

Weigh to a healthy pregnancy



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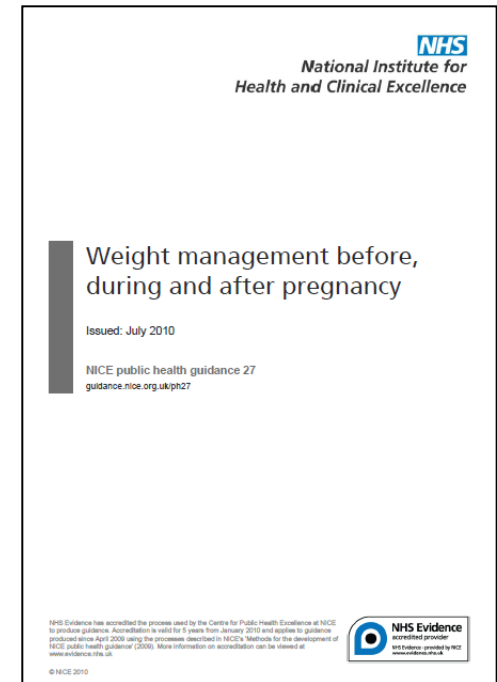
Body Mass Index (BMI), at time of booking, of mothers who gave birth in Northern Ireland by site 2010 – 2013

Location of birth									
	Obese I (30.00 - 34.99)			Obese II (35.00 - 39.99)			Obese III (≥40.00)		
	10/11	11/12	12/13	10/11	11/12	12/13	10/11	11/12	12/13
Altnagelvin	0	320	348	0	124	131	0	50	80
Antrim	293	268	317	127	116	122	58	60	43
Causeway	156	152	179	69	56	54	28	34	36
Craigavon	446	501	512	181	177	196	83	98	113
Daisy Hill	242	222	234	72	86	71	41	28	31
Downe	3	7	11	1	0	0	0	0	0
Lagan Valley	76	22	21	21	3	1	6	2	0
Mater	3	142	143	1	54	68	0	21	23
Royal Maternity	583	614	594	236	243	260	124	118	127
Erne/SWAH	0	82	167	0	37	49	0	15	19
Ulster	450	476	526	181	176	187	78	79	88
All locations	2,252	2,806	3,052	889	1,072	1,139	418	505	560

Source: CHS and NIMATS

NICE *Public Health Guidance 27:* *Weight management before, during and after pregnancy*

- Weight loss should be avoided during pregnancy
- Restrictive diets should be avoided
- Healthy eating and physical activity advice
- Women with a BMI above 30 to be referred to a dietitian



IOM recommendations for weight gain in pregnancy depending BMI

BMI	Description	Total Recommended Weight gain kgs
<18	underweight	12.5-18
18.5-24.9	normal	11.5-16
25- 29.9	Overweight	7.0-11.5
>30	obese	5.0-9.0

Systematic reviews -what is likely to work ?

- Training health professionals
- Regular weight monitoring using visual tools
- Setting weight gain goals
- Self monitoring (diet and exercise)
- Information booklets/ dispelling myths
- Active engagement (face to face and telephone)
- Dietitian involvement
- Addressing individual needs and identify barriers
- Home Exercise Programme for pregnant women



Less likely to work ?

- Having to attend too many group sessions
- Infrequent contact - perceived lack of support
- Not having a focus – being too general across too many issues

