A Patient-Centred Minimal Intervention Method for Addressing Gestational Weight Gain

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Mitigating potential bias

No financial conflicts of interest

M. Vallis led the development of the "5As of Obesity Management"

H. Piccinini-Vallis led the development of the "5As of Healthy Pregnancy Weight Gain"

Objectives

- Identify issues concerning gestational weight gain (GWG)
- Understand providers' barriers and facilitators to discussing GWG
- Introduce the "5As of Healthy Pregnancy Weight Gain"
- Illustrate an algorithm pertaining to conversations that don't go well

Guidelines for gestational weight gain (singleton pregnancy)

Pre-pregnancy BMI category	Weight gain per week: 2nd and 3rd trimesters	Overall weight gain: term pregnancy
Underweight (< 18.5)	0.5 kg	12.5 – 18.0 kg
Healthy weight (18.5 – 24.9)	0.4 kg	11.5 – 16.0 kg
Overweight (25.0 – 29.9)	0.3 kg	7.0 – 11.5 kg
Obese (≥ 30.0)	0.2 kg	5.0 – 9.0 kg

Excess GWG - outcomes

- Macrosomia
- Cesarean delivery
- Neonatal hypoglycemia
- Neonatal hyperbilirubinemia
- Postpartum weight retention
- Childhood obesity
- Obesity later in life

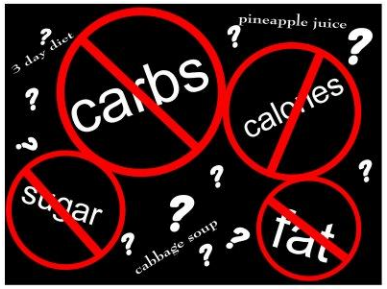
Factors that influence GWG

- Age
- Parity
- Smoking
- Ethnicity
- Education
- Income
- Social support
- **Lifestyle**
- **Clinician's advice**

Having a conversation about weight is challenging

Clinicians often perceive:

- Challenges in addressing specific pregnancy-relevant lifestyle issues

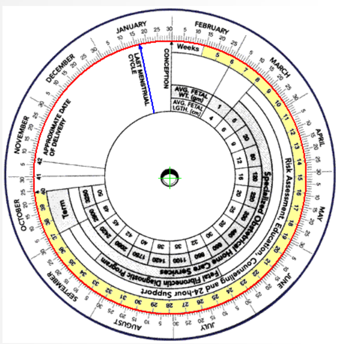


- Challenges in undertaking behaviour change counselling
- A potential threat to the patient-clinician relationship

Having a conversation about weight gain in pregnancy is somewhat unique

- Discuss GWG with **EVERY** woman
- Motivated to be healthy
- Multiple visits
- Routine

Routine =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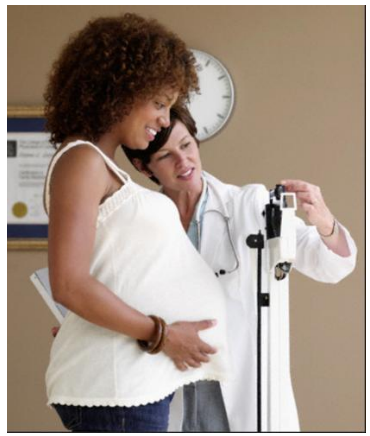

