Pregnancy And weight Monitoring (PRAM): A Feasibility Study

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Excess maternal weight gain during pregnancy is associated with pregnancy and birth complications.

Women have reported information regarding appropriate weight gain in pregnancy as vague and inadequate.

Need for interventions to prevent excessive weight gain in pregnancy.
Aim

To assess the acceptability and feasibility of incorporating a weight management intervention, using a combination of weight chart and midwife support, into routine antenatal care.
Methods

- Single site
- Eligibility
  - Inclusion: Single pregnancy, ≤ 16 weeks gestation, any BMI category
  - Exclusion: Mental health disorder, medical or obstetric condition requiring hospital antenatal care
- Baseline
  - Participants provided with personalised weight charts (based on their BMI)
  - Midwives were trained in motivational interviewing techniques
- Throughout pregnancy
  - Women were encouraged to monitor weight gain
  - Community midwives were trained to engage women in sensitive discussions about their weight
- Follow-up
  - Weight charts were collected from women’s maternity notes
  - Participant interviews / focus groups with midwives
Results

Site recruited n=1

Participants recruited n=52

Baseline

- Underweight: BMI < 18
  - n=2 (3.9%)
  - CRF01 complete: n=2 (100%)
  - Weight chart complete: n=2 (100%)

- Normal weight: BMI 18.5 - 25
  - n=23 (44.2%)
  - CRF01 complete: n=23 (100%)
  - Weight chart complete: n=23 (100%)

- Overweight: BMI 25.5 - 30
  - n=21 (40.4%)
  - CRF01 complete: n=18 (100%)
  - Weight chart complete: n=18 (100%)

- Obese: BMI > 30
  - n=8 (15.4%)
  - CRF01 complete: n=8 (100%)
  - Weight chart complete: n=8 (100%)

- Morbidly Obese: BMI > 40
  - n=1 (1.9%)
  - CRF01 complete: n=1 (100%)
  - Weight chart complete: n=1 (100%)

Intervention

- No intervention
  - n=1 (1.9%)
  - CRF01 complete: n=1 (100%)
  - Weight chart complete: n=1 (100%)

  - Lost to follow-up n=2 (8.7%)
    - SAE: n=1 (4.3%)
    - TOF (local anatomy): n=1 (4.3%)
    - Other: n=1 (4.3%)

Follow-up

- PRAM chart in notes: n=1 (50%)
  - CRF01 complete: n=1 (100%)
  - Weight chart complete: n=1 (100%)

- PRAM chart used: n=14 (>20 times n=1 (50%)
  - CRF01 complete: n=14 (100%)
  - Weight chart complete: n=14 (100%)

- PRAM chart used: n=10 (10 times n=5 (50%)
  - CRF01 complete: n=10 (100%)
  - Weight chart complete: n=10 (100%)

- PRAM chart used: n=6 (5 times n=3 (50%)
  - CRF01 complete: n=6 (100%)
  - Weight chart complete: n=6 (100%)

- PRAM chart used: n=9 (1 time n=4 (50%)
  - CRF01 complete: n=9 (100%)
  - Weight chart complete: n=9 (100%)
Results-Participant Interviews

• Use of charts and scales

- “I kept the chart in the bag, the pram bag with my maternity notes. And then just got that out every Sunday, jumped on the scales, plotted it and then put it back into the bag”

- “yeah no I found the chart was better ... the table was good to plot it, but I found the chart really helpful to be able to see like the increases or the decreases like how steep it had gone up, or how like ... how it hadn’t maybe gone up and plateaued a bit”

- “Yes, because you could see it going up very slightly, it did actually make you feel a bit stressed”

- “... ‘am I above the line in a very worrying way or is that just a little bit more ...do I need to think oh don’t worry but just maybe think about what you’re eating and maybe try and be as active as you can, or is that now plotted in a range where actually you’re risking your health by being this overweight”
Midwifery care

“I actually got weighed at 38 I think… and I said so I’ve put on almost double 10 kilos. And she said, yes but it’s fine you’re healthy and everything is alright, and she reassured me a lot, about that weight gain, but that was the first time that it had ever really been mentioned”

“They weighed me when I first went in for my 12-week scan, and she weighed me 2 weeks ago the midwife, at 36 weeks she weighed me. But apart from that I don’t think they weighed me”
Summary

• Nearly 60% of women provided with the chart used the chart throughout pregnancy.
• This was demonstrated across healthy, overweight and obese BMI categories.
• Participant interviews demonstrated that the weight charts were generally acceptable.
• However 40% of the weight charts were not maintained in women’s maternity notes.
• Qualitative research showed that weight management was not discussed with the midwife throughout pregnancy, as per protocol.
Next steps

• Further analysis
  ➢ Effect on weight charts on women’s BMI at 36 weeks pregnant
  ➢ Continue qualitative analysis of participant interviews
  ➢ Continue qualitative analysis of midwife focus groups
  ➢ Future interventions?
## Acknowledgements

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