Diet and Lifestyle During Pregnancy. Pregnant Women’s Stories.

Veronica Funmilayo Agberotimi – 1429981

Submitted in partial fulfilment of the requirement of the Bachelors of Arts Degree (Social Science) at DBS School of Arts, Dublin.

Supervisor: Dr. Anna Wolniak

Head of Department: Dr. Bernedette Quin

April 2013

Department of Social Science

DBS School of Arts
## Contents

Acknowledgements...................................................................................................3

Abstract.....................................................................................................................4

Introduction...............................................................................................................5-6

Literature Review......................................................................................................7-27

Methodology..............................................................................................................28-31

Results........................................................................................................................32-46

Discussion...................................................................................................................47-53

Limitations and Recommendations............................................................................54

References...................................................................................................................55-59

Appendix I...................................................................................................................60

Appendix II..................................................................................................................61-62
Acknowledgments

I thank God Almighty who has proved to be the alpha and the omega of all things in this world and who has sustained me throughout the four years in college. My sincere thanks and appreciation go to my supervisor, Dr. Anna Wolniak for her support, time, ideas, and advice on this dissertation. My appreciations also go to those who participated in this research study – without them I would not have been able to carry on with this project. I would like to thank Debra Cormady, Orla, Yetunde Olaseni for their invaluable contributions. I am also thanking Reverend Dr. Adewale Kuyebi and Dr. Deji Adesina for being my biggest supporters during this stressful time; and for always being there and giving me extra advice on the structure and spelling error. I would also like to thank my Husband, Joseph Kayode, and my children, James, Stephen and Jordan and my friends for being there and for their understanding. I also want to express my appreciation to my manager at Coombe Women & Infants University Hospital for the study and examination days off.
Abstract

This research project will explore the attitudes of pregnant women towards smoking and drinking of alcohol and caffeine and general lifestyle during pregnancy and will also discusses guilt and justification regarding smoking and drinking of alcohol and caffeine during pregnancy. Qualitative research method was used. Semi structured interviews were carried out with 6 participants, Irish pregnant women. Thematic analysis was used, data was coded and themes were found using Nvivo 10 software. The purpose of this research is to give pregnant women an opportunity to tell their own stories about their experience of being pregnant, why do they continue with their lifestyle, and what are their awareness of the effect of smoking and drinking of alcohol and caffeine and their lifestyle on their pregnancy and foetus. The aim is to examine the attitudes towards smoking and drinking of alcohol and caffeine, diet, sleeping pattern and exercising during pregnancy: guilt and justification as reported by pregnant women and factors that influence them to continue with their habits. The emerged themes highlight a wide range of issues; Participants justify their habit by pointing out some factors that influences their lifestyle during pregnancy such as a need to escape reality, problems with partner and social environment, marketing and craving. This research highlighted a gap in knowledge that “all pregnant women were aware about the effect of smoking and drinking of alcohol and their general lifestyle on foetus and pregnancy while majority of women were unaware of the effect of drinking of caffeine during pregnancy”. The research was based on a small sample and the results cannot be projected onto general population and more research on the issue is needed.

Keywords: pregnant women, foetus, diet, lifestyles, unhealthy, habit, smoking, drinking, cigarette, alcohol, caffeine.
Introduction

The introduction will review current literature on attitudes towards smoking of cigarette and drinking of alcohol and caffeine and general lifestyle during pregnancy and will also discuss guilt and justification regarding smoking and drinking alcohol and caffeine during pregnancy and the effect of the habit on foetus and general lifestyle in pregnancy. It will also cover the cultural and socioeconomic factors related to smoking and drinking while being pregnant.

Pregnancy can be a very exciting time for most people. It can also make some people feel anxious about what they should do or what they should not be doing for their own and their baby's health. Share, Corcoran & Conway (2012, P. 317) has argued that, female drinking has been almost universally negatively perceived. From time to time there have been moral panics about female alcohol consumption. In 1950’s Pioneers writing about women were utterly unambiguous in asserting that female succumbing to drink were infinitely worse than drunken men, particularly in the context of the home.

A healthy diet is an important part of a healthy lifestyle at any time, but it is vital for pregnant women and their foetus (Willacy, 2013). Caffeine, alcohol and tobacco use are almost universal with the exceptions in countries or areas with strict religious restrictions (Dixon, 1998). Evidence has been shown in many researches that smoking and drinking of alcohol can have a negative effect on the foetus and can cause Foetal Alcohol Spectrum Disorders (FASD). It can also cause miscarriage and increase the risk of premature birth can reduce uterine growth to foetal loss and can cause spontaneous abortion. Low birth weight babies have higher mortality death rate at birth and breathing disorders, infections of the uterus and premature of the membranes (Alcohol Action Ireland, 2011; Slowik, 2012; Murphy et al., 2013; Woolston, 2011; Keerney, Daly, Lawlor, Menamee & Barry, 2005). Caffeine can also cause low birth weight, miscarriages, blood pressure, it can increase heart rate, it can affect the nutrient that the baby need from the mother (Hazell, 2012; Sengpiel et
Pregnant women have been warned to drink healthy drinks during their pregnancy because their drinking habit can pick by the foetus within the womb either good or bad (Hazell, 2012).

Literature review will show smoking and drinking of alcohol and caffeine and general lifestyle during pregnancy from international level to Ireland. Ireland has always experienced high level of alcohol consumptions, it has been suggested that heavy drinking is associated with response to the authoritarianism of the church dominated culture. It was suggested that in 1961 middle class Dubliners spent more of their income on drinking and tobacco than on food (Corcoran & Conway, 2012). In Ireland rate of alcohol consumption is around 14.4 litres of pure alcohol per capita (WHO, 2010).

Too much weight gain can increase risk of developing problems later in the pregnancy (Willacy, 2012). Pregnant women are advice to do regular exercise. Those who are inactive should start a gentle programme of regular exercise. Moderate exercise during pregnancy has not been shown to cause any harm, but highly energetic and contact sports that would risk damage to the abdomen, falls or excessive joint stress should be avoided. Strenuous exercise in the first three months of pregnancy is inadvisable, because of the possible risks to the foetus of overheating (Willacy, 2012). This study will examine results from previous research as well as highlighted a gap in the existing research. The research will examine the factors that influence pregnant women to continue with smoking and drinking of alcohol and caffeine and their general lifestyle such as healthy diet, sleeping and exercising. This research will emphasize a gap in knowledge and pose a question – are all pregnant women aware about the effect of smoking and drinking of alcohol and caffeine and their general lifestyle on foetus and pregnancy?"
LITERATURE REVIEW

Many researches have shown that smoking and drinking are both dangerous and can damage the development of the foetus (Shriver, 2012). It has been noted that only a small proportion of pregnant women who smoke and drink at a high-level are indentified and treated. Briggs & Pepperell (2009) have noted that women who drinks are always hesitate to enter treatment for the fear of retribution or investigation by social services. Women who are currently parenting also experience stigma and barriers related to their status as mothers (Briggs & Pepperall, 2009). Massey et al., (2010) also suggested that continued use of substance, for example, may be felt by women and viewed by others as a sign of flagrant disregard for the health of a growing foetus. Previous research has emphasised on the importance of a non judgmental attitude by professional staff and a friendly environment (Lewis et al., 1995; Carten, 1996; Hall & van Teijlingen, 2006).

Many pregnant women continue to smoke, despite the number of interventions aimed at assisting women to quit smoking (Diclement, Dolan-Mullen & Winsdor, 2000). It is in a child’s interest for a mother not to drink during pregnancy in order to prevent harming the foetus. In Ireland, two out of three women still drink during their pregnancy (Alcohol Action Ireland, 2011). A study was carried out using the electronic booking records of pregnant women who delivered in a large Dublin maternity hospital between February 2010 and July 2011. The research shows the prevalence of alcohol consumption in the pre-conceptional period and during early pregnancy. Out of the 6017 (90%) women who reported alcohol consumption prior to pregnancy 3325 (55%) engaged in binge drinking and 266 (4.4%) consumed more than 14 units on average per week. At the time of booking 5649 (94%) women were ex-drinkers and of the 368 women who continued to drink 338 (92%) had a low intake (0-5 units per week), 30 (8%) an excess intake (6-20+ units per week) and 93 (25%) reported at least one episode of binge drinking. Factors associated with continuing to drink in
early pregnancy included older maternal age (30-39 years), Irish nationality 95% and smoking 95%. (Murphy et al., 2013).

The risk connected with drinking and smoking during pregnancy is supported by many medical researchers. Binge drinking can have a negative effect on the foetus and can cause Foetal Alcohol Spectrum Disorders (FASD). It can also cause miscarriage and increase the risk of premature birth. There is no safe level of alcohol use during pregnancy and women should not be drinking during pregnancy (Alcohol Action Ireland, 2011). It has been suggested that smokers find it more difficult to give up their addiction than drinkers. It has also been noted that mothers born in Ireland have higher rate of smoking during pregnancy (20%) than women in other countries (13%) (O’Fatharta, 2010). In a study Growing up in Ireland – The infants and their family, which tracks the lives of 11,100 nine-month old infants and families, it was noted that nearly one in five mothers smoked at some stage while pregnant (O’Fatharta, 2010).