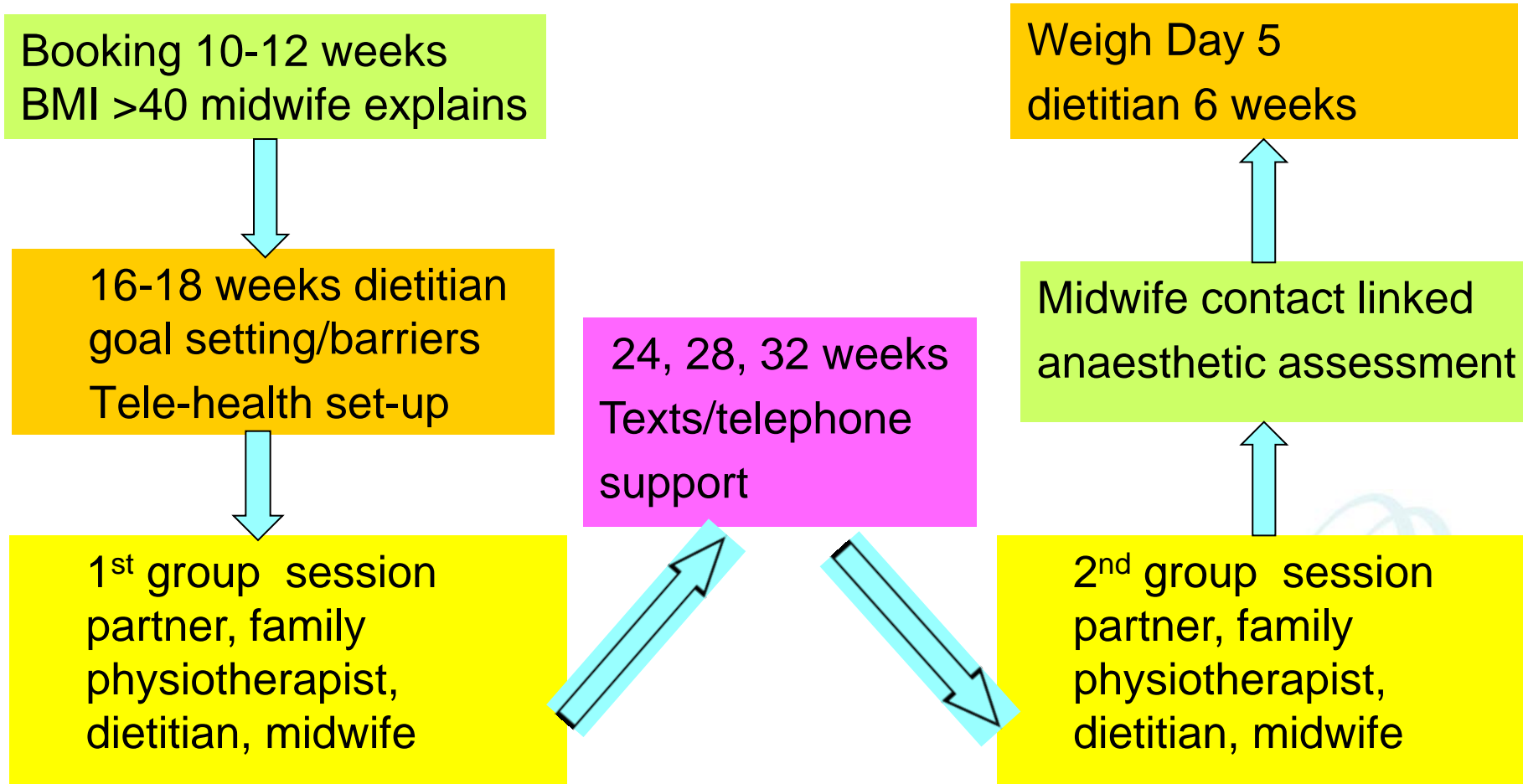
PHA approach – Service Enhancement

- Regional Obesity Framework implementation
- Multidisciplinary management group established with representatives from each HSCT, PHA and academia;
- Model developed using best available evidence and agreed by the group;
- Contracts between HSCT's and PHA agreed.
- Weigh to healthy pregnancy teams established in HSCT's and programme commenced June – Sept 2013

PHA Support - Regional Obesity

- Midwifery - 12 hours pw
- Dietetic - 16 hours pw
- Physiotherapy - 2 hours pw
- Admin support – 8 hours pw
- Inter-disciplinary training (HSC CEC)
- Materials, incentives
- Service enhancement evaluation

Weigh to a Healthy Pregnancy model



Aim of Weigh to Healthy Pregnancy

The main aim of this programme is to limit gestational weight gain in women with a BMI > 40 by providing extra information and support to women and their families and monitoring weight during pregnancy. The secondary aims of the programme are to enable women to sustain pregnancy lifestyle changes, increase breastfeeding rates among obese women and achieve a longer term reduction of weight.

Outcomes measured

Pregnancy weight change

**Weight recorded weekly
using Tele-health at home**

Dietary changes

3 day Food diary

Physical activity levels

7 day physical activity diary

Post-natal weight change

**Weight recorded at Day 5 and 6
weeks post-natal**

Breastfeeding rates

**On NIMATS and self-reported at 6
weeks**

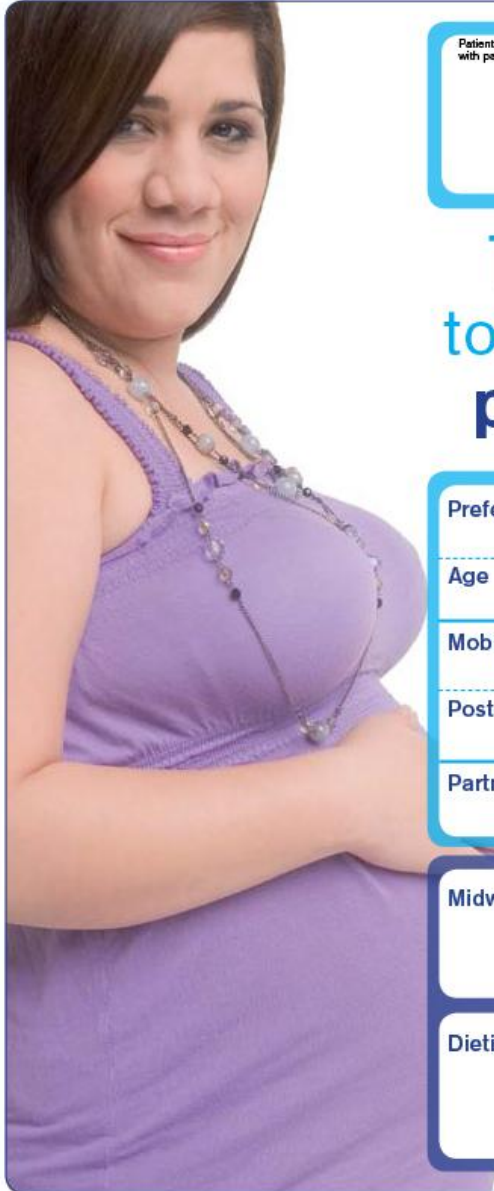
Health Professional Training

- Inter-professional - HSC CEC
- Tackling the Challenges
- 1 full day and 2 half days
- Solution focused brief therapy