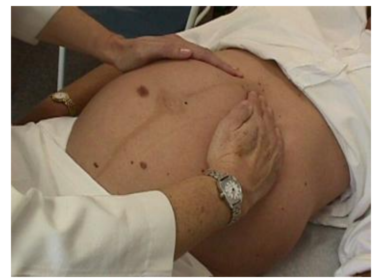


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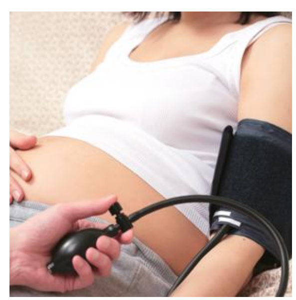
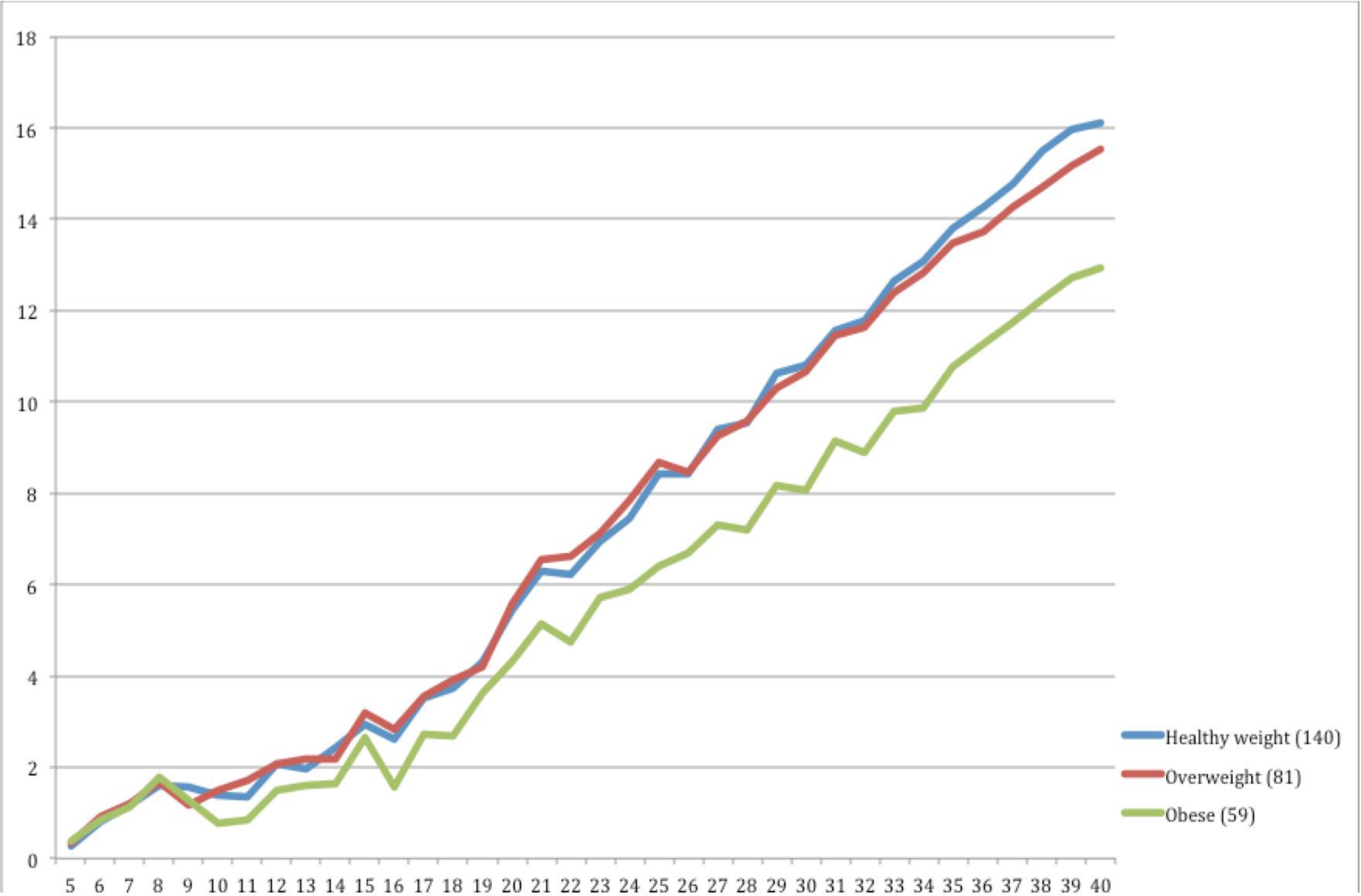
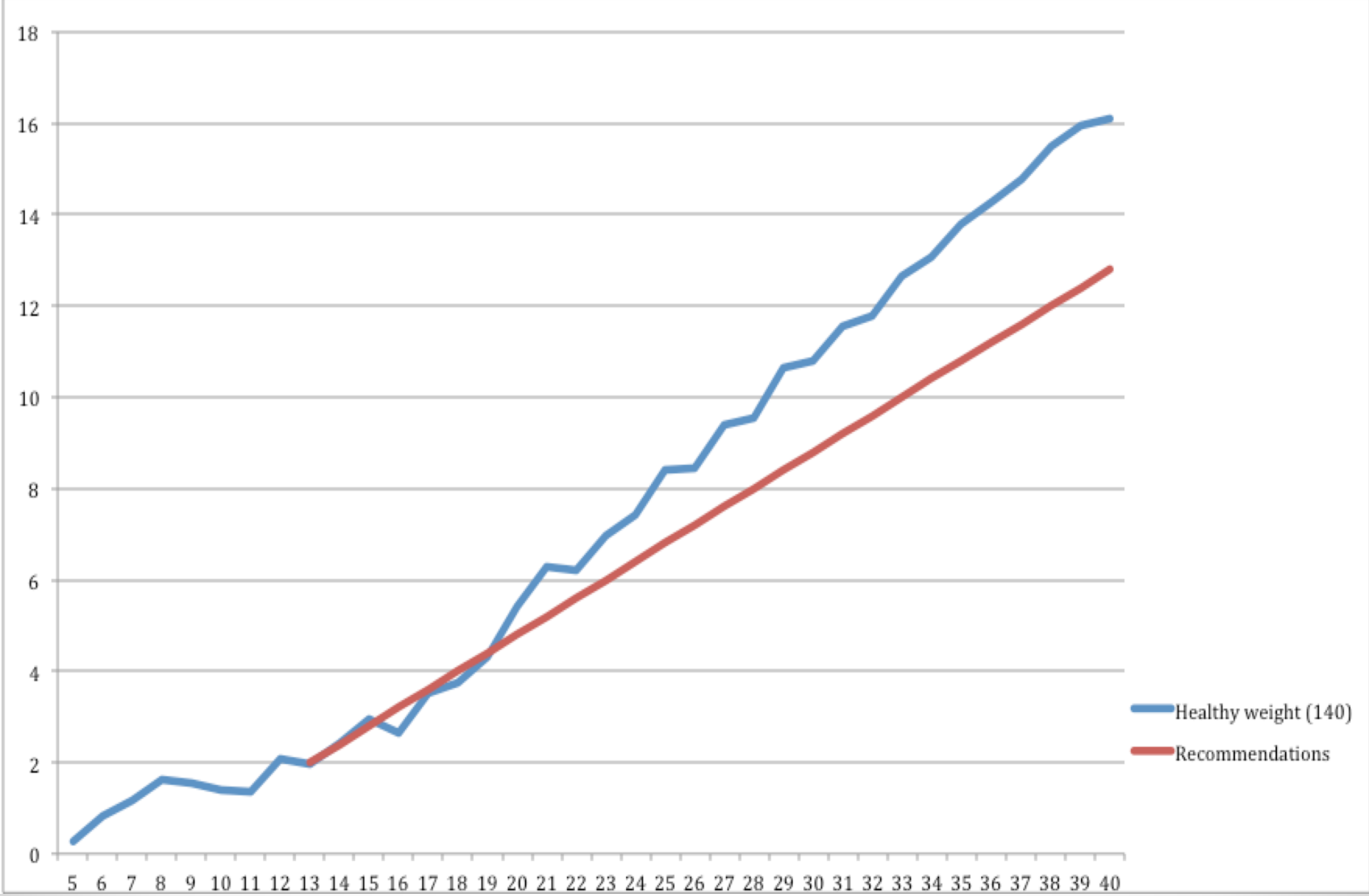