**Smoking during pregnancy**

Smoking is one of the major causes of the morbidity for the population. The morbidity and risk of mortality increase when women continue to smoke during pregnancy, as the baby is also at risk (Wiley & Merriman, 1996). When a woman breathes smoke so does her unborn child. Nutrients, drug and chemicals in a pregnant women’s bloodstream can be transferred to the baby through the placenta and umbilical cord. Nicotine and carbon significantly reduce the amount of oxygen in the baby’s blood; all this can affect the growth of the foetus. Babies born to smoking mothers usually have a lower birth weight than those born to non-smoking mothers (Slowik, 2012). Smoking during pregnancy can reduce uterine growth to foetal loss and can cause spontaneous abortion. Low birth weight babies have higher mortality death rate at birth and in their first six months after birth. They are also at higher
risk for serious complications and illness, including breathing disorders, as newborns and they may require specialized medical care in intensive care unit. Intellectual and behavioural development of the baby may be affected and there may be other pregnancy complication such as placenta complications, infections of the uterus and premature of the membranes (Slowik, 2012). Cigarette smoke contains more than 4,000 chemical elements - the toxins that account for smoking related complication in pregnancy (woolson, 2011). The toxic brew gets into the bloodstream, which is the only source of oxygen and nutrient for the foetus. The shortage of oxygen can affect foetus's growth and development. Also, one or two cigarettes will significantly tighten blood vessels (Woolston, 2011).

**Smoking and socio-demographic characteristic**

Mothers with lower level of education are more likely to smoke at any stage during pregnancy. For example, 40% of mothers who left education at lower secondary level or earlier reported they smoke at early stage during their pregnancy when compare with 6% among graduate (O’Fathata, 2010). Smoking is a cultural and social issue for women, a culture of smoking provides opportunities for social bounding for women and this often reinforces addiction to smoking (O’Meara, 2011). Race, income, and employment status are primary issues that could affect smoking interest. White, unemployed, and less-educated women have greater possibility of continued smoking during pregnancy, before and after birth of their baby. Smoking partners can contribute to women’s smoking habit during pregnancy (DiClemente, Dolan-Mullen, & Windsor, 2000). Women who work part-time, or have insecure jobs, are more likely to suffer from stress and hard work and being poor can lead to stress (O’ Meara, 2011). According to DiClemente et al., (2000) women appear to find some unique benefits of smoking, as it becomes part of their coping with life and because young women have multiple demands and stressors related to having to perform
competing roles as a mother and homemaker. They found that women appeared to be substituting smoking and drinking as a general coping strategy for relieving the stress of life and the feelings of depression.

A recent study in Australian has indicated that Australian women continued to smoke during their pregnancy: 18% of women who smoked while pregnant are both young and older mothers (Well, 2011). In a Slowik’s study in 2000 in the USA, 12.2% mothers reported having smoked during pregnancy. This means that smoking is the most common addiction among pregnancy, only 20% of women were able to quit during their pregnancy. Women who smoke before pregnant find it difficult to quit. It is not uncommon for smokers to reduce their use of cigarette during pregnancy. However, reducing the number of cigarette smoked in a day does not necessarily reduce the amount of nicotine, tar and other poison consumed and the effect on the foetus (Slowik, 2012).

A study in Coombe Women and Infant University Hospital in Dublin shows that 70% of pregnant women reported smoking during their early stage of pregnancy in 1988 and this number increased to 80% in the year 1998 (Keerney, Daly, Lawlor, Mcnamee & Barry, 2005). The following are annual clinical reports of percentage and numbers of current smokers from the year 2006 to 2011. In 2006 it shows that 18.2% of women smoked; 17.3% in 2007; in 2008, it was 16.7% (1,534); in 2009, it was 16.1% which amounts to 1,527; in 2010, 14.5%; and in 2011, only 14.2% smoke, which amounts to 1,293 women (Coombe, 2011). It is visible that the trend is declining - less and less women in Ireland smoke during their pregnancy, nevertheless the number is still big.

In Ireland smoking is significantly correlated with age, geographical location, social factors, culture, employment status, socioeconomic et caetera. 30% of women aged 18-30 and 30-34 year constitute the highest proportion of regular smokers and 55 and 60 years old women are one-fifth (Wiley & Merriman, 1996). Social class has a significant effect on
whether a woman would likely smoke during her pregnancy or not. A half and three quarters of women would likely smoke during their pregnancy, but there is evidence of class effect. Lower social class working women will smoke more cigarette than women in middle and upper class (Wiley & Merriman, 1996). In Ireland, surveys of consumption in 1961, suggested that middle class Dubliners spend most of their income on drinks and tobacco than they spend on housing. Household budget survey on expenditure on alcoholic drink rose from 1.1 per cent in 1951-1952 to 5.5 per cent in 199-1995 (Share, Corcoran & Conway, 2012).

Employment status also has effect on smoking behaviour during pregnancy: unemployed women have the highest proportion of smokers, these include student, retired, the ill and people with disabilities. Over 70% women who smokes say they will continue to smoke during future pregnancy (Wiley & Merriman, 1996). Women appear to find some unique benefits of smoking which makes smoking to be part of their coping with stress. Women may quit for the sake of their baby and could return to smoking after birth as a result of lack of support from partners (DiClemente, Dolan-Mullen, & Windsor, 2000). Haug et al., (1992) noticed that negative attitudes towards smoking and determination to stop smoking were significantly higher among women who were encouraged by their partners to stop smoking and in those who perceived that their partners are willing to stop.

**Drinking of alcohol during pregnancy**

Alcohol is a drug that is associated with many risks (HSE, 2009). Alcohol goes through the blood stream and the wall of the stomach. Its effects can be felt very quickly. Alcohol is a depressant, it slows down the active of the nervous system and it can cause depressed emotional state (Slowik, 2012). Alcohol consumption in Ireland in 1996 was under EU average. However, as Ireland experienced fast growing economy during the earlier part of 2000s, Ireland recorded highest increase in alcohol consumption as well. Half of men
population and 16% of women in Ireland now binge at least once per week (O'Connor & Murphy, 2006). According to the report on number of alcohol consumption by the World Health Organisation (WHO), Europe has the highest consumption of alcohol in the world. One fifth of the adult population consume excess alcohol. A European consumes average of 9.24 litres of pure alcohol per year. In Ireland alcohol consumption is around 14.4 litres of pure alcohol per capita (WHO, 2010).

Alcohol has been regarded as lifestyle behaviour. Women drink alcohol for different reasons because of social pressure and emotional upset, for reducing stress. Whatever the reasons or lifestyle associated to drinking, it is very difficult to change when a women is pregnant. Despite the increase of information on the danger of substance use, pregnant women still continue to drink (Slowik, 2012). Women may engage in drinking of alcohol in order to cope with or suppress emotional challenges, sadness and or anxiety (Briggs & Pepperell, 2009). Massey et al. (2010) findings have indicated that the severity of depression and anxiety may interfere with an attempt to discontinued tobacco and alcohol use during pregnancy.

Slowik's (2012) studies in the USA have found that the use of alcohol are still very high among pregnant women, it has been noted that from 1991-1995, the rate of pregnant women who use alcohol increased from 12.4% to 16.3%. And in the year 1999 and 2000, it was slightly lower: 10% of pregnant women aged 18-25 reported use of alcohol and binge drinking in the year 1999 and 14% of those aged 22-44 reported binge drinking in the year 2000. Study conducted in 1992 among 100 women attending antenatal clinic in Rotunda Hospital reported lack of awareness among pregnant women about the risk of prenatal alcohol exposure. The study has found that 11% of pregnant women who have been told by the GP about the risk of drinking of alcohol during pregnancy still continue to drink. It was noted that binge drinking among young Irish mothers has increased. According to Millaly,
Cleary, Barry, Fayey & Murphy (2011), a study in Ireland on pregnant women has found that women who drink alcohol during pregnancy are more likely to smoke. Wiley & Merriman (1996) in their studies in Ireland regarding smoking and drinking during pregnancy have also highlighted that 24% of mothers who engaged in home duties continued to drink during their pregnancy. Keerney, Daly, Lawlor, Mencamee & Barry (2005) reported drinking habit of pregnant women attending the Coombe Women and Infant University Hospital in Dublin in 1999 to 2005. Women who did not drink during their pregnancy amounted to 29%; occasional drinkers (1-5 unit per week) were 56%; women who drink 6-9 units per week 4.5%; and women who drink 10 units per week 0.9%.

A study in large Dublin Maternity Hospital in the 2000 – 2007 on pregnant women who are heavy drinkers showed that 45% of them were under 25 years and 80% were single, one third were unemployed, 90% were Irish, only 3.5% had private health care, 68% were pregnant for the first time, 75% had not planned their current pregnancy, 70% smoked during their pregnancy, 40% are been referred by a social worker (Drugnet. Ireland, 2011). Another research on use of alcohol in pregnancy in Coombe Women Hospital found that almost two-third (63%) of 43,318 women surveyed said they drank alcohol during their pregnancy and majority were in their first months of pregnancy. This study also found out that almost two-third of the women survey accepted drinking during their pregnancy (Alcohol Action Ireland, 2011). Two in 1,000 pregnant women who drink during pregnant were admitted as a result of heavy drinking, which means greater than 20 units a week and the moderate and heavy drinkers were often first time mums (Murphy, 2011).

It was noted in the most recent European studies that 15 and 16 year old Irish girls (44%) drink more than boys: 42% reported ‘binge’ drinking during past month, 54% were drunk at least once by the age of 16. Heavy drinking has become the norms in Irish society (Alcohol Action Ireland, 2011). Former junior minister, Rosin Shortfall, has drawn up a
memo for the cabinet regarding minimum sales and price for alcohol product. It was suggested that there should be a legal ban on supermarket putting crease of beer on sale along side with groceries and phasing out sports sponsorship by drink companies (Brennan, 2013).

