



## HEALTHY PREGNANCY WEIGHT GAIN FINAL EVALUATION REPORT

### BACKGROUND

Gestational weight gain (GWG) is an important public health issue which, if not within the recommended range, has the potential to negatively impact pregnancy outcomes including increased risk of caesarean delivery, post-partum weight retention, preterm birth and giving birth to infants who are large or small for their gestational age. Children of women with excessive GWG have an increased risk for childhood obesity. Despite the current Health Canada GWG guidelines, pregnant women face challenges to gain weight within the recommended ranges. Though these guidelines are intended to be used with good clinical judgment and facilitate discussions between women and their healthcare providers (HCPs) about nutrition and physical activity, a large number of women continue to receive inadequate advice and fail to gain weight within the recommended range.

### OBJECTIVES

The Healthy Pregnancy Weight Gain (HPWG) project was developed with the purpose of promoting healthy pregnancy weight gain among Albertan women. The goals of this project include increasing knowledge and awareness of the GWG guidelines with HCPs and pregnant women, as well as increasing the capacity of HCPs to support pregnant women in achieving healthy dietary intake, regular physical activity and healthy weight gain in pregnancy.

### METHODS

In the Fall of 2012, HPWG resources, including the Health Canada 2010 Guidelines for Pregnancy Weight Gain (adopted from Institute of Medicine 2009), were disseminated to HCPs. An evaluation framework was developed to assess the knowledge, attitudes and behaviours of women and HCPs regarding HPWG at two different time periods: before and 18 months following the distribution of the HPWG resources to HCPs (Time1 and Time2, respectively). Surveys were administered to independent cross sections of women and HCPs at Time1 (Fall 2012) and Time2 (Spring 2014) with the objective of capturing changes in knowledge, attitudes and behaviours of both groups, after the intervention. This report provides an overview of the findings from the surveys at Time2 and also compares the results from Time1 and Time2.

### FINDINGS

997 women and 385 HCPs (including family physicians, obstetricians/gynecologists, midwives, nurses, dietitians and health educators) participated in the Time2 survey. While 96% of women indicated that their weight was measured and recorded at each prenatal visit, only 42% of women reported their HCP had discussed a weight gain target for their pregnancy. This was not significantly different from 44% at Time1, for the same measure. Distribution of timing for weight gain target discussion was significantly different between Time1 (49.3%) and Time2 (73.8%) with more women reporting having the discussion at their first trimester of pregnancy at Time2. No significant association was found between pre-pregnancy body mass index (BMI) category and whether HCPs discussed a weight gain target with women.

34.3% of HCPs recalled receiving the HPWG resource package; however, 50.7% of HCPs reported sharing some type of weight gain information resource with pregnant women at Time2. This was consistent with 53% of women who reported receiving a weight gain resource from their HCP. A significantly larger number of women at Time2 reported receiving a weight gain information resource from their HCP. To some extent, this was found to be due to the introduction of the *Healthy Parents, Healthy Children* print and online resources, which have been in circulation since June 2013 and widely disseminated at Public/Community Health Centers independent of the HPWG project. 27% of women identified that having a discussion with their HCP and/or access to resources as having an impact on their eating habits, physical activity and weight gain during pregnancy. No difference was found in HCPs' reported behavior in terms of providing weight gain, nutrition and physical activity advice between Time1 and Time2.

At Time2, only one third of HCPs considered themselves to be very/completely familiar with Health Canada 2010 Guidelines for Pregnancy Weight Gain and Health Canada's Prenatal Nutrition Guidelines, and only 15% and 13% reported being very/completely familiar with the joint SOGC/CSEP and PARmed-X Guidelines for Exercise in Pregnancy, respectively. This was not different from Time1, except for exercise guidelines which tended to be lower at Time2.

Overall, 45% of women at Time2 gained in excess of the weight gain guidelines during their pregnancy, which was significantly lower than in Time1 (52%). Similar to Time1, women in the underweight and healthy weight categories were more likely to meet or be below the weight gain guidelines than women categorized as overweight and obese prior to becoming pregnant. Of the women who fell into the overweight and obese categories, 67% and 68.5% at Time2 gained above the weight gain guidelines (vs. 79% and 61% at Time1), respectively.

Another important finding was that more than 36% of women in the underweight BMI category at Time2 gained less weight than recommended for their pregnancy, which can have negative impacts on the pregnancy outcome. This finding emphasizes the importance of support for appropriate weight management during pregnancy for women across all of the BMI categories.

### CONCLUSIONS AND RECOMMENDATIONS

Given the significance of healthy GWG on maternal and infant outcomes it is crucial to ensure that both HCPs and women are aware of the guidelines and have access to the tools and resources to support a HPWG.

Recommendations include:

- Improve HPWG resource access and uptake among HCPs and women
- Facilitate development of personal skills related to healthy eating and active living
- Explore health marketing strategies to increase awareness of HPWG and HPWG resources with women and HCPs
- Continue research collaboration with the ENRICH Research Project to identify universal strategies to promote healthy weights and healthy eating in pregnancy and postpartum
- Capacity building among HCPs to further support HPWG

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