

Supporting Healthy Weight Gain:

Provincial Training Initiative on
The 5As Framework & Practice Support Tool



Healthy Mothers and Healthy Babies
Conference, March 11th, 2016

Introductions

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- Christina Kay, MD, MSc, CCFP, FRCPC
 - Primary Maternity Care Lead

Learning Objectives

1. Highlight the importance of healthy pregnancy weight gain on a range of maternal, obstetric and child outcomes
2. Describe Health Canada/Institute of Medicine's guidelines on gestational weight gain
3. Understand how the 5A's framework can help facilitate gestational weight gain counselling and management in a primary care practice
4. Identify how you can participate in training opportunities on the 5A's for Healthy Pregnancy Weight Gain

Overview of Gestational Weight Gain (GWG)



Weight Gain in Pregnancy is Healthy



Health Canada / IOM Guidelines for GWG

Classification	Target Weekly GWG (2 nd and 3 rd Trimesters)	Target Total GWG
Underweight (BMI <18.5 kg/m ²)	1 pound per week (0.5 kg per week)	28 - 40 pounds (12.7 – 18.2 kg)
Normal weight (BMI 18.5-24.9 kg/m ²)	1 pound per week (0.4 kg per week)	25 - 35 pounds (11.4 – 15.9 kg)
Overweight (BMI 25.0-29.9 kg/m ²)	0.6 pounds per week (0.3 kg per week)	15 – 25 (6.8 – 11.4 kg)
Obese (BMI ≥ 30 kg/m ²)	0.5 pounds per week (0.2 kg per week)	11 - 20 pounds (5 – 9.1 kg)

Twin Pregnancy Recommended GWG:

Pregravid Normal Weight = 16.8–24.5 kg (37–54 lb)

Pregravid Overweight = 14.1–22.7 kg (31–50 lb)

Pregravid Obesity = 11.3–19.1 kg (25–42 lb)

Note: Data insufficient to determine amount of GWG for multi-fetal (triplet and higher order)