**The effect of drinking of alcohol on foetus**

Findings from the NICHD University of Chile Alcohol in Pregnancy Study show that heavy alcohol exposure is dangerous for developing foetus and it has longer-term effects (Shriver, 2012). Foetal Alcohol Syndrome was defined as a clinically recognisable cluster of physical and central nervous system neuron-developmental abnormalities present in newborn (Keerney, Daly, Lawlor, Mcnamee & Barry, 2005). Binge drinking has been highlighted as harmful to the foetus and it has lead to the long-term difficulties and high rates of secondary problem faced by these children, leading to delinquencies, substance misuse, suicide and psychiatric disorders, oppositional defiant disorder with similar problems of attention and behavioural control. Research conducted in US has analyse that prenatal alcohol exposure on young adult can be linked to family history of alcohol problem, nicotine exposure and other drugs (Keerny et al., 2005).

**The effect of drinking of caffeine on foetus**

Caffeine is the most commonly used psychoactive substance in the world. It can be found in beverages and food, mainly in tea, coffee, cola, chocolate bars and some medications (Jahanfar & Jaafar, 2013). The discovery of caffeine chemical structure in 1895 has made it one of the most comprehensively studied food ingredients (Safe Food). Almost 120,000 tons are used every year representing over 1,300 billion cups of tea and coffee per year all over the world (Corrigan, 2002). Caffeine consumption is strongly correlated with smoking (Smith, 2013). Caffeine is also an additive in a range of high energy or stimulant drinks that also
contain sugar or glucose, an amino acid called taurine and also glucuronolactone (Corrigan, 2002). The labelled caffeine content of these drinks ranges from 50-80 mgs per 250 ml can, on this basis one can of stimulus drink may provide the same amount of caffeine as a cup of strong coffee. Over 34 million cans are sold all over Ireland in an average year, representing 8.5 million litres of drink. The average weekly consumption was three cans but some consumed eight cans per week. The Food Safety Promotion Board has recommended that these products should not be consumed with alcohol and it should be avoid by pregnant women (Corrigan, 2002). Caffeine may affect sleep; high consumption may cause flashes of light or odd noise (Martin, 2008). Caffeine is commonly ingested to enhance alertness and improve performance, it usage should be avoided by pregnant women (Chin et al, 2008). The food standard agency has recommended the consumption of caffeine from 300mg a day to 200mg a day (Martin, 2008). A survey carried out regarding the consumption of caffeine in the North and South of Ireland from 1997-2000 reported that 91% of respondent drank tea, 55% coffee, 43% carbonated beverages and 21% diet carbonated beverages (Safe Food).

In the Republic of Ireland the FSAI recommends that excess consumption of caffeine during pregnancy should be discouraged (Safe Food). A research study in Rotunda Hospital in Dublin found out that 34.8% pregnant women reported drinking coffee regularly during their pregnancy (Basso et al., 1992). Findings have indicates that ingesting > 300 mg per day of caffeine doubles the risk of miscarriage when compared to women whose caffeine intake is < 151 mg per day. Another finding has shown that caffeine consumption of > 300 mg per day is associated with lowered birth weight and smaller head circumference (Chin et al, 2008). A study of 10,065 pregnant women has indicated that those who drink caffeine everyday have 25 per cent risk of miscarriage (Sample, 2008). Many researches have shown that maternal consumption of caffeine in pregnancy may be associated with adverse pregnancy outcomes
(Jahanfar & Jaafar, 2013). Caffeine is associated with prolong gestation (Sengpiel et al 2013).

Some researches and literature has justified the drinking of caffeine by women. According to a Harvard School of Public Health study in the UK it was noted that women who drink coffee four or more times daily are 20 percent less likely to become depressed than women who drink fewer than one cup of coffee a week and the coffee is associated with boosting energy in the short term (Reston, 2013). A study in Denmark in 2013 has indicated that pregnant women who drank between eight or more cup of coffee a day may be risk having a stillbirth (Epigee, 2013). Caffeine metabolites have been found to accumulate in foetal brain (Sengpiel et al 2013). Caffeine metabolic activity has been found to be more closely associated with foetal growth (Konje & Cade, 2008). A researcher in U.S.A looked at 1,063 pregnant women in San Francisco between 1996 and 1998 those who did not change their caffeine consumption during pregnancy. Women who consumed 200mg or more of caffeine a day, the equivalent of two or more regular cups of coffee or five 12oz cans of caffeinated drink had twice risk of miscarriage than of women who consumed no caffeine. Women who consumed less than 200mg caffeine daily had more than 40 per cent increased risk of miscarriage. The study was published in the American Journal of Obstetrics and Gynaecology.

It was carried out by the research division of Kaiser Permanente, the largest health plan in the United States (Hope, 2008). Drinking of tea has a remarkable influence on the nation’s culture and lifestyle patterns through the ages (Wang, 2011). Coffee break can affect increase intake of caffeine. Coffee is drunk in most offices in the world (Dixon, 1998).
**Stimulus drinks**

Stimulus drinks, can be referred to as 'energy' or 'stimulant drinks', they are defined as beverages which contain caffeine, taurine and vitamins, and may contain energy source e.g. carbohydrate, and other substances (Safe food). Energy drinks contain additional amounts of caffeine through additives, such as Guarani, kola nut, yerba mate, and cocoa (Seifert et al., 2011). Stimulus drinks products are Jolt Cola, Red bull, Spike Silver, American Bull etc. (Safe food). A survey of the consumption of stimulant drinks in Ireland was commissioned by the FSPB in 2001, it show that majority of stimulus product are consumed by men, in the Republic of Ireland 37% of individual have consumed stimulant drinks at least once. The most common location of consumption was pubs and club, but stimulant drinks were also consumed with friends, at home, and occasionally at work. It has been marketed for some specific purpose such as providing real or perceived enhancement of physiological and performance effects (Safe food). Drinking of stimulus energy drink among pregnant women can result to high intake of caffeine which is associated with risk of miscarriages, stillbirths, and small-for-gestational-age infants (VanVleet, 2012).

**Healthy Diet**

Pregnancy can be memorable and enjoyable experience and women should understand and learn how to adjust to changes that takes place in their body (Ramaiah 2004). A healthy diet is an important part of a healthy lifestyle at any time, but it is more vital for pregnant women. Eating healthily during pregnancy will help the foetus to develop and grow, and will keep women fit and well (NHS, 2013). During pregnancy it is important for pregnant women to continue to eat a healthy balanced diet and it is not necessary to 'eat for two' (Willacy, 2013). The emphasis on eating 'right' is more pronounced because of the belief that a woman is 'eating for two' (Homans 1983; Markens, Browner, and Press1997; Murcott 1982, 1988.
cited in Copelton, 2006). Pregnant women should eat meals with starch-based foods such as bread, cereals, potatoes, rice, and pasta, with fruit and vegetables. Eating of protein foods such as meat, fish, pulses, chicken, etc. is also good for pregnant women. Including the consumption of foods that contains iron, calcium and folic acid; a growing foetus needs right nutrients from the start of the pregnancy (Willacy, 2013).

Pregnant women frequently change their degree of food intake by consuming fewer bad foods (Copelton, 2006). During pregnancy women my probably find that they are more hungry than usual, but they do not need to 'eat for two' (NHS, 2013). Over weight during pregnancy can increases the risk of developing problems during pregnancy. According to the World Health Organization, for women with a normal pre-pregnancy weight, a weight gain of 10-14 kg over the pregnancy is associated with the lowest risk of pregnancy complications (Willacy, 2013). Earlier reports suggested that obese women have an increased risk of early miscarriage both after spontaneous conception. In a recent Irish prospective observational study of 1200 women, 2.8% obese pregnant women had miscarriage after foetal heart activity had been confirmed by sonographically in the first trimester (HSE, 2011). Obesity in pregnancy is associated with complications during pregnancy including gestational diabetes mellitus, pre-eclampsia and venous thromboembolism, obesity can result to higher incidence of obstetric interventions such as caesarean section, as well as an increase in pregnancy complications including haemorrhage, infection and congenital malformations (O’Dwyer &Turner, 2012).

Craving is a neutralization technique used by pregnant women. Cravings are sudden and strong desires for particular diets that are attributed to the pregnancy itself. Often, these cravings always lack nutritional content, or high "bad" elements such as fat, calories, sugar, or preservatives etc (Copelton, 2006). If there is a craving for some particular bad foods it should be avoided especially cravings for a non-food item should be referred to the GP (HSE,
Medical staff has always informed pregnant women that poor diets can result in premature and stillborn infants (Nobmann & Adams, 1970). Recommendations for healthy eating during pregnancy have been published in Ireland and are also available from the HSE (2011).

**Diet and socioeconomic group**

Socioeconomic status and low educational attainment or the deliberate restriction of food as part of a weight loss regime can lead to an adequate nutrient intake during pregnancy (HSE, 2007). Social inequalities is related to low birth weight, pre-term delivery and low birth weight. In a recent study in USA on pregnant women from lower socioeconomic groups by Haggarty and co-workers, the study have shown that these women had diets containing less protein and fibre, as well as a range of essential nutrients, such as iron and vitamins like foliate, vitamin B6, niacin, vitamin C and beta-carotene. The diets of these women were also higher in sodium, as well as saturated fats. In addition, the diet contained lower intakes of fruit, vegetables and oily fish (Haggarty *et al.*, 2009; cited in Food safety authority of Ireland, 2011). In a study of 1,777 pregnant women in the USA, it was noted that younger women who were less educated had poorer quality diets during pregnancy with lower intakes of vegetables, high-fibre foods and calcium (Food safety authority of Ireland, 2011).

For many women, pregnancy is a time of great joy, excitement and anticipation. Unfortunately, for many it can also be a time of serious sleep disturbance, even for women who have never had problems sleeping. According to the National Sleep Foundation's 1998 *Women and Sleep* poll, 78% of pregnant women report more disturbed sleep during pregnancy than at any other times (NSF, 2011).

