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Article:

Olander, EK, Darwin, ZJ, Atkinson, L et al. (2 more authors) (2016) Beyond the 'teachable moment' - A conceptual analysis of women's perinatal behaviour change. *Women and Birth*, 29 (3). e67-e71. ISSN 1871-5192

<https://doi.org/10.1016/j.wombi.2015.11.005>

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1 **Beyond the ‘teachable moment’ – a conceptual analysis of women’s perinatal behavior**
2 **change**

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4 Running head: Perinatal behavior change

5

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39 Beyond the ‘teachable moment’ – a conceptual analysis of women’s perinatal
40 behaviour change

41

42 Abstract

43 Background

44 Midwives are increasingly expected to promote healthy behaviour to women and
45 pregnancy is often regarded as a ‘teachable moment’ for health behaviour change.

46 This view focuses on motivational aspects, when a richer analysis of behaviour
47 change may be achieved by viewing the perinatal period through the lens of the
48 Capability-Opportunity-Motivation Behaviour framework. This framework proposes
49 that behaviour has three necessary determinants: capability, opportunity, and
50 motivation.

51

52 Aim

53 To outline a broader analysis of perinatal behaviour change than is afforded by the
54 existing conceptualisation of the ‘teachable moment’ by using the Capability-
55 Opportunity-Motivation Behaviour framework.

56

57 Findings

58 Research suggests that the perinatal period can be viewed as a time in which
59 capability, opportunity or motivation naturally change such that unhealthy behaviours
60 are disrupted, and healthy behaviours may be adopted. Moving away from a sole
61 focus on motivation, an analysis utilising the Capability-Opportunity-Motivation
62 Behaviour framework suggests that changes in capability and opportunity may also
63 offer opportune points for intervention, and that lack of capability or opportunity may

64 act as barriers to behaviour change that might be expected based solely on changes in
65 motivation. Moreover, the period spanning pregnancy and the postpartum could be
66 seen as a series of opportune intervention moments, that is, personally meaningful
67 episodes initiated by changes in capability, opportunity or motivation.

68

69 Discussion

70 This analysis offers new avenues for research and practice, including identifying
71 discrete events that may trigger shifts in capability, opportunity or motivation, and
72 whether and how interventions might promote initiation and maintenance of perinatal
73 health behaviours.

74

75

76 Keywords: behaviour change, health behaviour, psychological theory, postnatal
77 period, COM-B framework

78

Summary of Relevance

79 Problem or issue

80 Midwives are expected to promote healthy behaviours to women.

81

82 What is already known

83 Pregnancy is viewed as a 'teachable moment' for behaviour change but this definition

84 relies mainly on motivation. A broader view is offered by the COM-B framework,

85 which proposes that behaviour (B) has three necessary determinants: capability (C),

86 opportunity (O) and motivation (M).

87

88 What this paper adds

89 Imposing the COM-B framework to perinatal behaviour change moves understanding

90 beyond motivation alone. Specifically, it draws attention to possibilities that

91 capability and opportunity changes may offer opportune intervention points, and

92 capability or opportunity barriers may preclude behaviour change that might be

93 expected based on motivational shifts.

94 The expectation on midwives and other maternity care staff to encourage health
95 behaviours and discourage unhealthy behaviours in pregnant and postpartum women
96 is increasing.^{1,2} This expectation stems from the recognition that midwives are a
97 trusted source of information for most women,³ have regular contact with women and
98 interact with them during a life stage where women may be more receptive to health
99 messages.⁴ Thus, midwives and other healthcare professionals are considered to be in
100 a unique position to promote health behaviours, including smoking cessation,⁵ healthy
101 eating⁶ and pregnancy-specific behaviours (e.g. breastfeeding⁷), as is currently
102 recommended in numerous maternity care guidelines in Australia⁸ and
103 internationally.⁹

104
105 Related to health promotion is the idea that pregnancy may offer ‘teachable moments’
106 for health behaviour change.¹⁰ In this paper, we respond to recent calls to use more
107 theory in maternal health research¹¹ and previous research suggesting that teachable
108 moments have been under-theorised,¹² to present an alternative conceptualisation of
109 the ‘teachable moment’. We describe the current conceptualisation of the ‘teachable
110 moment’ and subsequently draw on recent developments in behavioural science to
111 outline a broader analysis of behaviour change during pregnancy and after birth
112 utilising the recently developed Capability-Opportunity-Motivation Behaviour
113 (COM-B) framework.¹³ This framework identifies three fundamental determinants of
114 behaviour (capability, opportunity, and motivation), into which all facilitators of or
115 barriers to behaviour can be organised. Applying the framework to perinatal
116 behaviour generates new possibilities for understanding naturally occurring changes
117 that may affect behaviour and behaviour change, beyond the motivation-focused
118 ‘teachable moment’ account that dominates the field at present. We provide examples

119 of how the COM-B framework may be applied to perinatal behaviour change and how
120 it may help practitioners and researchers alike to consider women's behaviour change.
121 Lastly, we outline some moments during and after pregnancy that may be particularly
122 opportune for intervention, and suggest new avenues for research and practice.

