

An Intervention for Obese Pregnant Women Sweden

Which 'life stage' for CVDs prevention targets the practice?

The target group is obese pregnant women.

Short description of the intervention:

In this prospective intervention study we aimed to control pregnancy weight gain to a maximum of 6 kg, and thus reduce the risks for complications during pregnancy and delivery. Women with BMI ≥ 30 were voluntarily included during a first trimester prenatal visit from all parts of Stockholm, Sweden. The first 25 pregnant women were included in the program and the result was published in Acta Obstetrica et Gynecologica Scandinavica. We have continued with total 182 women in the program. The intervention program included: meeting with the midwife every second week, one meeting with a dietician and a midwife from the delivery ward, exercise 30 minutes every day, water gymnastics once a week, keeping a food diary, fetal ultrasounds and follow-up visits to the obstetrician. Patient assessment was performed by physical examinations, gynecological assessments; somatic health related validated questionnaires, blood tests, urine analyses, depression scales and regular weight measurements.

Please give a description of the problem the practice wants to tackle:

A big problem is to reach all pregnant women with obesity. Some women are not motivated and some have other problems like depression and they do not have the energy to change their food and start exercise during their pregnancy. The midwives must also be educated in what is good food and exercise for pregnant obese women. This education must repeat often and the midwives and the doctors must get feedback from their work. The motivation of the midwives is crucial for the success of the intervention. It is also very important to make sure that the women get all the nutrients that are needed during the pregnancy.

Is this example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes, the project is now implemented in all parts of Stockholm and we have had education for different parts of Sweden who have been very interested of the project.

How is this example of good practice funded?

Funding was obtained from Stockholm's läns Landsting, the regional government.

What is the level of implementation of the intervention?

The implementation is regional; all parts of Stockholm County are included.

To which type of interventions does your example of good practice belong to?

Individual Intervention, since the intervention was aimed for obese pregnant women and most of the intervention was made individually

Implementation of your example of good practice is/was:

Periodic. The project started 2006, continued throw 2014 and it's now implemented 2015

What are the main aim and the main objectives of your example of good practice?

The main aim was to investigate whether an intervention program was feasible, both for the pregnant woman and the health care staff involved in the program, and whether it was safe for mother and child

Who implements/implemented the intervention?

The team for education of the Mother healthcare centres in Stockholm who are employed by the Stockholm county council

What core activities are/have been implemented?

All the midwives and doctors who work at the Mother health care centres have got education in good food and exercise for pregnant women. We have also had education in what kind of risk it is for the obese women to be obese and the benefits of a low weight gain during pregnancy for this group. Material is available at internet for all Mother health care centres.

What has been measured /evaluated?

The evaluation was made by the own organization, journal records and of course participants satisfactions

Evaluation of the impacts/effects/outcome:

The project was feasible and well tolerated for the pregnant women and the midwives enjoyed working with the project.

What are the main results/conclusions/recommendations from the evaluation?

All participants were satisfied or very satisfied with the project. About 1/3 of the mothers reach the goal maximum weight gain 6 kg and 2/3 gain maximum 10 kg. The incidence of preeclampsia, gestational diabetes and babies large for gestation age were as a normal.

Is the evaluation report available, preferably in English or at least an English summary?

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Was there a follow-up or is any follow-up evaluation planned in the future?

The follow up in the future will be by "the Graviditetsregistret" a nation based register including 98-99% of all pregnant women in Sweden.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

The most important thing is the education of the midwives which must be continued every year. They must also get a chance to discuss with a therapist the failures and who they must get better and better

What are the main lessons to be learned?

The whole group at a Mother health Care Centre must be involved in the project and it's crucial to evaluate the project often.

Web page related to the intervention:

www.vardgivarguiden.se/fler_omraden/barnmorskemottagning/vard_under_graviditet/fetma-riktlinjer_for_gravida

References to the most important articles or reports on the intervention:

Weight control program for obese pregnant women, Acta obstetricia et gynecologica Scandinavica, vol 89, Issue 6, pages 840-3, 2009/

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