**Exercising during pregnancy**
Women are advised to continue or begin a moderate course of exercise during pregnancy (NHS, 2008). Exercise before and during early stage of pregnancy can strengthen abdominal, back, and pelvic muscles, which improves posture and allows increased weight bearing ability. Low intensity exercise can also alleviate pain once it develops (Sabino & Grauer, 2008). Exercise during the second half of pregnancy significantly decreases pain following a three time a week 12 week program. Pelvic tilts are particularly effective in relieving lumbar pain. Knee pull, straight leg raising, curl up, lateral straight leg raising, and the Kegel exercises are also successful in relieving low back pain in pregnant women (Sabino & Grauer, 2008). Walking is very good physical activity in pregnancy and swimming is also a good form of exercise. It is advisable to take the stairs and not the lift at work and in the shopping centres, brisk walk at lunchtime and walk instead of driving to the shops during pregnancy (Kenny, 2010). A 30 minute of physical activity every day is recommended for pregnant women. However, it may be necessary for some pregnant women to talk to their doctor or midwife before doing any physical activity during their pregnancy (Willacy, 2013). Pregnant women who work should inform their employer, if they think that their job may pose a risk to their pregnancy as soon as they become pregnant. Certain jobs and workplaces may pose a risk to a pregnancy (Willacy, 2013).

The problem of justifications

The main problem of this study can be summarized as follow: how did women justify their unhealthy lifestyle during pregnancy? If drinking and smoking is so harmful for foetus why are there so many women who still drink and smoke? Are they aware of the negative impact? Justification is when a person accept responsibility for an act, but denies being associate with such an act. Justification is socially approved vocabulary that neutralizes a general sense in which the act in question is impermissible. A person may justify harming other people life
by claiming that they acted in self defence. If a person abusing alcohol is responding to a wide range of questions such as “why do you drink?” the response may be “I am having family problems”. The person offering such an account may not regard it as a true answer, but just want the inquiring to be cut short (Scott & Lyman, 1967). Graham argued that women who smoke and drink are weak; they lack will power and they are irresponsible. Non smokers also considered women who smoke and drink during pregnancy as selfish. Smokers justify their habit by refusing to believe the evidence and because drinking of alcohol helps them to maintain calm atmosphere in their home (Graham, 1996). According to Sigmund Freud the primary source of guilt were fear of authority and fear of loss of parental love, which eventually become one’s conscience. Some people, who do not seem to experience guilt, can disregard guilt when they harm others, or behave in ways that are self-centred (Lamia, 2011).

Many pregnant women know smoking and drinking is harmful but they still continue to smoke. Guilt may provide an impetus for change. However, guilt is sometimes used as ‘penance’ for addiction which may give permission to continue the behaviour. Some women who feel guilty may reject help or may lie about drinking during pregnancy. Guilt is uncomfortable but some women may cope with it as they do with uncomfortable feelings. They have trouble in reconciling their harmful way of life with their desire for a healthy baby. They may see a change as a painful choice and instead of changing their lifestyle completely they end up rationalising their habit (Cummins, Tedeschi, Anderson, Quinlan-Downs, Harris and Zhu, 2007). A current research from a team at the Hospital for Sick Children in Toronto found that exposing one’s own child to a teratogenic substance can cause severe guilt and anxiety in the mother (Dawson, 2012). Pregnant women may internalize a high level of shame and guilt because of their habit, feeling they are failures as wives and mothers (Briggs & Pepperell, 2009).
Alcohol and Culture

Culture refers to the shared meanings transmitted from one generation to another (Phillips, 2010). Drinking and smoking in some countries is a part of culture. In Ireland, for instance, the numbers of adults who drink alcohol are very high. Drinking in some countries is a part of culture. In Ireland, for instance, the numbers of adults who drink alcohol are very high, the rate of alcohol consumption is around 14.4 litres of pure alcohol per capita (WHO, 2010). It is assumed that such habit create warmth and high spirit and promotes internal harmony and agreement among families and friends, ―let’s drink to that‖ (Kornblum & Julian, 2009).

Drinking of alcohol can be integrated into culture. In Sweden, drinking is an activity loaded with emotion and meaning, ―you have to learn the rule of drinking - if you can’t take part in drinking you might never enter society‖ (Gefou-Madianou, 1992, p.167). And there is a saying about drinking of alcohol in Sweden ―all joy without spirit is artificial joy, take schnapps and be like a human being!‖ In Sweden it is a tradition that when men drink, women watch, but lately women have started drinking when men are away, if they are single, separated or divorce and young women drink in small groups at home or to mark a special occasion (Gefou-Madianou, 1992, p.167).

Alcohol might be seen as one of the means of finding relief, "wine drunk with an equal quantity of water puts away anxiety and terrors‘ (Plant, 1997 p.106). Family background such as abuse or neglect, stress, loss of a parent or significant relationship, chronic illness, living with addiction parent, family poverty and conflict with parent can cause depression for adolescent who may end up using substance as self-medication. Women with social phobias and pressure may use alcohol to relieve social pressures, to conform to peer groups and to alleviate anxiety about negative evaluation from others (Briggs
& Pepperell, 2009). Fossey (1994) argued that there is a significant relationship between patterns of parental consumption and children consumption. This has a greater role to play regarding social learning perspective. Harrison & Sidebottom (2008) environment have shown the prevalence use of substance within the community it is another factor that can influence individual's substance use.

The role of the media can be considered as an external influence on the process of learning to drink. In the UK today, it has been estimated that around 98% of all household own television set. Movies and soap operas tend to include very high proposition of occasion in which alcohol is used. For example, two popular British soap operas, Coronation Street and East Ender are broadcasted regularly and they are enjoyed by highest audience. They are centred around local bars, some movies also have high proposition of ‗drinking act‘. All those have influenced attitudes concerning the acceptability or appropriateness of alcohol use and it has motivated people to model drinking behaviour (Folley, 1994).

Marketing can shape drinking culture by creating and sustaining expectations and norms about how to socialize, sexual success, how to celebrate, how to relax and how to belong (Condon, 2013). Many pregnant women in Ireland have received information about the effect of drinking on foetus but that information is outweighed by the extent of alcohol marketing. This has added to the cultural acceptability and normality level of alcohol use. Alcohol is marketed and sold in supermarkets, petrol stations and convenience stores. The sales of alcohol has become just like normal grocery, it has become an everyday item in the family shopping basket (Alcohol Action Ireland 2011). Lingford-Hughes et al., (2003, p.212) argued that craving is a multidimensional phenomenon which can incorporate a desire to gain a positive feelings to overcome a negative feelings or an ‗urge to use‘ substances.

**Alcohol as a social problem**
Drinking problem is a learned behaviour; it may not be reversible, although there is often strong, pragmatic ground for total solution for a serious drinking problem (Heater & Robertson, 1997). If parents are battling with an addiction, they are less likely to provide good supervision after school. When adults are not present to monitor substance use of adolescent, the use goes up and continues until adult age (Briggs & Pepperell, 2009). Drinking patterns in general tend to run in the family, children can observe their parents, relative and other siblings. If a mother habitually drinks 10 pint of beer on a weekend evening, it is possible that her children follow such habit. Drinking culture exist where heavy drinking is a common occurrence and active pressure of new recruit to conform to established heavy drinking norms (Heater & Robertson, 1997). One in 11 children in Ireland recently reported that their lives were negatively impacted by parental drinking (Alcohol Action Ireland, 2011).

The relationship between spouses who drink alcohol has a strong influence on pregnant women. Women may hide their drinking habit from family and social support out of a sense of shame and guilt (Briggs & Pepperell, 2009). According to the Irish survey conducted by the Health Research Board in 2012 on public knowledge, attitude and behaviour towards the purchasing and consumption of alcohol 90% drink at home, 86% agree there are high rates of drunkenness on Irish street at night, and 85% agree that current level of alcohol consumption in Ireland is high. 73% think that Irish society tolerates high level of alcohol consumption, 80% disagree with the statement that it is safe to drink a glass of wine everyday during 12 weeks of pregnancy, 72% say they know someone who drink too much and four out of ten are immediate family. With the perceptions of the level of public drunkenness, there is a strong belief that the current level of alcohol consumption in Ireland is too high (HRB, 2012). Another study done in the small Irish community of Clontarf confirms that heavy drinking is considered to be nothing. Men have a substantial amount of
drinking within several bars. Drinking is considered as an element of the community routine practice (Gefou-Madianou, 1992).

Provision of more information can help to reduce the use of alcohol and smoking of cigarette. Alcohol awareness campaign 2001-2003 was developed to raise awareness and create debate on alcohol issues and to highlight harm and start a multi-sectorial approach to reduce alcohol consumption and problem in Ireland (SFTA, 2004). The alcohol related cost of health care is staggering: 2,000 beds around the country are occupied because of alcohol related problems - 30% emergency department attendance. 30% reduction in alcohol related harm would save 30% tax payer's money, 600 overnight hospital admissions per day and the cost of one billion euro (Alcohol Action Ireland, 2010). In Ireland, the HSE has enforced legislation concerning smoking and it included the restriction of advertising and marketing of tobacco, and the prohibition of smoking in certain places like workplace, restaurant, bar and pub. The continuation of this legislation will help in reducing smoking habit (HSE, 2012). Pregnant women are being advised to attend their antenatal care regularly, where they are advised how to stay healthy and any other important matters regarding their pregnancy (HSE, 2007). Women are aware of public health messages during pregnancy but are inconsistent when translating knowledge into behaviour change (Salisbury & Robertson, 2012). Pregnant women typically learn prenatal nutritional norms by reading popular pregnancy advice books, which contain different advice on all aspects of pregnancy including diet and general life styles (Copelton, 2006). Public health campaigns promote adherence to healthy diet and lifestyle choices throughout life, and often focus on pregnant women (Salisbury & Robertson, 2012).