Dilemma



Piccinini-Vallis 2014 unpublished data



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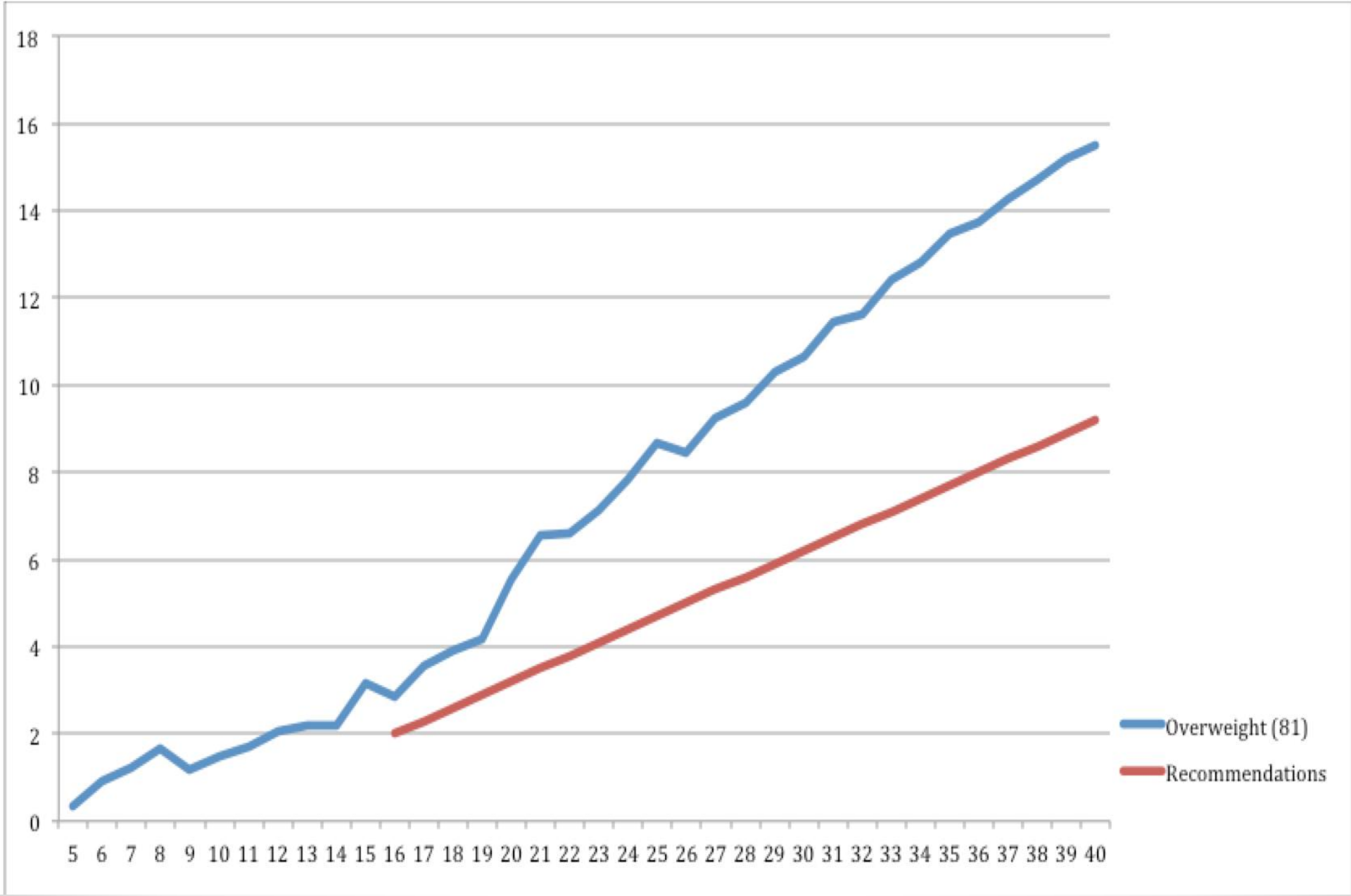

