

Promoting Maternal Health: The Contribution of Midwives and Nurses to Healthy Lifestyles and Vital Sign Monitoring in pregnancy

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Abstract

Midwives and obstetrical nurses play a crucial role in promoting maternal health during pregnancy through lifestyle counseling and vital sign monitoring. Despite the known benefits of healthy nutrition and physical activity, many pregnant women do not meet the recommended guidelines due to various factors, including lack of knowledge, safety concerns, and insufficient guidance from healthcare professionals. Midwives and obstetrical nurses are well-positioned to provide continuous, personalized support to expectant mothers, but they often face barriers such as inadequate education, time constraints, and lack of resources. To effectively deliver lifestyle interventions, these professionals require structured training that enhances their knowledge, skills, and confidence in areas such as nutrition, physical activity, weight management, and communication. Continuity of care models and brief, focused educational programs have shown promise in improving midwives' competence and self-efficacy. Additionally, vital sign monitoring, particularly blood pressure measurement, is a fundamental aspect of antenatal care where midwives contribute significantly to early detection and management of complications. By integrating lifestyle counseling with routine clinical assessments, midwives and obstetrical nurses can foster a more comprehensive approach to maternal health promotion. Investing in the education and support of these healthcare

professionals is essential for improving maternal and fetal outcomes and advancing equitable, effective maternity care.

Keywords: Midwives, Nurses, pregnancy

Introduction

Pregnancy is a pivotal stage in a woman's life, marked by significant physiological and psychological transformations that are essential for fetal development (Isgut et al., 2017). Throughout this period, women may encounter a variety of complications that can pose serious threats to both their own well-being and that of their unborn child. Conditions such as gestational diabetes, preeclampsia, and preterm labor may develop, resulting in negative outcomes if not identified and addressed in a timely manner. According to the World Health Organization (WHO), nearly 810 women die every day from causes related to pregnancy and childbirth that are largely preventable (Main et al., 2015). This distressing statistic highlights the urgent demand for effective approaches to the management and prevention of pregnancy-related complications, thereby emphasizing the necessity of comprehensive maternal healthcare services.

Midwives occupy a central role within maternal healthcare, functioning as frontline practitioners who frequently serve as the first point of contact for pregnant individuals. Their responsibilities encompass health surveillance, the provision of education, and the implementation of preventative strategies designed to identify emerging issues at an early stage. Despite their vital contributions, the specific functions and duties of midwives in the early recognition and prevention of complications during pregnancy remain insufficiently explored within the existing body of research. This gap in knowledge is a cause for concern, as it impedes a thorough understanding of how midwifery interventions can influence health outcomes for both mothers and their infants. Recent studies have demonstrated that early detection of pregnancy-related complications can lead to improved prognoses for both mothers and newborns. However, there continues to be a lack of comprehensive insight into the specific impact of midwifery practices on these outcomes. Previous research has tended to emphasize the roles of obstetricians and midwives acting in more specialized capacities, often overlooking the broader and more continuous support that midwives provide throughout the maternity care process. This oversight underscores the need for a deeper examination of the midwifery profession's contributions, as a fuller understanding can inform enhanced training programs, more strategic resource allocation, and ultimately more effective healthcare delivery.

The present study aims to respond to this research deficiency by systematically reviewing existing literature on the role of midwives in the early identification and prevention of pregnancy complications. The originality of this research lies in its comprehensive investigation of the multifaceted contributions made by midwives, with an emphasis on their capacity to improve maternal and fetal outcomes through proactive involvement, health education, and psychosocial support. By articulating the essential functions of midwives within this context, the findings of the study are expected to offer valuable perspectives to healthcare policymakers, educators, and clinical practitioners. Ultimately, this research aspires to support the formulation of effective strategies that empower midwives in their critical roles during pregnancy, thereby encouraging a collaborative model of maternal healthcare that prioritizes the health and well-being of both women and their children.

