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A mixed methods approach to advance the understanding of physical activity behaviour during pregnancy.

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An active pregnancy encompasses benefits that apply to both mother and baby. However, before investing resources in interventions aimed at changing or supporting expectant mothers' physical activity behaviours, it is necessary to have a greater fundamental understanding of the modifiable factors influencing women's decisions during this time. Therefore, the main purpose of this study was to investigate the socio-cognitive determinants of physical activity during pregnancy. A mixed methods research approach using a multiphase design framed by the Theory of Planned Behaviour (TPB; Ajzen, 1991, *Organizational Behavior and Human Decision Processes*, 50, 179-211) guided the investigation. Following ethical approval and permission to carry out the study, participants were recruited from randomly selected antenatal clinics in the East Kent region of England. Application of the TPB required both qualitative and quantitative cross-sectional data to be collected. Study One (n = 18) involved the elicitation of pregnant women's beliefs towards being physically active. The modal salient behavioural, normative and control beliefs were used to inform the development of a TPB questionnaire which was implemented during the next phase of the investigation. Study Two (n = 78) examined the predictive utility of the TPB in explaining pregnant women's physical activity intentions and behaviour and scrutinised the role of past behaviour within this context. Finally, Study Three (n = 10) comprised semi-structured interviews involving community midwives. Meta-inferences maintained the function of improving the validity of the study and advancing the overall aim of the research project. Specifically, triangulation was used to ascertain convergence, corroboration, and correspondence of findings between studies. Whilst results of the individual studies hold merit, meta-inferences point towards the development of three main themes: (1) pregnant women lack access to the necessary information that would allow them to make informed decisions regarding their engagement in physical activities; (2) a co-ordinated effort involving interprofessional collaboration is required to support pregnant women in overcoming barriers associated with regular physical activity participation; and (3) profiling pregnant women according to motivation and behaviour status could serve as a useful and manageable starting point for intervening to produce positive changes in pregnant women's physical activity behaviour. In normalising physical activity during pregnancy and achieving better health outcomes for mothers and babies, it is necessary to consider the modifiable factors involved in behaviour change, identify opportune moments to intervene, and involve a network of professionals in facilitating and supporting pregnant women's engagement with physical activities.