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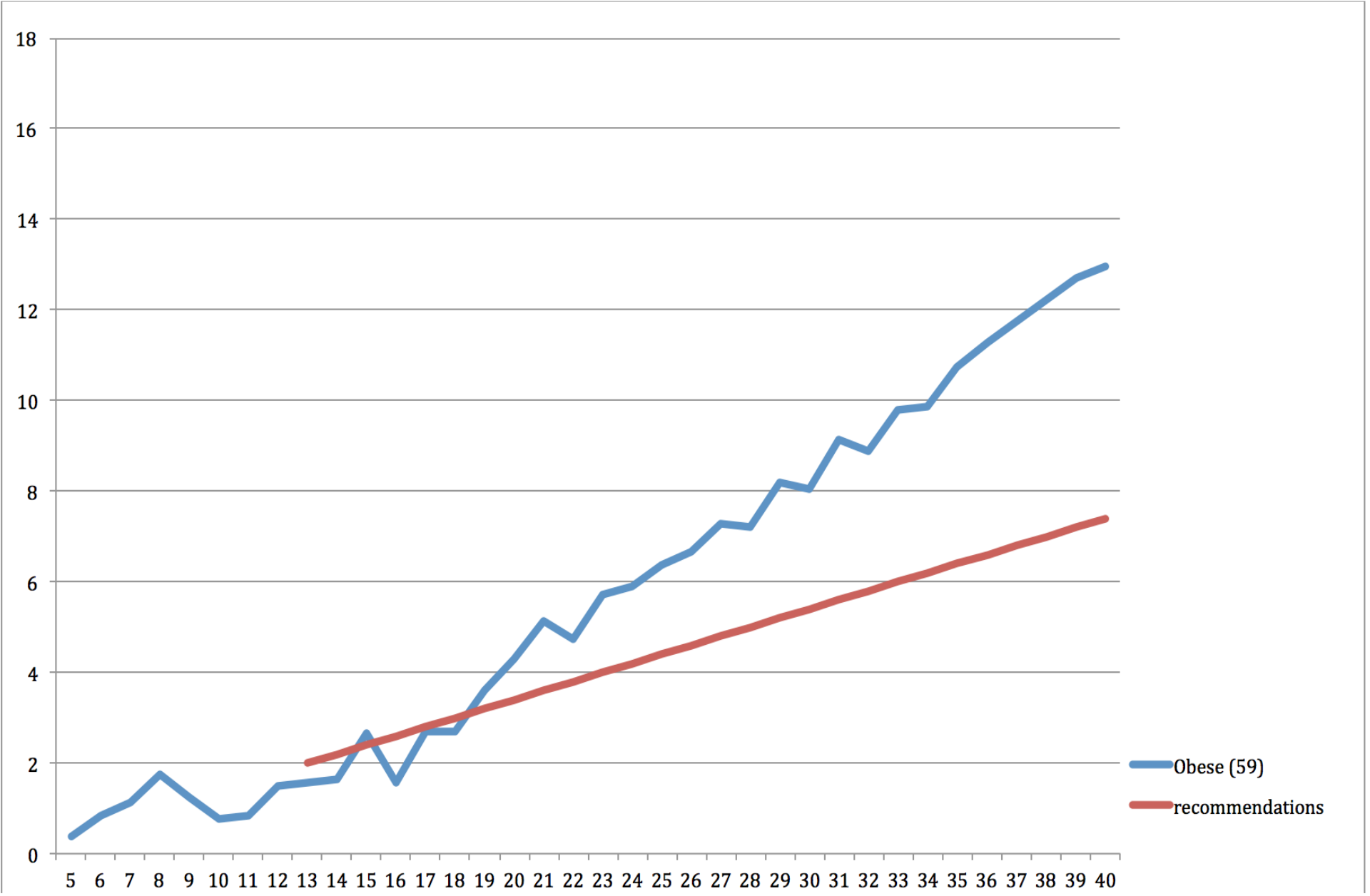