Slide 6

AN3

IOM-1990

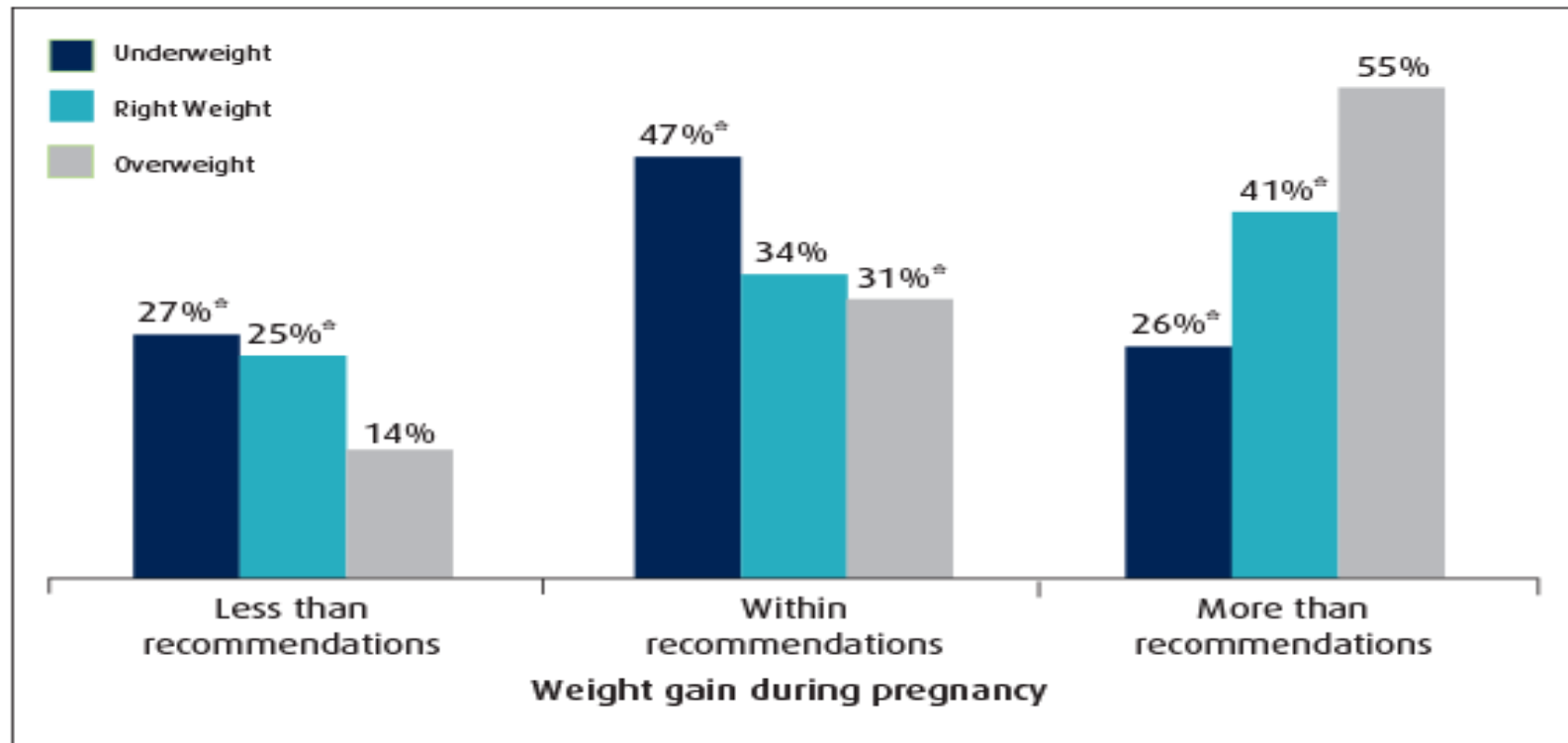
HC-1999

-->Does WC apply in pregnancy??

Dr. Ashnoor Nagji, 20-Jan-16

The Canadian Reality

Percentage of women who gained less than, within and more than Health Canada's gestational weight gain guidelines by pre-pregnancy BMI