Hand Held Notes

The **weigh**
to a **healthy**
pregnancy



Patient information hospital sticker (Please use hospital sticker with patient's details, including name and address)

The **weigh**
to a **healthy**
pregnancy

Preferred name

Age

Mobile telephone

Postcode

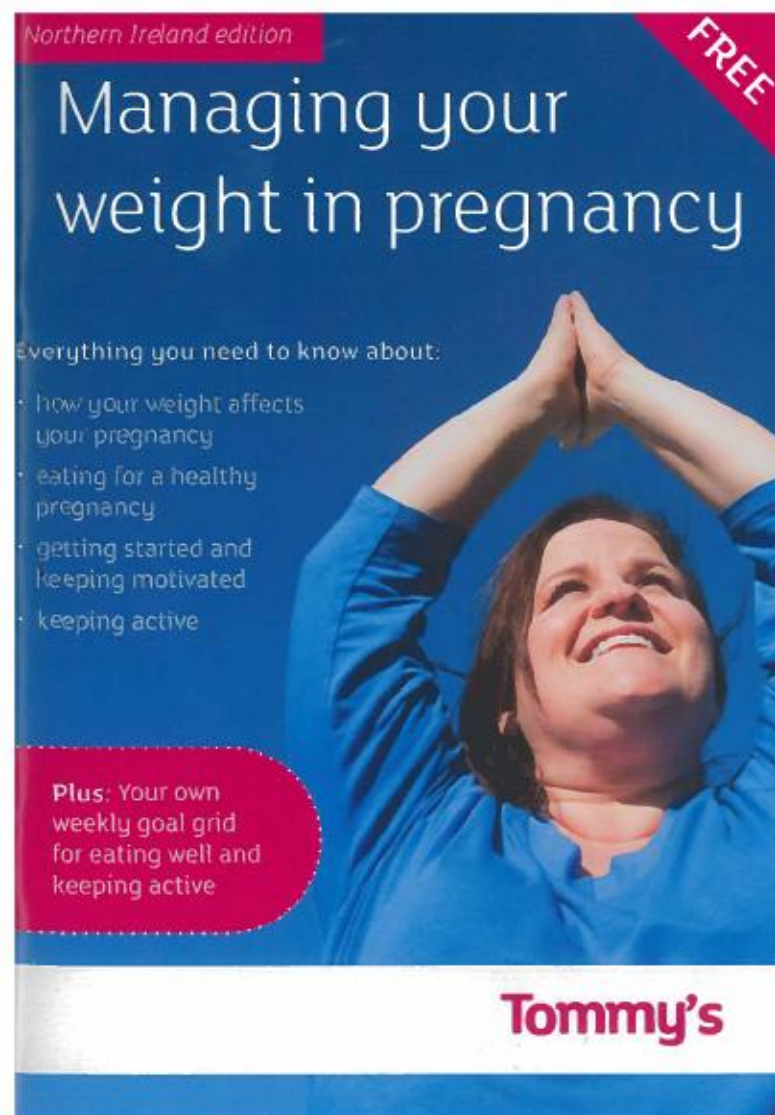
Partner's name

Midwife name and telephone

Dietitian name and telephone

Tommy's Booklet

to support
discussion



Tele-health input

- Scales in own home
- Reminder to weigh weekly
- Reliable recording
- Important to evaluation



Communication

- Sensitivity required
- Maternal distress and low self-esteem
- Need to be kind, factual and non-judgemental
- Comments about size and being unable to scan can be devastating
- We may not know about her weight journey

HSCB/PHA Commissioning plan target

All eligible women, aged 18 or over with a BMI 40> or more at booking are offered the Weigh to a Healthy Pregnancy programme, with an uptake of 65% of those invited

TRUST	Monthly target	Total number per year
BHSCT	12	150
SHSCT	12	144
WHSCT	8	99
SEHSCT	7	88
NHSCT	6	79

Evaluation of Weigh To A Healthy Pregnancy

Aim: assess effectiveness of programme in limiting gestational weight gain (IOM guidelines)

Evaluation objectives

include:

- ✓ Uptake
- ✓ Attrition rates
- ✓ Impact on lifestyle
- ✓ Weight loss 6 weeks pn
- ✓ Localised site impact (examples of best practice)
- ✓ Neonatal and maternal outcomes

Evaluation (cont.)

- Routine data (i.e. NIMATS)
- Non-routine data (i.e. telehealth, food and physical activity diaries)
- Interviews with health care staff
- Interviews with women who completed programme
- Interviews with women who didn't complete the programme



Happy Healthy Pregnancythe Best Start

Thank you