Recommendations for healthy lifestyles (diet and physical activity) in pregnancy

An individual patient data meta-analysis comprising 16,185 pregnant women revealed that antenatal lifestyle interventions targeting improvements in diet and physical activity effectively reduced gestational weight gain (GWG) and enhanced health outcomes, including a 24% reduction

in the likelihood of developing gestational diabetes mellitus (GDM) and a 15% reduction in gestational hypertensive disorders (GHD) (Bailey et al., 2020). Diets characterized by lower nutritional quality and unhealthy dietary patterns have been associated with a heightened risk of negative outcomes such as GDM, GHD, premature birth, and infants born small for gestational age. Engaging in physical activity during pregnancy has been shown to decrease the risk of complications such as GDM, the necessity for medical interventions during labor, and the birth of large-for-gestational-age infants (Harrison et al., 2016). Furthermore, lifestyle interventions focusing on both nutrition and physical activity have been proven effective in reducing postpartum weight retention. Therefore, it is recommended that pregnant individuals receive specific lifestyle counseling, emphasizing diet and physical activity, to encourage healthy GWG and improve overall pregnancy outcomes.

Nutritional guidelines promote the intake of whole foods from the five core food groups, including whole grains and cereals, vegetables, fruits, meat or suitable alternatives, dairy or alternatives, and a limited consumption of 'discretionary' or non-core foods. Ensuring a nutritionally adequate diet during pregnancy is critical for the mother's health and the proper growth and development of the fetus. Deficiencies in essential micronutrients such as iron, folate, and iodine increase the risk of negative pregnancy outcomes and impaired fetal development. For the prevention of neural tube defects, a daily folate supplement of 500 mcg is recommended from 12 weeks before conception through the first trimester, while a higher dose of 5 mg is advised for women with obesity. Additionally, iodine supplementation at 150 mcg per day is recommended to meet increased maternal requirements and to support fetal brain development. During pregnancy, dietary precautions should also include the avoidance of specific foods that pose a risk for methylmercury exposure, listeriosis, and salmonellosis, as these can lead to complications such as developmental delays, miscarriage, premature birth, or stillbirth. Recommendations to reduce these risks emphasize proper food hygiene and appropriate dietary choices. Following these dietary practices can help pregnant women achieve sufficient intake of key nutrients such as calcium, protein, iodine, and long-chain omega-3 polyunsaturated fatty acids, without contributing to excessive GWG.

Physical activity guidelines encourage all pregnant women, unless contraindicated, to engage in regular physical activity, consisting of at least 150 minutes of moderate-intensity aerobic exercise per week along with resistance training. Women who were active prior to pregnancy are generally able to maintain their usual activity levels. However, certain safety considerations should be observed throughout pregnancy, including avoiding extreme heat, high-impact physical contact, high altitudes, and activities such as scuba diving (Mottola et al., 2018).

Despite the known benefits, many pregnant women do not meet nutritional guidelines or achieve the recommended levels of physical activity (Sui et al., 2013). Factors contributing to this gap include a lack of knowledge or uncertainty about appropriate dietary and exercise choices, safety concerns related to food or physical activity (Lucas et al., 2016), insufficient guidance from healthcare professionals, and reliance on non-professional sources that are often not evidence-based (Lucas et al., 2014). Consequently, there is an urgent need for antenatal care providers to deliver accurate, evidence-informed guidance and support to help pregnant women adopt and sustain healthy lifestyle behaviors and attain optimal GWG.

Why midwives and obstetrical nurses are crucial for promoting healthy lifestyles and optimising weight in pregnancy

The United Nations' Sustainable Development Goals emphasize the critical importance of antenatal care, particularly through Goal Three: Ensure Healthy Lives and Promote Wellbeing at All Ages. This goal prioritizes the reduction of maternal mortality, neonatal mortality, and under-five mortality rates. Additionally, Goal Three encompasses broader health issues, including the reduction of premature mortality stemming from non-communicable diseases. Within this framework, midwives and obstetrical nurses are positioned as credible and trusted sources of guidance during pregnancy, offering valuable lifestyle support and recommendations. In numerous healthcare systems, these professionals maintain high levels of contact and continuity of care (CoC) with expectant mothers, exceeding that of many other healthcare providers. This consistent engagement places them in a favorable position to address delicate yet essential subjects such as dietary habits, physical activity, and weight regulation (McNeill et al., 2012). Consequently, midwives and obstetrical nurses are arguably the most appropriately placed professionals to deliver continuous, personalized lifestyle support to pregnant individuals. This is corroborated by the experiences of many who have previously been pregnant, as they often regard these practitioners as the most suitable healthcare providers to deliver guidance on healthy living during pregnancy (Abayomi et al., 2020). Their involvement is likely to be a crucial component in realizing global health improvement objectives related to maternal and fetal wellbeing.