**Conclusion**
The literature overview provides an insight into contemporary views on the smoking and drinking of alcohol and caffeine as well as a general attitude towards healthy lifestyle during pregnancy. It summarizes the view of national and international regarding smoking and drinking of alcohol and caffeine in pregnancy and the effect it has on the foetus. It draws on a large body of evidence in research and highlights various factors that influence pregnant women to continue with their habit while pregnancy or to introduce a lifestyle change, it also emphasizes the need for protecting, promoting and ensuring safe outcomes for the foetus.

Partners appeared to play a major role in influencing pregnant women to continue the use of cigarette and alcohol. Other influences included having friends that drink and living in close the families that drinks alcohol. It is already known from previous research that family and partners played a big role in influencing women’s use of cigarette and alcohol.

The Literature review by Slowik (2012); Alcohol Action Ireland (2011); Kearney et al. (2005) their evidence have indicate the effect of smoking and drinking in pregnancy and the effects on foetus. Evidence presented in this literature view published by Alcohol Action (2011); Murphy (2011); Drugnet, Ireland (2011) support the view that that pregnant women continue to smoke and drink in their pregnancy. Briggs & Pepperell (2009); Massey et al. (2010); Diclement et al. (2000); and Haug et al. (1992) also review factors that can influences the use of cigarette and alcohol, those substances have been used to suppress difficulty emotion and sadness or anxiety by pregnant women. Caffeine can cause low birth weight, miscarriages, blood pressure, it can increase heart rate, it can affect the nutrient that the baby need from the mother (Hazell, 2012; Sengpiel et al. 2013; Epigee, 2013; Konje & Cade, 2008; Sample, 2008; Martin, 2008; Dixon, 1998). Stimulus drinks can also increase the risk of miscarriage, as well as birth defects, premature labor and low-birth weight babies. Pregnancy may cause sleepless night and choosing a sleeping pattern during pregnancy can be difficult. Exercising during is good for the fetus but vigorous exercise should be avoided.
This research aims to explore the attitudes of pregnant women towards healthy lifestyle, exploring such issues as smoking and drinking of alcohol and caffeine and general lifestyle such diet, excising and sleeping pattern during pregnancy. The research will also discuss guilt and justification regarding smoking and drinking of alcohol and caffeine during pregnancy. The research also intends to investigate the factors that influence continuation of the use of cigarette and alcohol and caffeine during pregnancy. This research will highlight a gap in knowledge and pose a question – are all pregnant women aware about the effect of smoking and drinking of alcohol and their general lifestyle on foetus and pregnancy.”
Methodology

The purpose of this research is to give pregnant women an opportunity to tell their own stories about their experience of being pregnant, why they continue with their lifestyle, smoking and drinking of alcohol while pregnant. The aim is to examine the attitudes towards unhealthy lifestyle choices, mostly smoking and drinking of alcohol and caffeine during pregnancy and explore guilt and justification as reported by pregnant women and reasons for smoking and drinking described by them. Qualitative explorative design method was used in this research. Qualitative research is a field of inquiry that involves an in-depth understanding of human behaviour and the reasons that govern human behaviour. Unlike quantitative research which looks at causes, qualitative research relies on reasons behind various aspects of a person’s behaviour. Bowling describes how phenomenological and hermeneutic approaches have argued that as human beings we are never totally controlled and influenced by these external factors and we must capture the “subjectivity of human beings” (Bowling 2006 p352). Qualitative research looks subjectively at life and promotes an understanding of human experiences such as “pain, caring, powerlessness and comfort” (Burns & Grove 1999 p16). It also attempts to explain the social world through interpreting the events from information which is derived by allowing individuals in a given sample to express openly their beliefs, opinions, feelings and to describe their experiences. Unlike quantitative research, where the world is seen as predictable and absolute with one single reality, qualitative research approaches are based on the beliefs that there is no single reality and the meaning of what we know is only within “a given situation or context” (Burns & Grove 1999 p373). It is an appropriate method to capture the world that is experienced by these pregnant women when making decisions about their lifestyle choices, such as smoking cigarette and drinking of alcohol and caffeine during their pregnancy, describing their beliefs, feelings and motives in relation to the use of this substance.
The general research questions are as follows: What are the viewpoint of pregnant women towards smoking and drinking? Do women feel guilty about smoking, drinking and general unhealthy lifestyle during pregnancy? How they justify their behavior? Are there any influences from parent, partner, social group, culture? Are pregnant women willing to change unhealthy way of living during pregnancy? What reason do they give for the changes?

**Apparatus**

During the research notebook was used. Data collected during the interview was transcripted and analyzed using thematic analysis. Data was coded and themes were being found using Nvivo 10 software, which helps researcher to collect, organize and analyze content from interviews and audiotapes and notebook. The interviews took place in the participant’s office and house. Interviews were carried out in a comfortable environment and participant’s privacy was considered and location was suitable for them in other to prevent the feelings of stigmatized and pressured.

**Participants**

There are six participants selected from pregnant women who smoke cigarettes and drink of alcohol and caffeine and their general lifestyle during their pregnancy, Irish women from the age 25 to 40 years old. The sample for the research is taken from my colleague and friends who are pregnant. Bowling (2006, p.187) defines purposive sample as “deliberately non-random method of sampling, which aims to sample a group of people, or settings, with a particular characteristic” and this kind of sample was utilized in this research. The women were informed individually of the aims of the research and reassurance was given to participants that inclusion in this research is voluntary.
Ethical Issues

Data collection procedures need to be organized and deal with issues of access and ethical issues. Since researcher cannot demand access to participant, voluntary permission is crucial. Participants were fully informed about the research, including why and how they have been chosen to participate. A researcher can not intrude into people's privacy and all of the participants were assured that information will not be available to anyone who is not involved in the study and participant will remain anonymous throughout the study. Participant must not be in a situation where they might be at risk of harm as a result of their participating in the research; neither physical nor psychological. Researcher should be very careful and pay special attention to avoid any situations where confidentiality could be inadvertently be breached by paying special attention. Support has to be given to a participant who became upset and the interview may be terminated. Research will acknowledge the challenges encountered when using semi structured interviews to collect data from this group of women who actively smoke and drink alcohol and caffeine in pregnancy and will try to avoid leaving participants feeling judged. Participants were informed about the purpose of the study and they were all giving a written consent before being interviewed.

Design

Qualitative research method was used for this research. Qualitative research is a field of inquiry that involves an in-depth understanding of human behaviour and the reasons that govern human behaviour. Data collected during the interview was transcripted and analysed using thematic analysis. Thematic analysis is seen as a foundational method in qualitative analysis. Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data; it interprets various aspects of research topic. It reports experiences, meanings and the reality of participants (Braun & Clarke, 2006). Semi structured interview
was used, Bowling (2009) argues that semi structured interview aims to delve deep beneath the surface of superficial responses to obtain true meanings that individual assigns to events and the complexities of their attitudes, behaviour and experience, it allows participants to tell their own stories in their own words. Set of nineteen questions was asked, in order to explore more about the lifestyle choice of pregnant women, their guilt and justification of bad habits during pregnancy.

**Procedure**

The participants were interviewed one-to-one, the women were briefed and informed individually on the aims of the research and asked if they would consider participating. The interview time was estimated to be 40 minutes. All interviews involve the use of notebook most of the participants were reluctant to speak into tape recording. And participant could choose or have the right to withdraw at any stage during the interview but none of them withdraw from the interview. Participants were allowed to express their personal view clearly during the interview. Most of the interviews took place in the participant's home and at a date and time that was convenient for the participants. Interview was carried out in a comfortable environment and confidential and privacy was considered and location was suitable for the participants. Before the start of the interview participants were asked to sign the consent form and they were assured that information will not be available to anyone who is not involved in the study. Altogether nineteen interview questions were asked. Questions for the interview was easy for participant to answer interviewer has the freedom to formulate questions as they come to their mind (Kurmar, 2005). After the interview participant was briefed again about the aim of the research and they were asked if they have any concerns or questions regarding the research.
Results

This qualitative research aimed to explore the experiences of pregnant women who regarding the smoking and drinking of alcohol and caffeine and some changes in their lifestyle during their pregnancy. The underlying purpose of this research was to gain the viewpoint of these women on events which influenced the use of cigarette and alcohol and caffeine. Six Irish pregnant women (P1 – P6) who smoke or drink alcohol and caffeine in pregnancy were interviewed. The women who were interviewed are between 25 and 40 years old. From the coding and analysis several themes were identified from the data with use of thematic analysis and Nvivo 10.

Feelings about the pregnancy

The majority of women were happy concerning their pregnancy and looking forward to be mothers. For example, women described positive feelings as “I was so happy because I have been trying for years” (P1). Another claimed that “I can’t wait to be a mother again” (P2). “It was not planned I’m really looking to new one to join the family” (P3) One woman state that “When I find out I was so trilled, you know, all I am worried about is the waking up at the night...ah......ah” (P4). Another woman said “I’m very proud of myself.........yes” (P.5). “I’m very happy, that means I’m going to be very busy” (P6).

Willingness to changes once pregnant

Participants were willing to changes their lifestyle during their pregnant, but instead of stopping their habits they rationalised it, feeling guilty and they justify the continuation of their habits especially smoking and drinking alcohol and caffeine. Majority of the women are contemplating to stop their use of smoking for the period of their pregnancy. Comments included “I have tried my best to stop smoking or reduced it........ I’m still trying –I’m not
giving up on myself” (P4) and another woman said “I always say I will quit drinks whenever I’m pregnant, I’m still doing it” (P6).

In terms of their continued with their lifestyle during their pregnancy many felt disbelief, one stating.