Piccinini-Vallis 2014 unpublished data

What if

We knew

having a discussion about GWG

around 16 weeks' gestation

made a difference

We'd give advice!

Pre-pregnancy BMI category	Weight gain per week: 2nd and 3rd trimesters	Overall weight gain: term pregnancy
Under weight (< 18.5)	0.5 kg	12.5 – 18.0 kg
Best weight (18.5 – 24.9)	0.4 kg	11.5 – 16.0 kg
Over weight (25.0 – 29.9)	0.3 kg	7.0 – 11.5 kg
Obese (≥ 30.0)	0.2 kg	5.0 – 9.0 kg

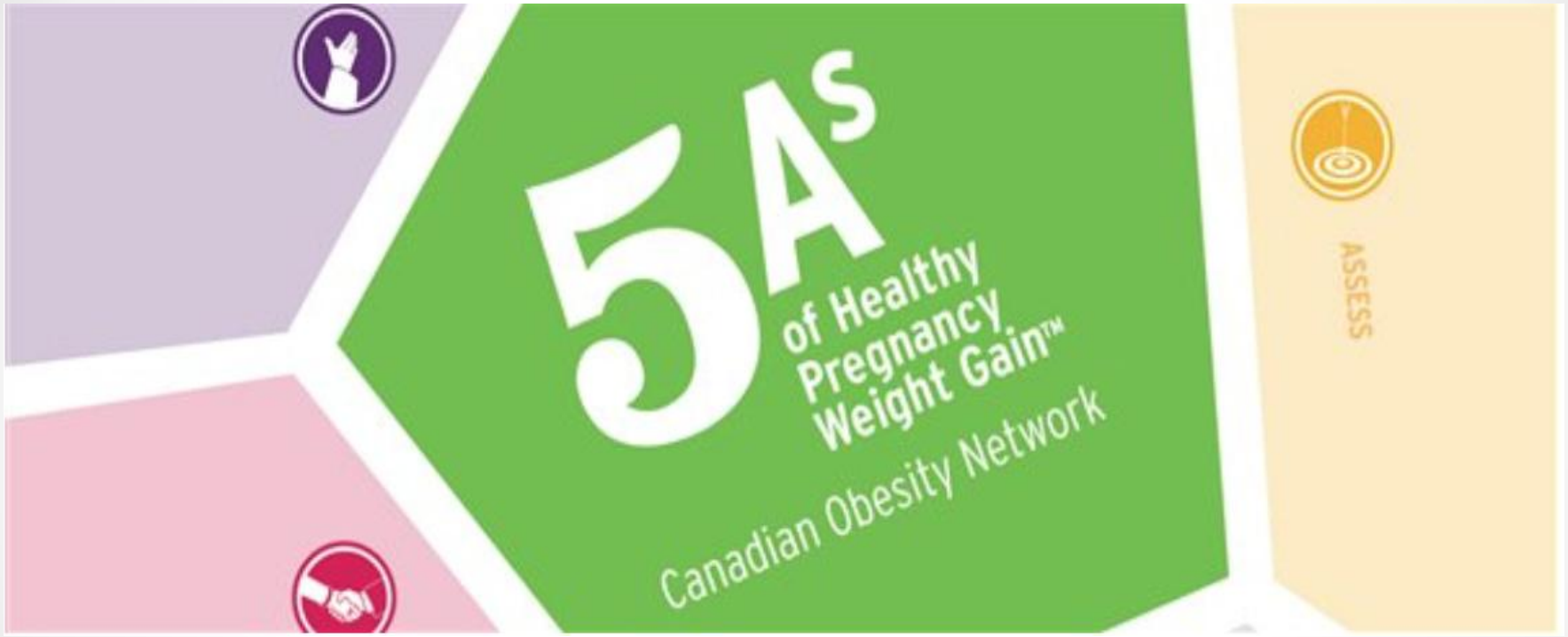
- This advice increases → patient knowledge
- This advice ↛ behaviour change

Patient-centered approach [1]

- Explore the woman's experience of managing GWG
- Understand the whole person
- Find common ground
- Enhance the provider-patient relationship

[1] Stewart, M.B., JB; Weston, W; McWhinney, I; McWilliam C; Freeman T. , *Patient-centered medicine : transforming the clinical method*. 2014, Abingdon: Radcliffe Health.