In alignment with this role, midwives and obstetrical nurses generally recognize their responsibility in advising and supporting pregnant women on topics such as nutrition, physical activity, and weight optimization (De Vivo & Mills, 2019). Nevertheless, a significant number of women report not receiving consistent or adequate lifestyle advice and support throughout their pregnancies, and some express that the guidance they did receive left them feeling judged or uncomfortable (54). Moreover, only between one-third and one-half of pregnant women are provided with counseling aimed at optimizing GWG, which likely contributes to the widespread non-adherence to recommended GWG guidelines (55). Given the high level of receptiveness among pregnant women to health-related messaging and their openness to adopting positive behavior changes during this period, it is imperative that midwives and obstetrical nurses are supported and empowered to deliver individualized, woman-centered lifestyle interventions. Missing these critical opportunities may hinder the promotion of healthy lifestyle choices during pregnancy.

Midwives and Obstetrical Nurses' Knowledge, Skills and Confidence in the Promotion of Healthy Lifestyles and Optimising Weight During Pregnancy

Midwifery education at both undergraduate and postgraduate levels differs considerably across nations. Research highlights that many practising midwives have received insufficient education to adequately provide lifestyle guidance, with current midwifery curricula often focusing more on managing high-risk pregnancies than on equipping practitioners to deliver individualised lifestyle support to all pregnant women. Addressing this educational deficit is essential to improve the consistency and quality of lifestyle counselling during pregnancy. While some countries such as the United States assign midwives and obstetrical nurses a central role in primary care lifestyle promotion, there remains a general lack of clarity regarding how pre- and post-registration education can effectively enhance the skills, knowledge and confidence needed to manage diet, physical activity, and weight during pregnancy. For instance, specific topics related to nutrition within midwifery programmes are often vague or underexplored. Similarly, opportunities to develop competencies in advising on physical activity during pregnancy are frequently absent.

Where lifestyle-related education exists, it tends to lack practical components and up-to-date content that reflects the latest clinical guidelines or stakeholder insights. In Australia, the instructional time devoted to nutrition is typically inadequate, and this area is not designated as a core competency for registration. Although most training programmes do address routine issues such as nausea management, supplement use, and smoking cessation, they often fail to prepare students to effectively assess and advise on weight, nutrition, and exercise during pregnancy. To facilitate sustainable behaviour change among pregnant women, midwives and obstetrical nurses must acquire a robust understanding of both healthy lifestyle practices and their professional responsibilities in antenatal care. Consequently, integrating lifestyle-related instruction into both undergraduate curricula and post-registration continuing professional development (CPD) is recommended. An effective training structure should be well-resourced, clearly define the roles of educators and students, and provide hands-on experience in assessing and managing maternal lifestyle concerns. This foundation can be further reinforced in professional practice (Arrish et al., 2016).

While both student and registered midwives commonly report familiarity with healthy gestational weight gain (GWG) guidelines and ideal weight gain ranges, they frequently lack the preparedness to implement dietary, physical activity, and weight management strategies in practice. Many express a lack of confidence and practical experience in promoting appropriate nutrition and weight control. Moreover, even though it is vital to keep clinical knowledge current through evidence-based post-registration education, many midwives and obstetrical nurses are never offered structured CPD opportunities focusing on GWG, nutrition, or exercise. In such cases, they may rely on general knowledge or seek assistance from dietitians, whose availability may be limited (Wilkinson et al., 2020). Educating practising midwives and nurses can be especially challenging, given the time constraints and financial burdens they face. These factors often prevent attendance at optional training sessions, unless the training is directly applicable to their immediate clinical responsibilities. Online learning can provide some flexibility but lacks interactive elements critical for skill development. Free, employer-sponsored in-service education represents a more equitable solution, allowing broader participation across the workforce. Evidence suggests that brief, annual CPD courses focusing on GWG, nutrition, and physical activity can significantly enhance midwives' competence and confidence in managing maternal lifestyle factors. Such interventions may also raise awareness about the risks associated with inadequate diet, excessive or insufficient weight gain, and physical inactivity during pregnancy.

