient-centred. Should this be changed to “...their approach to working with overweight and obese women”?	This has now been changed to “their approach to working with overweight and obese pregnant women”.	<b>Page 5</b> <b>Line 156-159</b>
<b>Methods:</b>  Page 5, Line 22: clarify whether HCPs were asked about women whose BMI was in the obese category, the overweight category or both	This has now been amended to highlight that HCPs were interviewed and asked about pregnant women in both the overweight and obese BMI categories.	<b>Page 5</b> <b>Line 163-164</b>
Page 5, Line 38: change to: GPs were purposively sampled...	This has been change to purposively sampled.	<b>Page 5</b> <b>Line 169</b>
Page 6, Lines 17 – 34: Describe the types of clinics/settings that non-hospital HCPs or GPs were based in.	GPs were recruited from single or group practices serving both public and private patients.	<b>Page 6</b> <b>Line 175-177</b>
Page 6, Line 39: clarify that 17 HCPs were recruited but that 12 were interviewed as data saturation was reached by that time. Also clarify that	We have now clarified that 17 interviews with hospital based health care	<b>Page 7</b> <b>Line 208-211</b>

<p>the other 5 interviews were not conducted (if that is correct).</p>	<p>professionals and GPs were conducted and analysed.</p> <p>Interviews were analysed chronologically, with similar themes emerging after 12 interviews, we continued with interviews to confirm this. It was agreed then, after interview 17, that no more interviews were required as no new themes emerged.</p>	
<p>Page 7, Line 6-8: clarify that HCPs were asked about (and described) their attitudes toward weight in pregnancy, rather than weight more generally.</p>	<p>This has been clarified in the manuscript and now reads 'HCPs describe the constraints within the system and highlight their attitudes to weight during pregnancy'.</p>	<p><b>Page 7</b> <b>Line 222-223</b></p>
<p>Page 9, Lines 14-15: It's interesting that the HCPs seem to view themselves as managing weight (according the title of this section) when its women who are managing weight and HCPs would be playing a support role. Can you comment on whether this is the case? If not, please clarify this section.</p>	<p>We agree and thank the reviewer for raising this issue. After giving this some thought, we have reworded this theme to read as "<i>Doing what you can with what you have</i>" to support the management of overweight and obesity. This has been amended throughout the manuscript.</p>	<p><b>Page 9</b> <b>Line 299-302</b></p>
<p>Page 12, Lines 27 – 51: There are several suggestions about how HCP might be helped to navigate this situation of supporting obese women with her pregnancy-related weight gain. Please expand on what would need to happen to promote uptake, dissemination and implementation of these suggestions. Who needs to be involved? How would stakeholders be brought together to move toward viable solutions?</p>	<p>We have now expanded on this point in the practice implications section of the manuscript. We now discuss the use of multidisciplinary teams or networks within the shared antenatal care setting to enhance and encourage knowledge sharing between HCPs allowing for effective communication between primary and secondary care.</p> <p>We also discuss questions that HCPs should ask to determine whether the patient needs additional support to manage weight. Furthermore we mention motivational interviewing as a potential effective strategy to address the sensitive nature of obesity in antenatal care.</p>	<p><b>Page 13-14</b> <b>Line 428-444</b></p>

<p>Page 13, Lines 12-13: It's not clear why the authors believe that their findings might not reflect those of HCPs working outside of their geographical area. Generalizability is not usually something that is expected with qualitative research. Please clarify (here and in the beginning section).</p>	<p>We agree with the reviewer with regards generalizability and qualitative research.</p> <p>However, we felt it was important to highlight that the issues raised in this study may not reflect other HCPs attitudes or opinions within other regions in Ireland. Those who participated in this study may have had a greater interest in the study aim.</p>	<p><b>Page 13</b></p> <p><b>Line 423-426</b></p>
---	---	--

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Karen New The University of Queensland, Australia
<b>REVIEW RETURNED</b>	06-Nov-2018

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review the revised manuscript exploring weight management in pregnancy in an Irish setting. Thank you for addressing previous issues raised and overall the changes have strengthened the paper and added clarity. A number of minor grammar/spelling error which the editorial team should address such as page 9, line 290 'you' instead of 'your'; page 6 line 176 'sample' instead of 'sampled', page 11, line 412 provisional instead of provision; line 417 weighting should be weighing; page 14, line 454 – delete and.</p> <p>Minor comment Page 8, lines 252-253 – unsure if the added sentence 'disengage, the shutter come down...' is a quote or a summary from the participants. If a quote it needs quotation marks.</p>
-------------------------	---