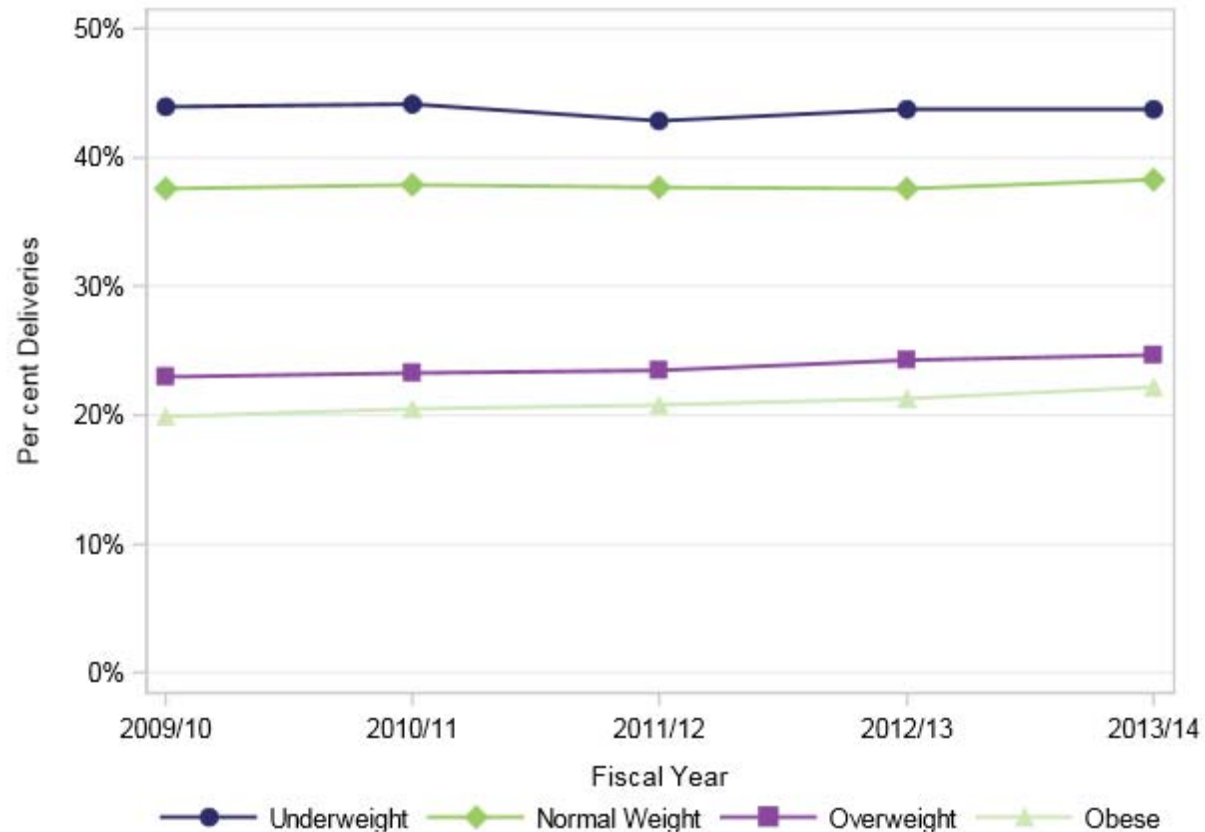


Source: Adapted from Lowell & Miller (2010).¹¹ Original source: 2006 Maternity Experiences Survey. The data represents female household population aged 15 or older who gave birth within 3 months before the 2006 Canadian Census.

*Significantly different from corresponding estimate for BMI more than 27 ($p < 0.05$).

In British Columbia

Appropriate Weight Gain During Pregnancy by Pre-Pregnancy BMI
(April 1, 2009 – March 31, 2014)