There is a clear need for systemic investment in sustainable training frameworks. For example, an Australian study revealed that although midwives underwent mandatory training to promote healthy GWG and learned to utilise GWG charts, only half consistently applied this knowledge during patient consultations. Time constraints also limit midwives' ability to deliver effective lifestyle counselling and support during routine care. To help women understand and adopt necessary lifestyle changes, midwives must have adequate time to assist them in setting goals and implementing strategies to improve diet, activity levels and weight outcomes. Furthermore, communication training is essential to equip midwives and obstetrical nurses with the skills to sensitively address the complex and often stigmatised topic of maternal weight. One of the most prominent barriers to lifestyle counselling is midwives' lack of confidence in initiating discussions about weight and health behaviours with their patients.

Midwives and obstetrical nurses may avoid engaging in conversations about lifestyle behaviours during antenatal visits, viewing them as too sensitive to approach. Even when practitioners possess

sound knowledge of weight and lifestyle management, this does not necessarily translate into effective communication or behavioural support for pregnant women. Furthermore, the advice provided, even when well-intentioned, may not be easy for women to follow due to various obstacles, including unclear messaging or limited rapport between the care provider and the patient. Mixed or conflicting guidance from midwives can further impede adherence. Studies of Iranian midwives have noted significant deficiencies in communication skills, and less than 5% of the medical school curriculum is devoted to such training in several countries including Iran, the United Kingdom, and the Netherlands. Most healthcare providers develop communication skills informally by observing peers or through attendance at brief, often passive, courses. While observation is a useful starting point, effective communication training should ideally include interactive, structured learning opportunities. This is particularly vital for supporting women with pre-existing overweight or obesity, who may feel stigmatised or judged during lifestyle discussions with their healthcare providers (Johnson et al., 2013).

Barriers to Midwives and Obstetrical Nurses Promoting Healthy Lifestyles During Pregnancy

Although midwives and obstetrical nurses play a pivotal role in assisting women to achieve healthy lifestyle behaviours during pregnancy, numerous documented challenges at both the system and policy levels inhibit the provision of optimal care. Chief among these are the recurrent reports of insufficient time and inadequate human and financial resources, which midwives and obstetrical nurses consistently identify as major obstacles to delivering effective lifestyle and weight management interventions (Lindqvist et al., 2014). Addressing these challenges requires health policymakers to recognise the importance of lifestyle counselling and prioritise its integration into maternity care. Allocating adequate time and resources is essential not only for midwives and obstetrical nurses to receive relevant training but also to enable them to deliver individualised, woman-centred care. In practice, this approach also necessitates sufficient time within appointments to respond appropriately to women's needs. Despite the importance of personalised counselling, many midwives report having less time per consultation while being expected to address an increasing number of health issues. Without the ability to balance these competing demands, preventive health discussions—such as those related to nutrition, exercise, and weight gain—may be neglected.

The organisational context in which midwives and obstetrical nurses operate can either support or obstruct the promotion of healthy lifestyles. Developing rapport with women and having access to supplementary services like dietetics and nutrition support are critical to effective lifestyle counselling. Conversely, when midwifery care is fragmented and lacks continuity, the delivery of such interventions becomes challenging. In these cases, midwives and obstetrical nurses may be unable to foster the trust-based relationships that underpin successful behaviour change. Evidence suggests that continuity of midwifery care improves not only maternal satisfaction with antenatal services, but also maternal and neonatal health outcomes. Midwives have identified continuity of care (CoC) as a fundamental enabler of woman-centred practice, particularly in relation to supporting lifestyle changes during pregnancy (Guthrie et al., 2020).

Although clinical practice guidelines are intended to ensure high-quality care delivery, failures in promoting optimal diet, physical activity, and gestational weight gain may stem from an absence of clearly defined policies and guidance in these areas. In Australia, recent revisions to the Pregnancy Care Guidelines now advocate for routine weighing of all pregnant women and include specific recommendations regarding healthy gestational weight gain (GWG) aligned with the Institute of Medicine (IOM) standards. The guidelines also advise that women receive nutritional

and physical activity guidance at each antenatal appointment. Nevertheless, in the absence of robust local procedures that facilitate the application of these clinical guidelines, midwives and obstetrical nurses may continue to encounter systemic obstacles that hinder the implementation of evidence-based lifestyle interventions. As such, it is imperative to identify and address policy and system-level constraints that limit midwives' ability to support healthy behaviour change in pregnancy.