123

124

125 Pregnancy as a *'teachable moment'*

126 Phelan in 2010 suggested that pregnancy offers 'teachable moments' for health
127 behaviour change such as those related to weight control (physical activity and
128 healthy eating).¹⁰ Since then, several authors have agreed that women may be highly
129 receptive to health behaviour change interventions during pregnancy.^{4, 14} Phelan's
130 suggestion of pregnancy offering 'teachable moments' is based upon McBride et al's
131 theory, which states that three constructs determine whether a life or health event acts
132 as a teachable moment: an increase in perception of personal risk and outcome
133 expectancies; prompting of strong affective responses; and a redefinition of self-
134 concept and social roles.¹⁵ Phelan concluded that 'intervening during pregnancy may
135 capitalise on this natural period of redefinition that occurs among women'
136 (p135.e4),¹⁰ making it an ideal time to encourage women to be healthy.

137

138 In this opinion paper we further develop Phelan's (2010) idea that multiple events
139 occur during pregnancy and the postpartum period, by arguing that these may bring
140 changes not only to women's motivations, but also to their capabilities and
141 opportunities for behaviour change. Identifying events during and after pregnancy that
142 may trigger changes to motivation, capability or opportunity may reveal a greater
143 range of both possibilities and potential pitfalls in health behaviour change promotion.

144 This analysis encompasses and expands beyond the ‘teachable moment’ as currently
145 conceived, and is applicable to all health behaviours, not solely those related to
146 weight control.

147

148

149 A COM-B analysis of behaviour change

150 The COM-B framework was introduced in 2011 as a framework for understanding
151 behaviour and its determinants.¹³ It was designed to provide a parsimonious, yet
152 comprehensive and logically coherent model to inform the design of new behaviour
153 change interventions, and characterisation of existing interventions. It was developed
154 through a systematic synthesis of 19 existing frameworks of behaviour change
155 interventions, none of which in isolation provide a comprehensive or coherent
156 analysis of behaviour.

157

158 The COM-B framework (see figure 1) proposes that behaviour (B) has three
159 necessary determinants: capability (C), opportunity (O), and motivation (M).¹³ Each
160 of these may be deconstructed further: physical and psychological capability (the
161 latter referring to the capacity to engage in necessary thought processes, e.g.
162 summoning the willpower to act); physical and social opportunity (respectively
163 referring to affordances within the physical and social environment for action), and,
164 reflective and non-reflective motivation (respectively referring to conscious and
165 unconscious [e.g. emotion-based] motivation). (See table 1 for illustrative examples
166 of these constructs, as applied to physical activity in pregnancy.) By implication, any
167 change in behaviour must arise from a shift in capability, opportunity, or motivation,
168 or any combination thereof. For example, women may stop smoking when they

169 become pregnant due to the awareness of the health risks to themselves and their baby
170 (reduced reflective motivation for smoking) or social disapproval (diminished social
171 opportunity).¹⁶

172

173 The utility of the COM-B framework lies in its capacity to inform a comprehensive
174 ‘behavioural diagnosis’.¹⁷ Just as a physician must examine a patient in order to
175 understand the cause or causes of their symptoms and subsequently recommend
176 appropriate treatments, so must behaviour change experts firstly understand why an
177 individual, group, or population is engaging in an unhealthy action (or not engaging in
178 a healthy action) before developing appropriate behavioural interventions for use by
179 healthcare professionals. The COM-B framework is designed to encompass all
180 potential determinants of behaviour, and classifies these into three overarching
181 categories (capability, opportunity, and motivation). Using the framework represents
182 the first step in the broader ‘Behaviour Change Wheel’ approach to developing
183 interventions; the COM-B behavioural diagnosis informs the identification of
184 appropriate functions by which interventions may generate behaviour change (e.g. to
185 educate, to train, to persuade), and selection of behaviour change techniques likely to
186 deliver those functions.^{13, 17} Outside of perinatal health, COM-B has been successfully
187 applied to explain or change a range of health behaviours including tobacco use,¹³
188 health practitioners’ adherence to disease prevention guidelines,¹⁸ and improving care
189 in acute hospital settings.¹⁹