“I have promised my partner and my mum I’m going stop it (smoking) up........try to stop is just too stressful” (P1).

Another woman described how she always feels guilty after drinking.

“Although I have really reduced my smoking and drinking...em but I just feel for my baby, some time if kick reduced ... this makes me feel guilty” (P4).

One of the participants justify her smoking habit by reducing her smoking habits and points out on external influence that is, how other pregnant women who smoke during their pregnancy were able to have healthy baby despite their continuation with their habits.

“You see everyone smoke during their pregnancy and manage to have a healthy baby so I don’t have to worry too much....... if it too much... just cut back a bit” (P3).

Participants were asked how much they smoke in a day.

“I will say seventeen cigarettes a day” (P1).

“Sometimes it depends may be twelve or fourteen or less sometimes” (P2).

“Eh...........I think just ten because I have tried to reduced it from fifteen.....I think” (P3).

“Now for the baby’s sake, I smoke eight sticks” (P4).
“Ten a day...that should do me at this stage” (P5).

“Eleven or more, I don’t count sometime especially at work” (P6).

Another woman described the amount of alcohol she drinks in a week.

→drink three bottles a week, if I don’t have visitors” (P3).

Women were also asked if they drink during their pregnancy the six participants accepted they still continue to drinking while pregnant. And some of them accepted that their habit has been reduced. Women give reasons for the continuation of their lifestyle was as result of coping with other things in their life.

“I have tried to reduce it (drink) to an occasional thing for now....I say since I realised I was pregnant.....I say will say I have reduced it” (P1).

Another woman accepted they still continued to drink during their pregnancy and they have tried to stop or reduced their habit but they find it difficult.

“I wish I can stop drinking once and for all....just for the sake of this baby just too stressful for me........I wish” (P4).

Women were also asked if they also drink caffeinated drinks such as coffee, tea and stimulant drinks like red bull etc. during their pregnancy. All participants accepted they still continue to drink caffeinated drinks while pregnant. Two of participants stated that they have reduced the intake of coffee. Participant stated how many cup of coffee they drink in a day.
“I don’t joke with my coffee especially in the morning......I don’t count to be honest with you.” (P1).

“I drink a lot of tea......but coffee I don’t. When I’m at home I drink less at work.....I drink more I say seven a day” (P1).

“I drink tea and coffee......it depend on which one comes my way at least......it depend on how I feel....I dunno” (P6).

Three of the participant stated why she still continued with the drinking of coffee;

“I like drinking coffee, it wakes up when I am weak.....I think roughly five cup of coffee a day” (P3).

“I can’t escape drinking of coffee or tea from work......tea breaks or any other breaks at work” (P4).

“Always craving for coffee, I like the smell........it even worst now........I have tried to limit it but still trying” (P5).

One of participant stop the drinking of stimulant during their pregnancy, three participants continued and two gave reasons for the continuation of drinking stimulant drinks.

“I drink red bull after dinner....I dunno....I say three or four a week” (P1)

“I drink few but not always” (P4)
“Never taste it since I notice I am pregnancy, I’m trying to cut some junks down...if not all” (P5).

“I don’t drink red bull and all......... but coke, sprite............. I can have 24 can a week or more” (P6).

Two of the participants explained how their male partners have influence their drinking of stimulant drinks. Partner who drinks can increase the pressure on women to continue with their lifestyle during pregnancy. This particular issue was raised by two women.

“I don’t drink stimulant drink.....I mean red bull everyday.....but if my partner is drinking, I will definitely have one” (P2).

“I will not buy ....my partner always get it from the shop, if I see it in the fridge. I can’t resist” (P3).

**Unawareness of effect of caffeine and stimulant drinks**

Majority of the participants interviewed were not aware of the effect of drinking too much of coffee, tea and stimulant drinks on their foetus. Majority expressed lack of awareness and some of the participants stated they have never heard about the effect of drinking during pregnancy on pregnancy or foetus either from the GP or from their maternity hospital. Participant wanted to know more about the effects of drinking of coffee and stimulant drinks not only during the pregnancy as well as it effects on general life.
“I dunno, I never heard about that not even from my GP or Midwives......but I will try and find out next week from my Doctor” (P1).

“Really, I have to check that out.......I will.....I promise” (P2).

“Although I don’t drink too much stimulant drinks....I prefer to have tea instead...I don’t” (P3).

“Do you know about its (caffeine) effect on babies...I will like to read about it ....mm...I don’t know” (P6).

One of the participants acknowledges getting information about the effect of drinking too much caffeine from a friend.

“I remember a friend was telling me about it on a night out...that drinking red bull is bad for my baby” (P4).

**Concerns for the unborn baby**

The majority of women mentioned cutting down their use of alcohol and described how they have been trying to change or reduced their drinking habit. Participants express their concerns and they are also making an effort to reduce smoking and their other unhealthy way of living during their pregnancy. They are looking forward to a healthy baby.

“I have to cut down my drinking; I need healthy baby I need to get my priority straight away” (P1).
All women were asked if knew about the effect of smoking on their pregnancy and it effect on the foetus. They all agreed they knew about some of the effect smoking on pregnancy such low birth weight, risk of serious complications and illness, including breathing disordered, as newborn and that they may required specialized medical care in intensive care unit and there may be complication such as placental complications, infections of uterus and premature of the membrane.

“I can’t cope without it (smoking), I know about it all, I knew about it all, that too much of it can cause trouble for my baby” (P6).

All of the women interviewed expressed some concerns about the effects of smoking and drinking on the unborn baby.

“My other baby was very small on my last pregnancy. I can’t believe I am still doing it (drinking)...I promised myself to stop.....Now I am trying my best to cut down” (P3).

“Smoking is bad for the baby...I know bad habit, any time I do smoke, I always have it in my brain...I’m not help my baby” (P4).

“During this pregnancy, I have tried to reduced my smoking, I am trying if I can quit once and for all...just for the sake of my baby...I willn’t want anything bad to happen” (P5).

The majority of women know about the effect of alcohol on foetus, but they still continued to with the use of alcohol during their pregnancy and they were worried about their
foetus and effect such as Foetal Alcohol Spectrum Disorders (FASD), miscarriage, increase the risk of premature birth.

“I knew about it effect of drinks on babies already.......eh...I had a miscarried before and my mother told me it could be because I didn’t stop drinking on that pregnancy...I have learnt my lesson” (P3).

Eating healthy

Majority of the participant in this study had access in getting information on diet and lifestyle guidelines for pregnancy through their GP and midwife. All participants have had the opportunity to learn how to have healthier diet and lifestyle choices during their pregnancy for foetal development. Eating healthy was continued by most of the participants after discovering they were pregnant. Some of unhealthy eaters among the participants reported making efforts to improve their diet. They had changed beyond consuming more fruit and vegetables. They revealed the dislike of many unhealthy foods.

“I should eat more healthy fresh food... which I’m try to do; I have read lot of food pyramid for pregnant women” (P1).

“I did try and eat better but I hate cooking and I still didn’t eat vegetables I just don’t like them. My midwives has always emphasized on healthy and have learn is good for baby’s developments” (P6).

All the participants described how eating healthily during pregnancy is very important and, stated they will put more effort into eating healthy and to reduced some unhealthy habit and to be careful about gaining excess weight during pregnancy.
“I started eating a lot more salads and vegetables and fruits ... I never ate any of that before but when I was pregnant I just wanted to” (P1).

“I always get cravings for unhealthy for like chicken chips with loads of curry and chocolate and I just you just to give it up” (P2).

“I eat quite healthy anyway ... I am very careful about my weight ... I have only put 1 and a half stone on this pregnancy and I think that’s because I’m have been trying to ate lots of fruits and salads” (P3).

“Giving my baby the best start is important ... she (foetus) might not develop properly with too much junk food” (P4).

“I have to be careful on how I eat... If not careful I will put lots of weight on that means I risk getting fat” (P5).

“I used to have lots of takeaways, I love my coffee, drinking lot of diet coke, but now I tried to cut that down” (P6).

Sleeping pattern

Participants complaint of sleeping pattern during their pregnancy, especially at later stage of their pregnancy. Participant stated that getting a good night's sleep in so complicated. Participants complaint about waking up at night to use the toilet. One participant also complained his partner’s snoring do disturb her sleeping pattern.
“At this stage sleeping... it’s very difficult to know which side will bring good sleep” (P1).

“Waking up in the night to use the toilet can disturbs my sleep...it’s take a while to sleep back” (P2).

“Em...I sleep late and have to wake up early for work in the morning, I can’t just get a good sleep most of the time...turning from one edge to another” (P4).

“At early stage, sleeping was ok...I have few weeks to go...if I can’t sleep, I get up to watch TV at midnight, so my eye will be tired” (P6).

One of the participant complaints of her partner snoring disturbs her sleeping pattern.

“I have drove him (partner) out from my bed his snoring disturb my sleep...ah...ah...ah” (P3).

**Exercising during pregnant**

One participant agreed on moderate physical activity during pregnancy that is for their benefit and the baby. Majority of the participants complaints that tiredness has prevent them from doing exercise during their pregnancy, they also believe too much of physical activities can affect the foetus in negative way. Participants acknowledge getting leaflet that gives details about physical activity during pregnancy including safe types of physical activity. For example, a woman described benefit of exercising during pregnancy as “I do regular exercise before and I still continue, it is good for the pelvic... I read that it can helps in having shorter labour and is less likely to have problems or complications during the delivery of your baby” (P3).
One participant stated that she like doing excising but she has reduced it for the sake of the foetus.

“Eh...a lot before I have limit a lot of physical activities, I don’t want anything to affect my baby” (P6).