Beyond institutional factors, midwives and obstetrical nurses may also face individual-level barriers associated with the women they care for and the complexity of their pregnancies. For instance, in pregnancies complicated by co-morbidities or medical concerns, lifestyle counselling may be deprioritized. Although a multidisciplinary team often manages such cases, midwives and obstetrical nurses are still in a position to provide basic yet valuable lifestyle advice. With increased availability of time and resources, they could potentially integrate healthy eating, exercise, and weight management strategies even in more complex clinical scenarios. Additionally, cultural norms and traditions have a significant influence on pregnant women's health behaviours. When a woman's personal or cultural beliefs contradict professional recommendations, midwives often find counselling more difficult. In such instances, enhancing midwives' cultural competence and confidence in delivering flexible, individualised lifestyle interventions could be beneficial. However, further empirical research is needed to better understand how to effectively support midwives and obstetrical nurses in overcoming these challenges.

Strategies to Support Midwives and Obstetrical Nurses in Their Role

Midwives and obstetrical nurses occupy a central position to provide culturally sensitive, respectful, and individualised guidance to pregnant women by utilising their advanced verbal and non-verbal communication skills and capacity for active listening. To effectively engage with women, these professionals should be trained in employing an interactive and participatory communication style, which helps women recognise potential concerns, identify viable solutions, and make decisions that align with their personal values and experiences. Encouraging women to establish lifestyle objectives that are Specific, Measurable, Achievable, Realistic, and Timely (SMART) increases the probability of meaningful behavioural change. Continued reinforcement during follow-up appointments through discussions of both facilitators and barriers to goal attainment can further support progress. Communication that highlights the positive outcomes of adopting healthier lifestyles has been associated with reduced psychological stress and increased adherence among pregnant women. Addressing broader lifestyle factors—such as nutrition, exercise, sleep, stress, and work–life balance—rather than focusing solely on weight, can also help to mitigate stigma.

Enhancing communication quality requires targeted training that not only develops practical skills but also fosters self-efficacy and shifts attitudes among midwives and obstetrical nurses toward lifestyle counselling. Educational strategies for building communication capabilities vary from didactic lectures to highly interactive, personalised training formats. The more participatory methods demand greater engagement, time, and motivation from practitioners, necessitating thoughtful scheduling and planning by healthcare administrators to accommodate preferred learning styles. Incorporating training into existing staff meetings is a practical approach that may reduce time and resource burdens while boosting attendance when compared to more traditional standalone training formats. When student midwives and obstetrical nurses receive instruction on how to navigate weight-related behavioural discussions before entering clinical practice, their belief in and commitment to these techniques improves. This early education enhances their intent

to engage in lifestyle promotion once they begin professional practice. Additional confidence can be developed when students attend workshops or undergo competency-based training that showcases exemplary midwifery practice, as they are expected to replicate these skills in both clinical placements and future practice settings (Smith et al., 2018).

Clinical placements within continuity of care (CoC) and caseload models offer rich learning opportunities, allowing student midwives to build competence and self-assurance in their skills while simultaneously providing care that is well-regarded by women. Though literature on the role of student midwives in lifestyle promotion during clinical placements is limited, CoC models have been identified as more effective than fragmented care systems for supporting midwives in delivering guidance related to weight management and healthy behaviours. These CoC placements enable students to develop their skills more robustly by following women throughout the pregnancy continuum, in contrast to team-based or hospital-based care models where interactions are often brief and disconnected. While some midwives and obstetrical nurses acquire confidence through foundational pre-clinical education, others depend on experiential learning, personal study, or continuing professional development programmes to strengthen their capacity to offer effective lifestyle support (Kominiarek et al., 2018).

Given the critical importance of bolstering confidence among midwives and obstetrical nurses for the benefit of both maternal and child health, a variety of educational strategies have been introduced to help these professionals learn new, applicable skills. These include integration into mandatory training curricula, online courses, and short, focused programmes, all of which aim to expand knowledge and enhance practical experience in areas such as motivational interviewing, behaviour change counselling, and goal setting. These training modalities also support the assimilation of such approaches into routine care. Learning techniques like open-ended questioning, facilitating 'change talk' without offering direct advice, and empowering women to explore and determine their own strategies may be initially difficult but are ultimately beneficial for practitioners' professional growth and satisfaction. For instance, one study found that midwives participating in a trauma-informed counselling intervention had to reassess and modify their typical counselling approaches. Although they initially experienced discomfort in adapting, their confidence and skill levels improved with continued practice. Another study involving midwives trained to engage in brief behavioural conversations aimed at enhancing pregnant women's diet and physical activity showed that familiarity and comfort with these techniques increased through repeated use, ultimately improving integration into everyday practice. Regular application of these techniques not only allows midwives to provide the standard of care they aspire to offer but also fosters personal and professional satisfaction as they master new ways to support women more effectively.