190

191 In this paper, we propose that the COM-B framework offers a richer analysis of the
192 potential determinants of changes in health behaviour in pregnancy, and avenues for
193 intervention, than does the dominant perspective, based on the ‘teachable moment’.¹⁰

194 The ‘teachable moment’ perspective suggests that women are more receptive to health
195 information (i.e. more ‘teachable’) during pregnancy, due to naturally occurring
196 changes in their motivation.¹⁰ From a COM-B perspective, Phelan’s ‘teachable
197 moment’ relates mostly to shifts in reflective and non-reflective motivation that arise
198 during pregnancy, as women start to adjust to a newfound social and emotional role
199 and new health risks (reflective motivation), and experience strong emotional
200 responses to such risks (non-reflective motivation).¹⁰ A COM-B analysis of behaviour
201 in pregnancy, however, extends beyond the notion of naturally occurring motivational
202 change, by emphasising that behaviour may also change due to natural shifts in
203 capability or opportunity during pregnancy. For example, in the second trimester,
204 some women report an increase in energy (increased physical capability)²⁰, which, so
205 long as there is also sufficient opportunity for activity (e.g. access to facilities), may
206 promote acting on the motivation to be physically active. Conversely, women who are
207 physically active pre-pregnancy often report decreasing their activity levels due to
208 physical ailments associated with pregnancy such as pelvic girdle pain or
209 breathlessness (decreased physical capability), and a lack of appropriate exercise
210 classes (decreased physical and social opportunities), despite feeling motivated to
211 keep active in pregnancy.²⁰ Focusing only on pregnancy-related events involving
212 changes in motivation may neglect potentially fruitful behaviour change possibilities,
213 and potentially powerful barriers to behaviour change, that arise from changes in
214 opportunities and capabilities.

215

216 Recognising natural shifts in capability, opportunity and motivation is of theoretical
217 and practical importance. A COM-B lens generates explanations for why health
218 campaigns that seek to capitalise on naturally occurring motivation shifts may fail.

219 Even if pregnancy is a ‘teachable moment’ because of motivation shifts, health
220 promoters attempting to seize this ‘moment’ may face difficulties in facilitating
221 behaviour change if women do not have sufficient capability, or fail to recognise or
222 respond to opportunities to act. For example, despite wanting to quit,²¹ many pregnant
223 smokers fail to stop smoking during pregnancy, due to addiction, life circumstances
224 or stress.¹⁶ This is perhaps unsurprising; a recent COM-B-based mapping exercise
225 identified a variety of barriers to smoking cessation in pregnancy, including lack of
226 knowledge and low self-efficacy (psychological capability), nicotine dependence and
227 lack of intervention (physical capability), smoking triggers and lack of role models
228 (automatic motivation), contrasting health messages and feeling coerced (reflective
229 motivation), lack of social support (social opportunity) and lack of health services
230 (physical opportunity).²² Stop smoking services, and public health services more
231 broadly, must therefore consider not only pregnant women’s motivation to take health
232 action, but their capabilities and opportunities.

233

234 Our perspective is novel, in that pregnancy, and the events that occur within
235 pregnancy, have not previously been conceptualized using the COM-B framework.
236 To date, the studies of specific pregnancy-related behaviours undertaken from a
237 COM-B perspective have considered pregnancy and the postpartum as one event,
238 compared to examining specific events such as first visit to midwife or feeling foetal
239 movements for the first time (see table 2 for more examples of potential opportune
240 events). That said, the research examining specific pregnancy-related behaviours
241 using a COM-B perspective testify to its comprehensiveness, and utility for informing
242 healthcare practice. One study reported interviews with women with a diagnosis of
243 borderline gestational diabetes mellitus.²³ Capability, opportunity and motivation

244 were found to incorporate the reported barriers and facilitators to achieving
245 interviewees' healthy lifestyle goals. The authors recommended that care for women
246 with mild pregnancy hyperglycemia should be tailored according to identified
247 capability, opportunity, and/or motivation barriers.²³ Elsewhere, a review of
248 qualitative research of women's experiences with pelvic floor muscle training found
249 that previous findings in this area could be mapped on to the COM-B constructs, and
250 that this COM-B analysis identified novel and potentially fruitful targets for
251 improving training adherence.²⁴ In sum, the available research demonstrates the value
252 of using the COM-B framework to identify factors that influence behavior and
253 behaviour change, in a manner likely to assist midwives and other healthcare
254 professionals working with pregnant and postpartum women.