Two participants compliant about tired as follows;

“I like walking in the evening with my partner...I am know almost due now, I don’t...I’m always tired” (P1).

“Excersing with this big bump...I am too tired (P5).

One of the participant stated she has never attempt do any exercise.

“No I don’t like doing exercise, I never do exercise...not even when I’m not pregnant” (P2).

Another participant stated that too much exercise can affect the pregnancy and foetus in a negative way.

“Em...I do regular exercise before but not now, I think too much exercise can affect the baby...may be miscarrying” (P4).

**Justifications**

Participants who smoked and drinking during their pregnancy acknowledge the effect of smoking on pregnancy and they justify their smoking and drinking habit. Participants stated
that they continue with their unhealthy habits as result of depression and stress in caring for the family, working during their pregnancy.

“The stress from working makes me smoke more.... if am at home....I don’t really smoke much...but in here (working place) I will smoke more” (P5).

Some women suggested that smoking helped them to cope with stress of taking care of the family. Smoking provided the necessary break, and without these “breaks” they might not be able to cope.

“Caring for the family and my stage is stressful, sometime my husband have to work long hours it will be alone with all this kids... anytime I’m stressed out...I just have to have some cigarette” (P5).

Another woman described how drinks have help cope with the lost of her mother few weeks ago.

“The lost of my sick mother few weeks ago has make me to drinks...I was so worried about how I’m cope with her” (P4).

A need to escape reality

The women highlighted a need to escape the daily problems in life as one of the factors that is influencing their smoking and drinking habit. Women expressed a wish to escape from reality and problems in their lives and cigarette and alcohol appeared to offer them this escape. One woman described how she needed alcohol to escape her worries because her partner lost his job.

“I’m so depressed right now...my partner was let go from his job few months ago, I am worried ... we have a big mortgage and baby on the way”(P1).
The women also reported that escaping depression was an influence to continued use of alcohol. Alcohol can only give a temporarily relief from the feelings of depression.

“I know it’s a bad habit, I will drink more than usual...when I am depressed...especially if I am worried about a particular thing” (P4).

Another woman describe that they use cigarette when they are depressed.

“You know yourself...working in the hospital is so stressful and depressing for now...with one person doing the work of three people...that make me smokes more” (P3).

**The influence of male partners**

Majority of the women explained how the behaviour of male partners have influence their drinking and smoking habit. Partners who smoke or drink can increase the pressure on women to continue with their addiction. This particular issue was raised by one woman.

“My partner smoke more than me...he smoke most of the time in the house...the smell always makes me feel like to having one” (P4).

Another example of partners influence on women was when one of the women described how she felt about his partners alcohol use.

“He has promises to stop on my next pregnancy for the sake of the baby...but he never fulfil his promise...because if he stop that will make me stop too.” (P3).

One of the participants stated that they were criticised by their partner because of her alcohol use during pregnancy. She stated that her partner still continues to drink, that he never helps her to stop her lifestyle.
“Sean (fake name) always complained about me drinking...he always brought them home himself” (P6).

Social Environment

Women described how their environment has also influenced their drinking habit while pregnant. Their social network has contributed to the continuation of use of cigarette and alcohol.

One participant stated that friend has influence her to continue with her habits and avoiding them has been so difficult.

“I have a neighbour who is my good friend...she always bring along some drinks to my house...some time I pretend I’m sleeping if she is pressing my bell” (P2).

Craving

The display of alcohol along side of groceries in supermarket shelves has also contributed to the women’s drinking lifestyle. One of the women illustrated how she always craves for drinking. —Especially the beer, I just have to put one or two in my basket” (P4). Another woman stated how she always craves for coffee —don’t know what have come over me...I sometime scup some (coffee) in mouth and chew it without water....um...I love it (P1).

Information and Advice

All the participants acknowledged that they have received lots of advice and information about living a healthy life during pregnancy. One of the participant stated that —I have received verbal information and advice from the midwives even from my mother” (P1). For
some of the participants an appointment with their GP was the first point of contact for formal information and advice during their pregnancy. One of the participant reported that contact with the GP’s was only based on confirming the pregnancy and referral to antenatal services, while contact with midwives at the maternity hospital had more impact and were more valuable.

_The” GPs seems to be only interested in the baby and always in a hurry...they only say little” (P3)._

Three woman described how valuable is midwives information

_“The midwife information was the most important ... she knows a lot more about caring for pregnant women” (P2)._

_“I tried to stop (smoking), the midwife said I should, but I couldn’t do it, but I did get few in a day” (P4)._

_“The midwife just gives you all the information ... they give you what you need” (P5)._

One of the participant stated that leaflets, posters and EU mum packs giving to pregnant form the hospital were described as very useful sources of information and advice.

_“All leaflets, posters and EU mum packs from the midwives have more information about the birth and baby ... and what I should be eating” (P6)._

**Discussion**

This exploratory research was about the smoking and drinking of alcohol and caffeine and general lifestyle during pregnancy, the experience of being pregnant, the factors that influenced pregnant women use of cigarette and alcohol, caffeine and general lifestyle during
pregnancy as well as the justifications provided for drinking and smoking. Overall, the women were positive about their pregnancy and although the women in this research continued with their lifestyle habit during their pregnancy, the majority of women still regard pregnancy as a motive to change their habit and reported to have reduced their unhealthy lifestyle. Most of the women interviewed have concern about their unborn baby. The medical staffs have provided information regarding danger of smoking and drinking on pregnancy. Most of the women blamed themselves for the continuation of their habit while being pregnant. They stated their guilt and justify their unhealthy habit on stress and other things happening in their life, a need to escape reality was provided by the participants as main reason. Partners also appeared to play a major role in influencing pregnant women to continue their unhealthy habits. Other influences include socialising with friends who smoke and drink the social environment and culture, marketing and craving, that is, the way and manners in which alcohol are been display on the same side with groceries in the corners shops.

This research has shows that pregnant women are willing to change their lifestyle during their pregnancy, but instead of giving it up they reduced it. This is in accordance with the research of Cummin et al., (2007) who have noted that pregnant women have trouble in reconciling their harmful way of life with their desire for a healthy baby may see change as a painful choice and instead of changing their lifestyle completely they end up rationalising their habit. Women in this study were also guilty as result of their inability to live a healthy lifestyle. Plant (1997) recognised the link between low self-esteem and guilt regarding drinking and this sense of guilt and self-disgust lingers far longer than the alcohol. Participants showed some form of internalising the blame and appeared to take some responsibility for their own behaviour and actions regarding their habit. This finding confirms
Briggs & Pepperell (2009) results that women who drinks during their pregnancy often internalize shame, perceiving themselves as bad mothers.

Women in this research believed that alcohol and cigarette played a significant role in their lives. Alcohol has been seen as one of means of finding relief, ‘wine drunk with an equal quantity of water puts away anxiety and terrors’ (Plant, 1997 p.106). From the findings of this research, there appeared to be an apparent need for a structure and purpose to their day. Women reported to have many concerns about the effect of smoking and drinking on their foetus. Research on the effect of alcohol and cigarettes has shown that drinking and smoking are both known to damage a developing foetus (Shriver, 2012). Findings from the NICHD University of Chile Alcohol in Pregnancy Study showed that heavy alcohol exposure on the developing foetus is dangerous and it has longer-term effects on children (Shriver, 2012). Pregnant women in this study acknowledge the effect of smoking on foetus such as having low weight baby. Slowik (2012) has found of that nicotine and carbon significantly reduce the amount of oxygen in the baby’s blood; all this can affect the growth of the foetus. Babies born to smoking mothers usually have a lower birth weight than those born to non-smoking mothers.

The participants outlined the factors that influence them to continue with smoking and drinking during their pregnancy. The findings suggest that in pregnancy, although women continue with their unhealthy habit. According to research carried out by Diclement et al., (2000) it shows that many women continue to smoke, despite the number of interventions aimed at assisting women to quit they made an attempt to reduce their alcohol intake. Murphy et al., 2013 in their study carried out using the electronic booking records of pregnant women who delivered in a large Dublin maternity hospital between February 2010 and July 2011 shows the prevalence of alcohol consumption during early pregnancy. Out of the 6017 (90%) women reported alcohol.
A research study in Rotunda Hospital in Dublin found out that 34.8% reported drinking coffee regularly during their pregnancy (Basso et al., 1992). Findings have indicates that ingesting > 300 mg per day of caffeine doubles the risk of miscarriage (Chin et al., 2008). All participants continued to drink caffeine during pregnancy. Majority pregnant women interviewed reported lack of awareness of the effect of drinking caffeine on pregnancy and foetus. Women express lack of information regarding the effect of caffeine on foetus by the GP or midwives from maternity hospital. One out of six women has little knowledge about the effect of drinking caffeine during pregnancy.

A research in UK which indicated that healthy diet is an important part of a healthy lifestyle at any time, but it is more vital for pregnant women. Eating healthily during pregnancy will help the foetus to develop and grow, and will keep women fit and well (NHS 2013). Majority of the women in this study reported eating healthy during their pregnancy; they stated that they wanted a healthy baby. They changed and besides consuming more fruit and vegetables, most of them reduced their intake of unhealthy diet. Results from this study showed that some of the participants were worried about gaining too much weight and the effect it may have on their pregnancy and foetus. As a result pregnant women reduced the eating of junk food such reducing the eating of takeaways. This is similar to the earlier reports that obese women have an increased risk of early miscarriage after spontaneous conception (HSE, 2011). Another research has also indicated that obesity can results in higher incidence of obstetric interventions such as caesarean section, as well as an increase in pregnancy complications including haemorrhage, infection and congenital malformations (O’Dwyer & Turner, 2012).

