

EFFECTIVENESS OF A NSW TELEPHONE BASED COACHING PROGRAM IN SUPPORTING WOMEN TO ACHIEVE A HEALTHY GESTATIONAL WEIGHT GAIN

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Background

- Excessive gestational weight gain (EGWG) is associated with adverse short and long-term health outcomes for both mother and child
- Prevalence of EGWG in Australia has been reported to be between 38% and 67% (PANORG, 2013)
- Clinical Practice Guidelines – Antenatal Care Module I and II* outline practice point recommendations for clinicians regarding GWG

Table 2. Institute of Medicine (2009) guidelines on weight gain in pregnancy.

Pre-pregnancy weight class	Pre-pregnancy BMI (kg/m ²)	Total weight gain range (kg; lbs)	Mean (range) rate of weight gain in second and third trimesters (lbs/week)*
Underweight	<18.5	12.7–18.1 (28–40)	1.0 (1.0–1.3)
Normal	18.5–24.9	11.3–15.9 (25–35)	1.0 (0.8–1.0)
Overweight	25.0–29.9	6.8–11.3 (15–25)	0.6 (0.5–0.7)
Obese (all classes)	≥30.0	5.0–9.1 (11–20)	0.5 (0.4–0.6)

*Assumes a first-trimester weight gain of 0.5–2.0 kg (1.1–4.4 lbs).

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Context for the development of the Get Healthy in Pregnancy Program

- 🍏 NSW Office of Preventive Health and NSW Kids and Families collaborated to address the issue of EGWG:
 - *Could be deliverable state wide*
 - *Was easily accessible to health professionals and pregnant women*
- 🍏 A telephone based Get Healthy in Pregnancy (GHiP) service was developed.
- 🍏 The Get Healthy Service provides free telephone-based coaching to support adults to achieve a healthy lifestyle in relation to healthy eating, physical activity and a healthy weight.
- 🍏 Telephone calls are provided by trained university qualified health professionals.

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Program development

- 🍏 Cluster randomised controlled trial: 5 NSW hospitals
- 🍏 Compared the effectiveness of the two delivery levels of GHiP
 - **Info only arm:** Information (plus one-off health coaching call)
 - **Coaching arm:** Information plus journey book and 10 health coaching calls (8 during and 2 post-pregnancy)
- 🍏 Data was collected at booking visit (**screening**), program start (**baseline**) and 36 week gestation (**endpoint**)
- 🍏 Semi-structured interviews were conducted with sample of pregnant women, doctors, midwives and health coaches



The Cluster Randomised Control Trial

- 🍏 3,726 women screened across five study sites
 - 1611 women were eligible (43.2%)
- 🍏 923 women were recruited into the study (57.3% of those eligible)
- 🍏 326 women started the GHiP program (35.3% of those recruited)
- 🍏 89 participants were continuing the program at 36 weeks (27.3% of those that started)

Health outcomes

	Intervention (N=42)	Control (N=47)
Weight gain (Kg±SD)	11.3 (±5.5)	13.6 (±7.7)
N (%) participants with weight gain within target range*	15 (39.5)	15 (29.4)
Change in health behaviours (post-pre)		
No. times walking at least 30mins/week	0.8 (±2.6)	1.3 (±3.1)
No. times of moderate to intense PA/week	0.2 (±1.6)	0.4 (±1.6)
Veg serves/day	0.5 (±1.3)	0.2 (±1.7)
Fruit serves/day	0.0 (±1.0)	0.0 (±1.2)
Cups soft drinks/day*	-0.2 (±0.9)	-0.1(±0.9)
Times take away/week *	-0.4 (±1.0)	0.1 (±1.0)

* Statistically significant

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Qualitative findings

Health professional interviews

“Actually it’s been good, because I can offer them something for it, so it’s not just look you’re overweight, you need to do something about it, it’s this is something that can help you through it. ”



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Conclusion from study

- 🍏 Women in the coaching arm were more likely to gain weight within the target range for their BMI
- 🍏 The program was well accepted by health professionals and women participating in the study
- 🍏 Strategies are required to improve program retention
 - Population level outcomes are unlikely to be achieved with the withdrawal rate seen in the study
- 🍏 Engage other areas of health including GP's and Aboriginal maternity services

Following the study

- 🍏 The State-wide rollout to 73 NSW maternity services in commenced in May 2016.
- 🍏 GHiP is being delivered as part of the NSW Premiers priority to reduce childhood overweight and obesity rates by 5% over the next ten years.
- 🍏 This targeted rollout in May 2016 gave us an opportunity to:
 - review referral processes,
 - seek feedback from midwives and health professionals on resources, support and on other aspects related to referring pregnant women to the Get Healthy in Pregnancy Service,
 - amend any existing processes prior to a broader rollout.
- 🍏 41 maternity services are now referring from across the State

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What's next?

- 🍏 Continue engaging maternity services
- 🍏 Engage general practitioners to refer women to the program
- 🍏 Engage Aboriginal Maternity and Infant Services to increase participation of pregnant Aboriginal women
- 🍏 Provide bi-lingual coaches for high risk culturally and linguistically diverse populations

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Thank you



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