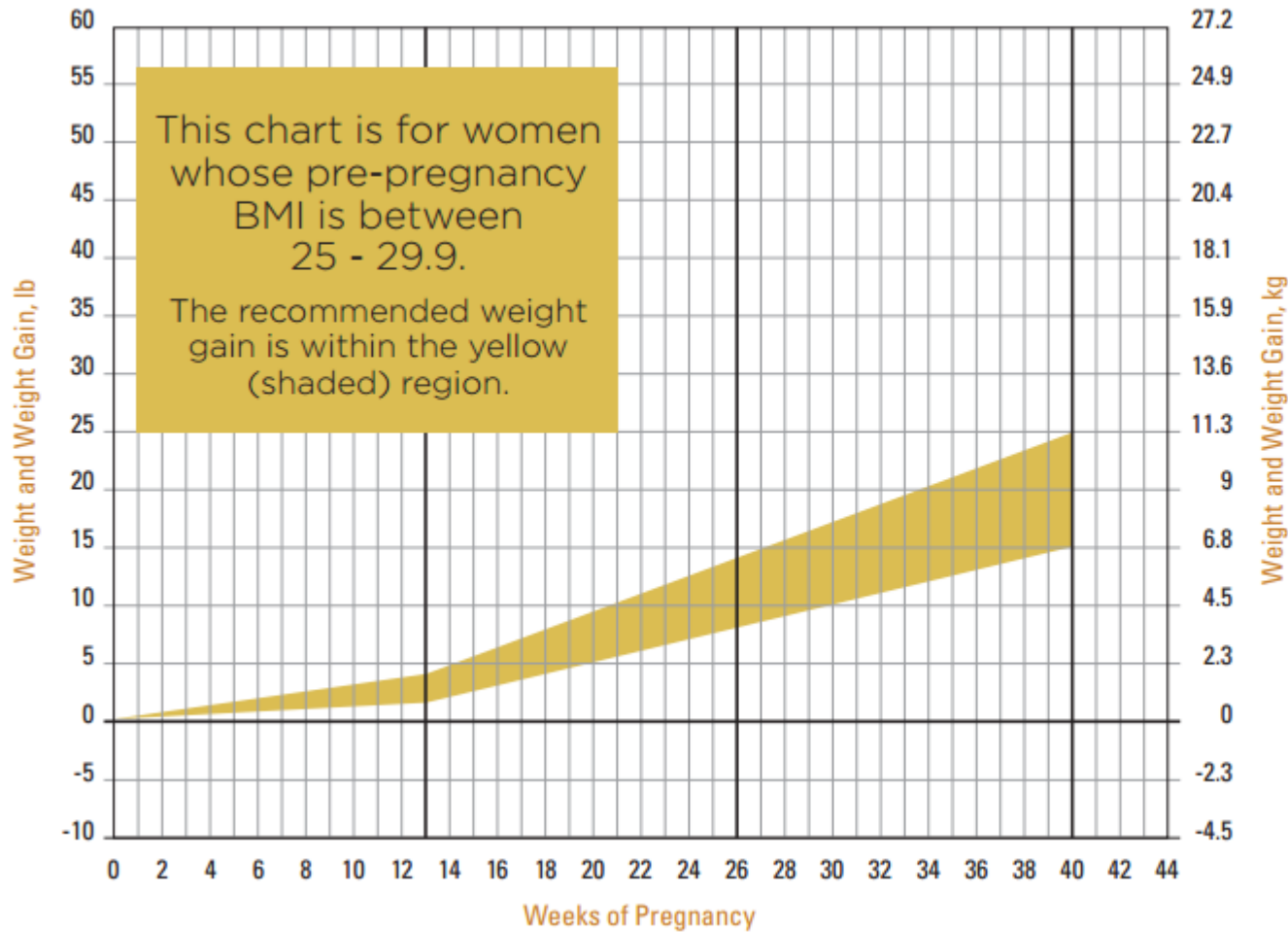


Source: Perinatal Services BC, Perinatal Health Report 2009/10 to 2013/14, page 11

Impact of Inappropriate GWG

	Obstetrical	Mother	Infant
Excess GWG	Caesarean birth	Gestational diabetes (GDM) Hypertensive disorders of pregnancy	Fetal overgrowth (i.e. large for gestational age) Downstream child obesity, diabetes, hypertension Preterm birth Low APGAR scores
Inadequate GWG	Transfer to higher-level care Premature rupture of membranes (PROM)	Transfer to higher-level care	Transfer to higher-level care Fetal undergrowth (i.e. small for gestational age) Neonatal mortality

Early Excess GWG is Critical



Pre-Pregnancy BMI:
Greater than 25.0 - 29.9

Weight Gain (kg):
7.0 - 11.5

Weight Gain (lbs):
15 - 25

Weight Gain Review

Date	Comments

Discussing GWG



- 1 in 4 women reported being told of risks with inappropriate gain.¹



- 1 in 3 women did *not* receive pregnancy weight advice from their health providers.^{2,3}



- Half of those considered overweight were advised to gain more weight than guidelines recommend.^{2,3}

Discussing GWG

Women's Perspective

21 out of 25 women were *comfortable* or *very comfortable* discussing weight-related matters with their care providers.¹



Evidence-Based Practice

Women who have weight gain discussions with their clinician are **more likely to gain weight within the recommendations.**





ASK



ASSIST



ASSESS



AGREE



ADVISE

5A's

of Healthy
Pregnancy
Weight Gain™

Canadian Obesity Network



5As of Healthy GWG

- Originally developed for smoking cessation
 - Adapted for obesity management
 - Behaviour-change theory
- Successful in primary care settings¹
- Lack of adequate counselling for healthy GWG^{2,3}
- Framework expanded to be used in pregnancy



5As Goals

Increase clinician **comfort** and **competence** to *individualize* the approach to GWG for all women by:

- Targeting GWG according to pre-pregnancy BMI
- Identifying women gaining outside the guidelines
- Using a *holistic* approach that
 - Appreciates every woman's context
 - Tailors monitoring of weight/goals
 - Encourages behaviour change as needed

Key Principles



Discussion about GWG should occur with *every* woman who is pregnant or planning pregnancy.



Achieving healthy GWG focuses on improving health and well-being of both moms and babies.