Women in this study complaint about difficulties in getting a night sleep at later stage of their pregnancy. Previous research has shown that for many it can also be a time of serious sleep disturbance, even for women who have never had problems sleeping. According to the
National Sleep Foundation's 1998 *Women and Sleep* poll, 78% of women report more disturbed sleep during pregnancy (National Sleep Foundation, 2011). This study also showed some interesting findings on exercising during pregnancy. Out of six participants only one woman continued with their exercising others complained of tiredness and argued on the negative effect of physical activity on pregnancy and the foetus. Sabino & Grauer (2008) has noted that pregnant women should be advised that continuation of exercising before and early in pregnancy can strengthen abdominal, back, and pelvic muscles, which improves posture and allows increased weight bearing ability.

Women interviewed described themselves as worrying about the effects of their lifestyle on their unborn baby; they also expressed a need to escape stress and worries. Massey et al. (2010) finding has indicated that the severity of depression and anxiety may interfere with an attempt to discontinued tobacco and alcohol use during pregnancy. This is also confirmed by this study. Throughout this research, there is an evidence for the need to escape the daily problems of life including stress of caring for family and office work. According to DiClemente et al., (2000) women appear to find some unique benefits in smoking. Smoking has become part of their ways of coping with life. They found that women appeared to be substituting smoking and drinking as a general coping strategy for relieving the stress of life and the feelings of depression. Similarly, women in this research described the effects of smoking and drinking as an escape from reality, a relief from stress and depression.

Majority of the participants continue with their smoking and drinking caffeine during their pregnancy. Smith (2013) findings have shown that there is a significant relationship between caffeine consumption and smoking. Participants were influenced heavily by their partners. Previous research has indicated that partner's unhealthy habit appeared to be critical contributor to the continual use of cigarette and alcohol and caffeine and other lifestyle for
pregnancy women. DiClemente et al., (2000) found out in their research that father or partner who smokes is likely to have greater influence on mother to continue their smoking during pregnancy. Similarly, this research highlighted that the partner's usage of cigarette and alcohol and caffeine such as stimulant drinks has influenced women to continue with the unhealthy habit in pregnancy. Again in this research, women reported that their partners insisted they should stop their unhealthy lifestyle yet they themselves continued to use those cigarette and alcohol as well. One of the participant reported that her partner was concerned about their unborn baby and wanted her to stop her habit. Haug et al., (1992) noticed that negative attitudes towards smoking and determination to stop smoking were significantly higher among women who were encouraged by their partners to stop smoking than in those who perceived that their partners are willing to stop. In this study participant stated that tea and coffee breaks at work have contributed to the continuous drinking of caffeine during pregnant. Dixon (1998) research on drinking of caffeine has also indicated that coffee break can increase the intake of caffeine.

Previous research has indicated that social environment influences the use of cigarette and alcohol. Harrison & Sidebottom (2008) in their survey regarding the influence of environment showed that prevalence of use of substance within a community may be one important factor that can influence usage in pregnancy. According to this research, there is some evidence that friends have influenced the continuous use of alcohol during pregnancy. Women highlighted that it was impossible to avoid them and the temptation was too great. This study has shows that alcohol plays a role in everyday social life in the community. Alcohol is a common means for friends and companions to enhance the enjoyment of each other's company, socialising with friends has strongly influenced women to continue or stop unhealthy lifestyle during pregnancy. Harrison & Sidebottom (2008) also found that smokers within a social network are associated with the continuous smoking.
Another factor that was noted in this research was marketing of alcohol which has lead to craving. One of the participant stated that the way alcohol are displayed on the supermarket shelves always makes her feel like drinking alcohol. Previous researches has also indicated that craving is a multidimensional phenomenon incorporating a desire to gain a positive feelings to overcome a negative feelings or an ‘urge to use’ substances Lingford-Hughes et al., (2003, p.212). Cravings are sudden and strong desires for particular diets that are attributed to the pregnancy itself. Often, these cravings lack nutritional content, or contain high ‘bad’ elements such as fat, calories, sugar, or preservatives etc (Copelton, 2006).

This study has indicated that pregnant women acknowledge information about living a healthy life during pregnancy. Participants have received information and advice from health professional. Copelton (2006) research proves that pregnant women typically learn prenatal nutritional norms by reading popular pregnancy advice books, which contain different advice on all aspects of pregnancy including diet and general life styles. In this research has been noted that pregnant women are still trying to quit their unhealthy habit despite all the information they have received from the midwives and other health professionals. Salisbury & Robertson (2012) have also found out that women are aware of public health messages during pregnancy but are inconsistent when translating knowledge into behaviour change.

Conclusion
The results of this research discussed the experiences of pregnant women regarding diet and lifestyle during pregnancy. The three themes which emerged were women’s feelings, concerns and influences that lead to continue habit. Similarities between this research and previous research findings were discussed. It was intended that exploring the complexities of general lifestyles in pregnancy from the women’s perspective, it will lead to a better
understanding of why women continue with their unhealthy lifestyle while pregnant. The result highlighted how smoking and drinking was part of pregnant women’s lives and is very connected to the normal activities of their day. The notion that the use of cigarette and alcohol appears to provide a structure and purpose of their day is unique to this research.

Overall, the result of this research suggests that all the women were positive about their pregnancy, and reported to have attempted to improve their diet and lifestyle in their pregnancy. Partners appeared to play a major role in influencing pregnant women to continue the use of cigarette and alcohol and drinking of caffeine such as stimulant drinks. Other influences included having friends that drink alcohol. It is already known from previous research that partners and friends played a big role in influencing women to continue with their unhealthy lifestyle during pregnancy. This research highlighted a gap in knowledge that majority of the pregnant women in this research were unaware of the effect of drinking caffeine on pregnancy and foetus. In addition, the results of the research highlighted the importance of incorporating more educational programme to assist and motivate pregnant women who have the desire to change their habit. Also, the results suggest the need to create more awareness regarding the effects of drinking caffeine on pregnancy and foetus.

Finally, in order to prove the result to be valid for the general population of pregnant women’s diets and lifestyle, the research should be replicated using a larger sample size and may require sampling of pregnant women from all maternity hospitals nationally. It should involve a longitudinal design to determine how well women cope postnatal regarding their diet and lifestyle.

Limitations and Recommendations

Limitation regarding this research was that audio cassette and note book was to be used during the interview. As discussed in the methodology, majority of the participants were
reluctant to record their voice on audio cassette. Consequently, note book was used for the interviews. Another limitation within the result presented in this dissertation is the size the sample: the number of participants is quiet small. Therefore, future research would need to include a significant numbers of participants.
References


Coombe Women & Infants University Hospital (2011). *Annual Clinical Report*.


Copelton , D.A., (2006). ..you are what you eat’’: nutritional norms, maternal
Deviance and neutralization of women’s prenatal diets. USA: Routledge Taylor & Francis Group, LLC.

Condron, D., (2013). Suicide- Alcohol Abuse Must be Tackled. Alcohol Action Ireland.

http://alcoholireland.ie/2013/suicide-alcohol-abuse-must-be-tackled/


Health Services Executive (HSE), (2007). Training Programme for Public Health Nurses and area Medical Officers in Child Health Screening, Surveillance and Health Promotion. Health Services Executive.
Health Services Executive (HSE), (2011). *Obesity and Pregnancy Clinical Practice Guide. Institute of Obstetricians and Gynaecologist Royal College of Physicians of Ireland. Health Services Executive*


Kenny, T., (2010). *Pregnancy and Physical Activity.* EMIS.


Lingford-Hughes, A.R., Davies, S.J.C., McIver, S., Williams, T.M., Daglish, M.R.C., & Nutt, D.J. (2003). *Addiction. Psychopharmacology Unit, School of Medical Sciences, University of Bristol, Bristol, UK*

Martin, D., (2008). *Two cups of coffee a day can lead to underweight babies, experts claim.* UK: Dialymail health article.


NHS (2013). Have a healthy diet in pregnancy. NHS choices your health, your choices.


O'Dwyer, V., &Turner, M.J. (2012). Caesarean Section and Maternal Obesity, Caesarean Delivery. UCD Centre for Human Reproduction, Coombe Women and Infants University Hospital Ireland.


Smith, R., (2013). *Caffeine passes freely to the baby in pregnancy*. UK. The Telegraph Medical Editor.


World Health Organisation Europe (2010). *European Status Report on Alcohol and Health*

APPENDIX I

RESEARCH QUESTIONS

1. Can you please introduce yourself?

2. How do you feel about being pregnant?

3. Do you smoke? How much?

4. Do you drink alcohol? How much?

5. Do you drink coffee? How much?

6. Do you think your life has changed since you discovered you were pregnant? If yes in what way?

7. Why do you smoke?

8. Why do you drink?

9. How many cup of coffee do you drink in a day?

10. Do you drink stimulant drinks?

11. When drinking stimulant drinks, how many cans on average do you drink average per week?

12. Do you know smoking and drinking is dangerous to health?

13. Do you know the effect of drinking on pregnancy and foetus?

14. Do you know the effect of smoking on pregnancy and foetus?

15. Do you know how caffeine can affect foetus?

16. Do you have any concerns about your habits

17. What about your general lifestyle - has it changed (like your diet, going to bed late and sleepless night)?

18. Have attempt to do any exercise in this pregnancy

19. Have you ever received information regarding how your diet habits can affects the health of the foetus by your GP or Midwives during your antenatal care visit in the hospital?
DIET AND LIFESTYLE DURING PREGNANCY. PREGNANT WOMEN’S STORIES.

My name is Veronica Agberotimi and I am conducting research that explores diet and lifestyle during pregnancy.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact Veronica Agberotimi by email fagberotimi@yahoo.com
Thank you for participating in this study.

Participant Signature: ____________________________    Date: __