Perspective on putting guidelines into action

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Questions

1. Do we know how to help women gain recommended amounts of weight in pregnancy?
2. Are we ready to translate knowledge into action?
3. What should the future look like?
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1. Do we know how to help women gain recommended amounts of weight in pregnancy?

2. Are we ready to translate knowledge into action?

3. What should the future look like?
“Fit for Delivery”
Randomized Controlled Trial to Prevent Excessive Weight Gain in Pregnant Women
Phelan, et. al. AJCN, 2011
NIDDK RO1 DK071667

200 normal weight and 200 overweight/obese pregnant women randomly assigned to

1) Standard Care (n = 200)

2) Standard Care + lifestyle modification treatment (n = 200)
Low Intensity Intervention during Pregnancy

• **Targets**
  - Weight gain
  - Healthy eating
  - Exercise (30 minutes most days)
  - Behavioral strategies (self-monitoring, stimulus control)
  - Motivation
Intervention

• One face-to-face visit at research center

• Weekly “challenge” cards

• Brief phone-based counseling sessions (3)
  – Review of progress
  – Problem-solving
  – Behavioral techniques

• Additional intervention for women above goal
  – Phone calls every 2 weeks
  – Increasingly structured behavioral goals
  – Decreasing high fat food
  – Structured meal plan
Weight Gain Graphs

Sent personalized weight gain graphs after each clinic visit.
RESULTS: Proportion of Women Exceeding IOM Weight Gain Guidelines

*OR = .38 [0.20-0.87]; p = .003*

Phelan, et. al. AJCN, 2011
RESULTS

- 56.5% of NW and 68.9% of OW/OB above guidelines at first visit (10-16 weeks gestation)

- Once exceeded, few returned to within guidelines

Women who exceeded IOM guidelines at some point during pregnancy but were within recommendations at delivery

<table>
<thead>
<tr>
<th></th>
<th>NW</th>
<th>OW/OB</th>
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<tr>
<td>Standard Care</td>
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Phelan, et. al. AJCN, 2011
RESULTS: Percentages of Women Who Returned to their Preconception Weights (±0.9 kg) or Below at 6 months Postpartum
Phelan, et. al. AJCN, 2011
A low-intensity behavioral intervention:

- Can prevent excessive gestational weight gain in NW but not OW/OB
- Not very effective in helping women who are exceeding get back within guidelines
## Recent Published Reviews of Excessive GWG Intervention trials

<table>
<thead>
<tr>
<th>First Author, Yr</th>
<th>N Studies</th>
<th>Conclusion</th>
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<tr>
<td>Streuling, 2010</td>
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Lessons Learned from Weight Control in Non-Pregnant Populations?

Phelan, Jankovitz, Hagobian, Abrams 2011; Women’s Health

- NOT EFFECTIVE
  - Body image
  - Body acceptance
  - Education alone

- EFFECTIVE IF USED IN COMBINATION
  - Fat intake or specific Foods
  - TV-viewing
  - Physical activity
  - Social Support

- EFFECTIVE
  - Calorie goals
  - Meal replacements
  - Weight Monitoring
  - High PA
  - Behavioral Strategies
  - Continued contact

- Many modes effective (Physician, group, individual, internet)
- Strong predictor of long-term success = Initial success
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<th>Meal Plan</th>
<th>Weight Monitor &gt;1/MO</th>
<th>Daily Diet Monitor</th>
<th>Behavior Strategy</th>
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Do we know how to help women gain the recommended amount of weight in pregnancy?

- Empirical support from RCT
  - Comprehensive programs that include
    - calorie goals
    - weight monitoring
    - Behavioral strategies
    - Ongoing contact
    - Moderate PA
  - For OW/Ob, programs that also include diet monitoring
Do we know how to help women gain the recommended amount of weight in pregnancy?

- A LOT of emerging/ongoing RCT research
  - GWG goals – how restrictive?
  - Calorie goals (18-25 kcal/kg)
  - Meal plans/meal replacements
  - Internet-based, mobile apps
  - Offspring effects
Are we ready to translate knowledge into action?

– Efficacy is not effectiveness
– Can we afford to wait?
  • Colorado: www.healthy-baby.org
  • Choose MYPLATE.gov
  • CHC Wellness Pregnancy Program
  • Text4baby.org
– Comprehensive programs likely required
What should the future look like?

• Modified prenatal care approaches
  – Reversal of current pattern of prenatal care visits (USDHHS, 1989)
  – OW/OB classified as “high risk pregnancy”
  – Normal weight women, not forgotten!!
  – Practitioner training in methods to prevent excessive GWG
  – Health insurance coverage

• Preconception and inter-conception