Early action targets root causes and roadblocks.



Pregnancy related health beliefs can be powerful influences on GWG .



Achieving goals is different for every woman.



ASK for permission
to discuss Weight



ASSESS potential "root causes" of
guideline-discordant weight gain



ADVISE on excess
pregnancy weight gain risks and
management options



AGREE on a realistic
SMART plan to achieve health
behaviour outcomes



ASSIST in addressing drivers and
barriers, offer education & resources,
refer to provider, and arrange follow-up

5As “Report Card”

Component	Excellent	Good	Needs Improvement
ASK for permission to discuss.		✓	
★ ASSESS root causes of inappropriate GWG.			✓
ADVISE on GWG risk and management options.		✓	
AGREE on a realistic plan to achieve healthy behaviour outcomes.			✓
★ ASSIST (or ARRANGE) women in identifying barriers/facilitators; educate, refer, arrange f/u.			✓

Provincial Training Initiative

- PSBC received funding through PHSA's Population and Public Health Program
- Provincial Advisory Committee was struck to provide input into training strategy. Membership included GPs, RMs, OBGYNs, NPs, Dietitians, Obesity Specialists, Endocrinologists, Curriculum Developers.
- Strategy and curriculum reviewed by National Working Group lead by the Canadian Obesity Network

Online Module

- 1 hour Online Training Module
 - Accredited - up to 1.0 Mainpro-M1/MOC Section 1
 - Free
 - Interactive incorporating quizzes, reflections, practice tips, case scenarios, and pre- and post- questionnaire.
 - Launch early next week
 - Will be available across Canada through www.MDcme.ca, also available through UBC's CPD website: <http://ubccpd.ca/courses>.

5As

of Healthy Pregnancy Weight Gain™ Framework



Perinatal Services BC
An agency of the Provincial Health Services Authority

UBC CPD

CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



Menu

Unit 3 Vignettes / Case Scenarios



25 of 47



Vignette 1: Mona, a healthy weight woman

Dialogue between health care provider and Mona, a healthy weight woman

click here if you...

Need HELP ?



Mona

Patient History

- a G1P0 (first pregnancy, no births)
- 31-year-old woman

Visits

- During her second, regular prenatal visit at 15 weeks
- Her first visit was at 10 weeks

Pre-pregnancy BMI is 24.2 kg/m²

In-person Training Workshops

- 3 hour format based on Vancouver Division of Family Practice's Maternity Workshops
- Accredited: 3.5 Mainpro-C/MOC Section 3

TARGET AUDIENCE: Physicians, Nurse Practitioners, Midwives, Dietitians, or other perinatal care providers.

COST: Free. Dinner and course materials provided.

OBJECTIVES:

- Increased awareness of the Institute of Medicine (IOM) gestational weight gain guidelines;
- Recognize evidence identifying excessive gestational weight gain as an independent and modifiable risk factor for a range of maternal, obstetrical, infant, and child outcomes; and
- Engage in patient-centred gestational weight-gain counselling and healthy behavior change that is both effective and empowering for women.

Email allison.m@ubc.ca for more info!



Easy ways to
Register



ubccpd.ca



604.875.5101



604.875.5078



cpd.info@ubc.ca



UBC CPD
VGH JPPN 3300
910 W 10th Ave
Vancouver BC V5Z 1M9

3.5
MAINPRO-C

WORKSHOP & FOLLOW-UP SESSION

MAR 29, 2016

APR 5, 2016

APR 12, 2016

APR 19, 2016

APR 21, 2016

APR 26, 2016

SURREY

VANCOUVER

VANCOUVER DIVISIONS MEMBERS ONLY

KELOWNA

VICTORIA

PRINCE GEORGE

More information: <http://ubccpd.ca/healthy-pregnancy-weight-gain>

- 2 additional in-person workshops will be offered in the fall 2016

Behavior Change Starts with Providers

- Evaluation Metrics: Care provider knowledge and behavior
- Important to note: GWG is only one part of the equation. Supporting women to live within a healthy weight range throughout the lifecycle is also a priority.

Thank you!