The 5As of Healthy Pregnancy Weight Gain[2]

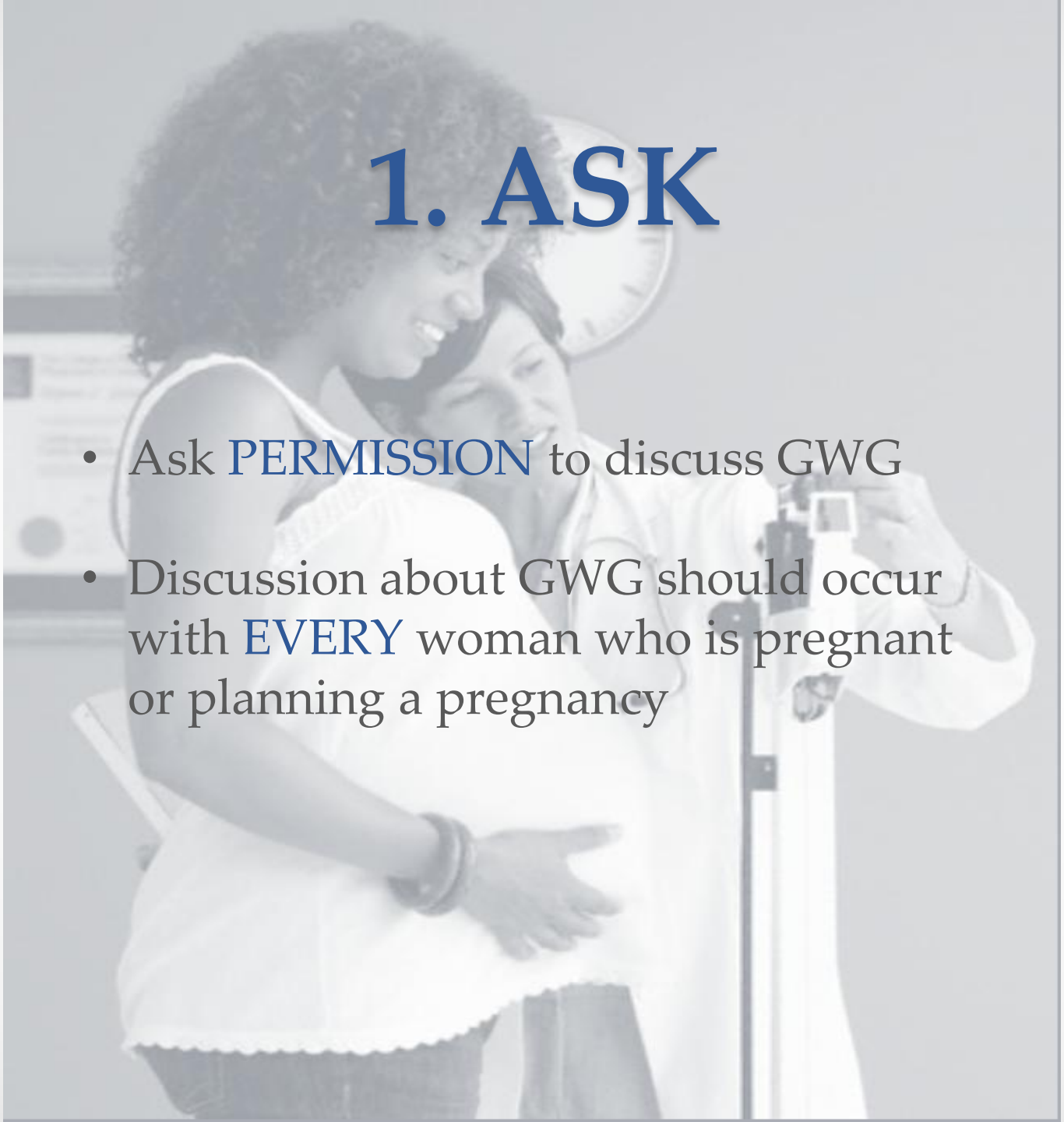


A tool for prenatal care providers

[2] Adapted from the "5As of Obesity Management". Vallis M, Piccinini-Vallis H, Sharma AM, Freedhoff Y. Modified 5 As: minimal intervention for obesity counselling in primary care. Can Fam Physician 2013;59(1):27-31.