255

256

257 Opportune intervention moments during and after pregnancy

258 'Teachable moments' are currently defined by changes in motivation that lead to

259 spontaneous adoption of risk-reducing health behaviours, and so may represent

260 opportune moments for intervention.¹⁰ From a COM-B perspective, a perceived lack

261 of capability or opportunity may reduce receptiveness to health advice as behaviour is

262 not seen as changeable. Alternatively, the reverse may be true; abundance in

263 capability and opportunity may increase motivation. Consequently, changes in

264 capability and opportunity can also influence openness to health promotion messages,

265 or willingness to act on them.

266

267 Therefore, there may be multiple opportune intervention moments in pregnancy; and

268 conversely, moments which are less suited to intervention. Throughout pregnancy and

269 postpartum, a series of personally significant events and transitions take place for
270 women that impact on capability, opportunity and motivation. Some such events may
271 be clearly demarcated, such as the moment the pregnancy is discovered, which can
272 trigger smoking cessation attempts and a reduction in alcohol intake due to changes in
273 motivation.^{16, 25} Other events can be separated by pregnancy trimesters. For example,
274 as noted above, boosts in energy in the second trimester may facilitate physical
275 activity via increased capability²⁰, whereas in the third trimester restricted mobility
276 due to changes to weight and body shape may diminish physical capability for
277 physical activity.²⁶

278

279 It may also be important to distinguish between pregnancy and postpartum periods as
280 prioritisation of caring for the baby in the postpartum period may make women feel
281 psychologically and physically incapable of engaging with, or limit social
282 opportunities for healthy behaviours (e.g., physical activity²⁶). Postpartum may also
283 provide several opportune intervention moments in itself, with the realization of
284 parenthood bringing a different ‘context’, accompanied by new capabilities,
285 opportunities and motivation. Following birth, the loss of the physical connection
286 between the child’s and mother’s bodies may affect the perceived health
287 consequences of the woman’s behaviours, often reversing in-pregnancy motivation to
288 decrease smoking¹⁶ or alcohol consumption.²⁷ The demands of feeding and basic care,
289 accompanied by significant changes to sleep patterns can reduce both physical and
290 psychological capability for a number of behaviours such as physical activity and
291 healthy eating. However, opportunity may also increase, due to support from family
292 members and access to health-relevant programs or services for mothers of young
293 babies, such as stroller/buggy fitness classes.²⁸

294

295

296 New avenues for research and practice

297 Utilising the COM-B framework allows researchers to systematically map triggers to

298 capability, opportunity and/or motivation shifts during pregnancy and postpartum.²²

299 We suggest that practitioners and intervention developers may benefit from using

300 COM-B to help understand behaviour(s) of interest, while also being cognisant of the

301 significance of the individual's psychological adaptation (primarily in terms of

302 motivation) and their perceived capability, opportunity and motivation. Using these

303 approaches will highlight more fully the many possibilities for behaviour change

304 provided by pregnancy and the postpartum period than were suggested by the

305 previous conceptualisation of the 'teachable moment'. Applying the COM-B

306 framework also allows midwives to provide woman-centred care, by considering the

307 woman's individual capabilities, opportunities and motivation. Thus, the model could

308 be used favourably in training those midwives, who report a lack of confidence in

309 supporting women regarding behaviour change.²⁹

310

311 Longitudinal research is needed to identify how capability, opportunity and

312 motivation change throughout pregnancy and postpartum and to what extent, so as to

313 pinpoint the most opportune moments for purposive health behaviour change

314 promotion. An important strength of the COM-B framework is that it provides

315 suggestions for appropriate types of health behaviour change interventions.¹⁷

316 Identifying opportune moments and utilising tailored interventions will aid midwives

317 and other healthcare professionals when they support women to change their

318 behaviour. Further work might also examine whether it is possible to develop healthy

319 habits early in pregnancy or even pre-conception so as to shield healthy behaviours
320 against disruptions owing to changes in capability, opportunity, or motivation.³⁰
321 Finally, a sole focus on women and not their partners and/or family may ignore the
322 influence that these significant others may have on the COM-B determinants of
323 behaviour.

324

325

326 Conclusion

327 The commonly held view that pregnancy is a ‘teachable moment’ may be broadened
328 beyond motivation. The COM-B framework can be used to identify naturally
329 occurring changes in capability, opportunity and motivation that may be conducive to
330 changing any health-related behaviour during or after pregnancy. Further research is
331 needed on how to best capitalise on these changes for positive behaviour change that
332 may be facilitated by midwives and other maternity care staff.

333

334

335 Conflict of interest

336 The authors report no conflict of interest.

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