E3-15: Kitchen and Communication Equipment Use by Low Income Pregnant Women

Author List:
Presenting Author: Cecilia M. Jevitt
Additional Author:

Presenting Author: Cecilia M Jevitt

Address: 12901 Bruce B. Downs Blvd., MDC 22
Tampa, Florida 33612
United States
Ph: 813-974-5216
Fax:
Email: cjevitt@health.usf.edu
Institution: University of South Florida

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Abstract:
Introduction: Overweight and obesity in the United States affects 60% of reproductive age women and have become leading risk factors for poor pregnancy outcomes. Although all populations are affected, minority and low-income women have higher rates of obesity and obesity-related adverse birth outcomes. Healthy eating and regular physical activity play key roles in maternal weight gain, fetal nutrition and perinatal outcomes. Nutrition and physical activity education must be culturally appropriate and conform to women’s resources. Education must be delivered by technologies used by women. Objectives: This study sought to determine what kitchen and communication equipment pregnant clients of a Healthy Start Project use most often and determine the best way of communicating nutrition and physical activity education, reminders, cooking tips and recipes to clients.

Method(s): Twenty oral questionnaires on both kitchen equipment (stove, oven, blender etc.) and communication devices (internet, cell phone, text messaging etc.) from 10 English-speaking and 10 Spanish-speaking pregnant Healthy Start clients were completed.

Results: Results: In this low income population, women were receptive to receiving nutrition and cooking information during pregnancy. They have and use pots and pans, stoves, refrigerators and microwave ovens. They cook more often on the stove than in a microwave. They do not have hand mixers and blenders. Twenty-five percent owned a computer and 40% had an email address; however women preferred to receive information via the postal mail or text messages. Women specified that the text messages must be paid for by the sender.
Discussion & Conclusions: Nutrition classes have been observed to use a variety of kitchen tools including blenders, hand mixers and slow cookers. Pregnant women in our study did not have access to these tools but most had access to a microwave oven. Contrary to federal funding applications' expectations, most women preferred to receive information via the regular mail or in text messages. They stressed the need for the text messages to be paid for by the sender. Nurses planning nutrition and health education interventions must be aware of the technological resources actually used by their patients.

Abstract History:

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cjevitt@health.usf.edu