Key principles

1. ASK



- Ask PERMISSION to discuss GWG
- Discussion about GWG should occur with EVERY woman who is pregnant or planning a pregnancy

2. ASSESS

- Explore the woman's experience of managing GWG
- Understand the whole person

Assess

Pre-pregnancy BMI

Relevant "root causes" (the "4 Ms") of excess weight gain:

- **Mental:**
  - Insomnia
  - Anxiety
  - Cravings
- **Mechanical:**
  - Ligament laxity
  - Reflux
  - Incontinence
- **Metabolic:**
  - Type 2 diabetes
  - Medications
- **Milieu:**
  - Ethnicity and culture
  - Income
  - Support at home and at work

Assess

Other anticipated barriers/facilitators to achieving guideline-concordant GWG:

- e.g. support

≠

Assess

- **General health beliefs (powerful influences)**
  - FHR is highly correlated with gender
  - Heartburn in pregnancy means a hairy baby
  - Pregnancy is a time to "eat for two"
  - Exercise in pregnancy is dangerous
- **Readiness to make changes**

3. ADVISE

- Ask permission to explain the need for a strategy throughout pregnancy and the postpartum period
- Ask permission to explain the benefits of gaining weight within the guideline recommendations

Table 1. 2009 Institute of Medicine and National Research Council Recommendations for Total and Rate of Weight Gain During Pregnancy, by Prepregnancy Body Mass Index

Prepregnancy BMI (kg/m²)	Total Weight Gain		Rates of Weight Gain*	
			Second and Third Trimesters	
	Range (kg)	Range (lb)	Mean (Range) (kg/wk)	Mean (Range) (lb/wk)
Underweight (less than 18.5)	12.5–18.0	28.0–40.0	0.51 (0.44–0.58)	1.0 (1.0–1.3)
Normal weight (18.5–24.9)	11.5–16.0	25.0–35.0	0.42 (0.35–0.50)	1.0 (0.8–1.0)
Overweight (25.0–29.9)	7.0–11.5	15.0–25.0	0.28 (0.23–0.33)	0.6 (0.5–0.7)
Obese (30.0 or higher)	5.0–9.0	11.0–20.0	0.22 (0.17–0.27)	0.5 (0.4–0.6)

BMI, body mass index.

* Calculations include a total first-trimester gain of 2 kg (1–3 kg) for all except obese women, who should gain 1.5 kg (0.5–2.0 kg).

Data from Institute of Medicine/National Research Council (Committee to Reexamine IOM Pregnancy Weight Guidelines, Food and Nutrition Board and Board on Children, Youth, and Families). Weight gain during pregnancy: reexamining the guidelines. Washington, DC: National Academies Press, 2009.

Advise

Lifestyle factors:

- **Sleep, stress**: management interventions may improve eating and activity behaviours as well as mood
- **Eating behaviours**: focus on healthy nutrition: an extra 2 – 3 servings (250 – 500 kcal/cay) in 2nd and 3rd trimesters
- **Physical activity**: promote physical activity throughout pregnancy
- **Sedentary behaviour**: reduce sedentary time
- **Mental health**: focus on experiences that enhance positive self-esteem, well-being and quality of life

4. AGREE

Find common ground

- Realistic GWG expectations
- SMARTS behavioural goals
- Achieving goals is different for every woman

5. ASSIST

- Identify and address drivers and barriers
- Identify facilitators and maintain healthy behaviours
- Offer education and resources
- Refer to appropriate providers

- **TEAM WORK**

Important points

The CLINICIAN-PATIENT RELATIONSHIP is central

- Avoid judgment
- "Non-compliance"
- Patients can only do their best
- Praise the small victories

What happens when conversations don't go well?

- 5 As is a useful general guide to help providers navigate their way through challenging issues
- When patients give their permission and act on the advice of their clinician, the likelihood of guideline concordant weight gain is increased, because behaviours associated with excess weight gain are addressed
- But we know that change is hard (strongest predictor of future behaviour is past behaviour)
- This means that not all patients can be expected to be ready for change

It sounded like a good idea at the time: pitfalls of the 5As

- When they work they work…..but
- Problems may arise ….. usually early
- Ask – what if the answer is NO
- Advise – what if the patient gets defensive
- Agree – what if you can't find common ground

Let's keep our feet on the ground

Common challenging situations

1. Patient X (30 weeks) has gained 2 kg in the last 2 weeks. You "assess" and it becomes evident that she is really craving chips.

2. Patient Y (30 weeks) has gained 2 kg in the last 2 weeks. You "assess" and you are unable to identify anything that could be the cause of this excess weight gain.