Vital Sign Monitoring by Midwives

Vital sign monitoring is a fundamental component of antenatal care and a key area where midwives play a critical role in safeguarding maternal and fetal well-being. Regular monitoring of vital signs, including blood pressure, temperature, respiratory rate, heart rate, and in some contexts, oxygen saturation—is essential in detecting early warning signs of complications such as preeclampsia, gestational hypertension, infection, or cardiovascular distress. Midwives, as primary care providers in maternity settings, are often the first to assess and record these parameters during routine visits, positioning them at the forefront of risk identification and timely intervention. Blood pressure measurement, in particular, serves as a crucial diagnostic indicator for hypertensive disorders of pregnancy, which are among the leading causes of maternal morbidity and mortality globally. By adhering to evidence-based protocols and accurately interpreting deviations from

baseline measurements, midwives contribute significantly to early diagnosis, referral, and management, which are pivotal in preventing the progression of life-threatening complications. The efficacy of vital sign monitoring depends not only on the technical accuracy of the readings but also on the midwives' clinical judgment and continuity of care. Through consistent observation and record-keeping, midwives can detect subtle physiological trends that may indicate emerging problems. For instance, a gradual rise in blood pressure over several antenatal appointments may not immediately breach clinical thresholds for intervention, but in the hands of a vigilant midwife, such a trend can trigger preventative measures or closer surveillance. The continuity of care model enables midwives to become familiar with the baseline health parameters of each woman, allowing for personalised and context-sensitive assessments. Furthermore, midwives are trained to integrate vital sign data with other clinical findings, such as proteinuria, edema, or headache, to formulate a comprehensive picture of maternal health. This holistic approach enhances clinical decision-making and promotes safe, timely escalation of care when needed.

Beyond detection and response, the monitoring of vital signs offers an important educational opportunity. Midwives can use the process of vital sign assessment as a platform to engage women in discussions about their overall health, stress levels, hydration, sleep patterns, and physical activity—factors that directly influence physiological parameters. For example, explaining the link between elevated blood pressure and high sodium intake or stress provides a practical context for lifestyle modifications. This dual function of vital sign monitoring—as both a diagnostic tool and a springboard for health education—aligns closely with the preventive and holistic philosophy of midwifery care. When integrated with other elements of antenatal health promotion, such as dietary advice and physical activity counselling, routine vital sign monitoring becomes a powerful mechanism for empowering women to take an active role in maintaining their own health and that of their baby. Consequently, midwives' vigilance in this area is not only clinically necessary but also central to fostering informed, health-literate maternity care.

Conclusion

The promotion of maternal well-being during pregnancy relies heavily on the multifaceted contributions of midwives and obstetrical nurses. From delivering personalised dietary and physical activity counselling to supporting weight management, these healthcare professionals are uniquely positioned to influence positive health behaviours and outcomes. Despite systemic, educational, and communicative barriers, midwives and obstetrical nurses demonstrate the potential to lead lifestyle interventions when adequately trained and supported. Their role extends beyond education to encompass critical clinical responsibilities such as vital sign monitoring, which is indispensable for early detection of complications and timely intervention. These routine assessments not only safeguard maternal and fetal health but also serve as vital entry points for broader health promotion efforts.

Empowering midwives and obstetrical nurses through structured education, practical training, and system-level support is essential to enhancing their confidence, skills, and effectiveness in lifestyle counselling and clinical care. Moreover, investing in continuity of care models, improving communication competencies, and embedding lifestyle promotion into everyday practice can significantly strengthen maternal healthcare systems. By acknowledging and building upon the integral role midwives and obstetrical nurses play in antenatal care, healthcare systems can move toward a more comprehensive, equitable, and effective model of maternal health—one that genuinely supports the well-being of both mothers and their children.

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