

Exploring Barriers to Lifestyle Advice Provision to Pregnant Women With Obesity

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the USMS between 2000 and 2015. Twelve faculty participated in a 60-min semi-structured interview that included a retrospective lifeline visualization to elicit descriptions and sequences of formative Diversity & Inclusion based on USMS faculty's own D&I definitions. This framing guided discussion yet allowed faculty to think aloud and revise and then reflect on how their own life course uniquely evolved. Faculty identified 10 positive and negative D&I categories they considered formative. Preliminary insights suggest that high-contrast exposures and small-group discussions matter. This pilot highlighted some methodological approaches for measuring and cautiously interpreting highly individualized data from a small sample as further studies or interventions are planned.

Methods for Client Feedback

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Piloting innovative and responsive data collection methods to collect feedback from diverse and often vulnerable child and youth presents complex challenges and opportunities for learning. In this presentation, we will discuss the methods piloted, challenges encountered, and lessons learned through the Child Intervention Client Feedback Project in the context of the Alberta's Child Intervention system. The aim of the project was to identify recommendations for future system-wide client feedback data collection tools that empower and honour the voices of clients while building knowledge about clients' experiences to lead to system improvement. Data collection methods were designed to be inclusive, strengths-based, culturally responsive, and trauma-informed. Quantitative data were collected through an online survey while qualitative methods were adapted from traditional methods for age-appropriate and culturally relevant contexts. Arts and play-based methods were used to collect feedback from children ages 4–9, sharing circles were conducted to collect feedback from Indigenous children and youth ages 10–23, and face-to-face interviews were conducted for children and youth ages 10–23. Collaborative mixed methods data analysis revealed robust findings. Qualitative methods provide context, nuance, and depth needed to fully understand the trends illustrated by quantitative methods.

Exploring Barriers to Lifestyle Advice Provision to Pregnant Women With Obesity

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Background: Over half of maternal mortality is associated with being overweight during pregnancy. This study explored healthcare professionals' (HPs) barriers to providing weight

management advice to pregnant women with obesity who were part of an mHealth feasibility randomised controlled trial (RCT) lifestyle intervention. **Aim:** To conduct a process evaluation of a feasibility RCT and to explore barriers to lifestyle advice provision to pregnant women with raised body mass index (BMI). **Methods:** Semi-structured interviews were conducted with eight HPs who were purposefully sampled. The interviews lasted between 30 and 60 min. Braun and Clark's thematic analysis allowed for recording of patterns across the data. The approach sought to elaborate and clarify quantitative findings from the feasibility RCT. A descriptive approach fitted in with the overall purpose of conducting a mixed methods sequential explanatory design. Theme development was purely inductive. The researcher was free to code the data and find patterns of themes. A second researcher reviewed the codes and emerging patterns. **Findings:** Two main themes emerged: professional limitations due to lack of time and training and personal factors such as stigma linked to HPs own BMI status. **Conclusion:** Despite the steep rise in the number of women of childbearing age who enter the pregnancy in an obese state, no additional programs have been put in place to better equip HPs for this challenge. Due to limited resources and feeling of time pressures, implementation of additional steps in the care pathway is perceived as a challenge.

Readiness and Feeding: The Transition From Hospital to Home With a Late-Preterm Infant

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Parents of late-preterm infants have identified inadequate preparation to manage their newborn's unique needs at home, yet little is known about their hospital discharge experience. This study aims to describe the perspectives of parents surrounding their transition from hospital to home with their late preterm infant (born between 34 weeks and 36 weeks and 6 days gestation). Twelve parent participants, nine mothers, and three fathers were recruited from Calgary, Alberta, and shared their experience through in-person interviews and one focus group. Interpretative description was used to guide the study, and data were analyzed through interpretive conceptual analysis and description. Key themes were revealed to be "feeling ready" and "fed is best." These two themes support parents' transition home with their late preterm infant and are influenced by "previous parenting experience" and the "discharge care setting." Parents described verbal approval from healthcare professionals, early community follow-up, and discharge teaching specific to their late preterm infant's unique characteristics to increase their feelings of readiness to transition home. Feeding was parents' most significant challenge, and they expressed a "fed is best" stance indicating that breast milk is nutritionally superior and yet feel the most important thing for their newborn is to feed and grow.