Readiness is Key

- Readiness can be seen as an action tendency
- Readiness is related to commitment: more ready more commitment
- Readiness involves a combination of:
  - Clear understanding of the behaviour in question and the implications of this behaviour
  - Cognitive intention
  - Emotional readiness

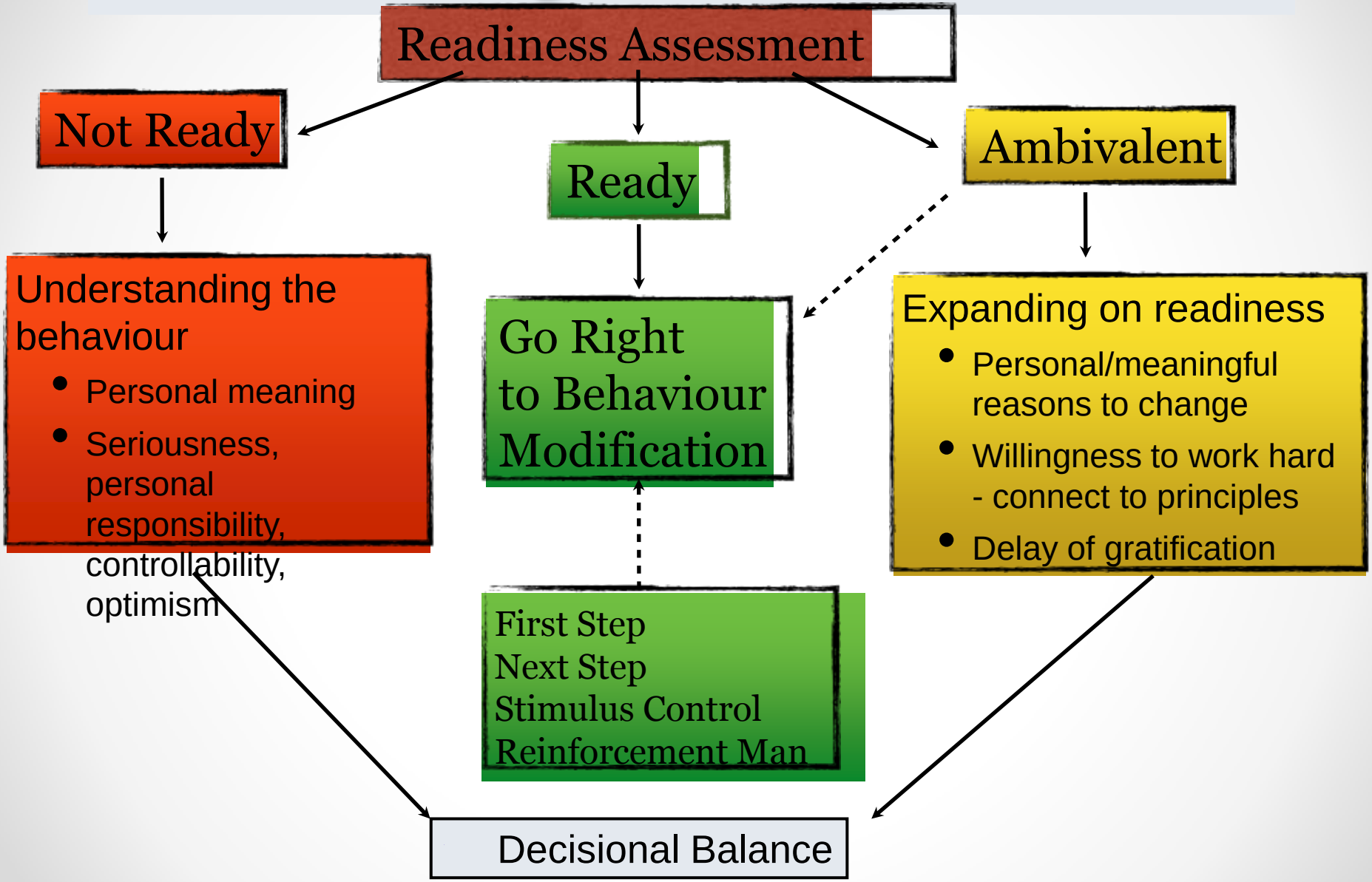
Traffic Light Readiness Assessment

- Define the behaviour to be changed

- Do you consider [behaviour] as a problem for you?
- Are you distressed about [behaviour]?
- Are you interested in changing [behaviour]
- Are you ready to take action now to change [behaviour]?

Vallis, M. Can J Diab.2013;37:18-26

Working with Readiness



Guide for the Bewildered

- ASK
- LISTEN
- SUMMARIZE
- **INVITE**

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