

Abstract

The overarching aim of this research was to explore the views of local maternity providers in country South Australia, charged with compliance to the *'Standards for the Management of the Obese Obstetric Woman in South Australia'* policy. The study identified maternity providers' views that may have otherwise remained silent, providing a better understanding of the local context in which the policy was implemented. The project employed a constructionist perspective with the underpinning assumption that policy solutions are dependent on the views, meanings and beliefs of policy makers. Maternity providers, who are key stakeholders provided evidence based on their own experience, knowledge, and ideas derived from local context that interacted with research evidence. This local evidence, although different from evidence-based guidance, is equally sound as it considers the, political, social, economic, cultural and environmental context in which the policy was implemented. However, the differing ways in which stakeholders view an issue impacts on the policy options they propose. The study investigated the underlying beliefs and values that maternity provider stakeholders attach to managing pregnant women who are obese.

The research involved interviewing 17 of these key stakeholders who provide maternity care to pregnant women with obesity in country South Australia. The stakeholders were asked about their ability to manage pregnant women with obesity as required by the policy; problems encountered, and solutions proposed. Emerging themes from the interviews were compared and contrasted with those found in other national and international policy documents on the management of maternal obesity over the past decade. Additionally, emerging themes were examined using Bacchi's interpretive framework to uncover the underlying beliefs and values that the stakeholders attached to the issue of management of maternal obesity. The interpretive analysis of stakeholders' responses uncovered the various ways stakeholders perceive the problem and whether they placed responsibility for the issue on individuals, clinicians,

communities, government, culture, public health, or the media. Several policy options may be applicable in similar contexts outside of South Australia. Additionally, this study design methods can be replicated in other contexts to address other public health problems.