



# The Team



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# Aim Statement

Aim: To increase the proportion of Otara women<sup>1</sup> achieving a healthy weight gain<sup>2</sup> during their pregnancy from 15% to 50%, and reduce the average weekly weight gain for women within each of the three BMI categories<sup>3</sup> by 30 June 2018.

1. Otara women enrolled at Dawson Road GP Clinic who have their pregnancy confirmed before 20 weeks gestation.
2. Average weekly weight gain is within the IOM Guidelines as recommended for the woman's booking BMI
3. BMI Categories: Healthy Weight 18.5 - 24.9; Overweight 25 - 29.9; Obese  $\geq 30$ .

Height (m)

Height (m)	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	>120									
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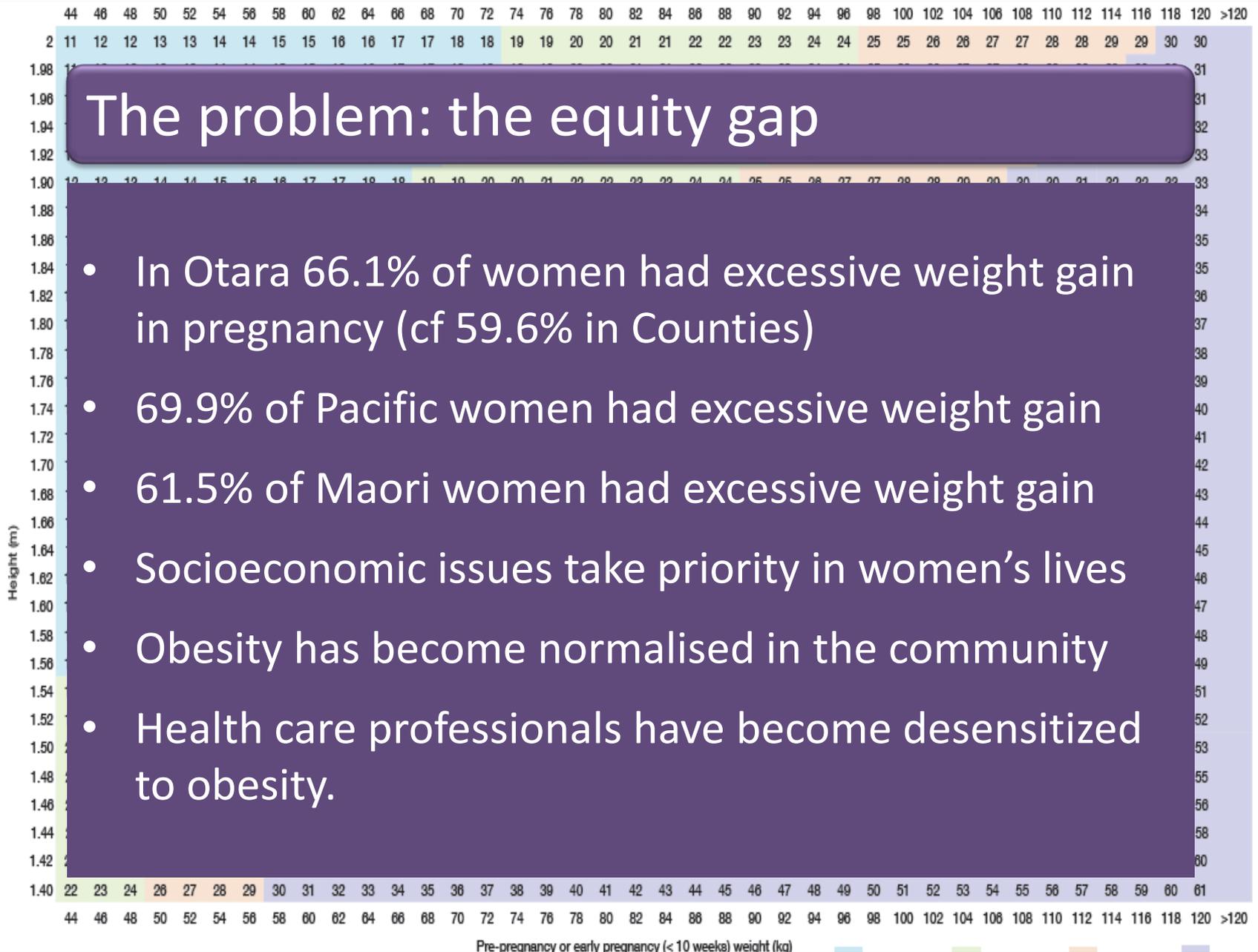


# Storytelling

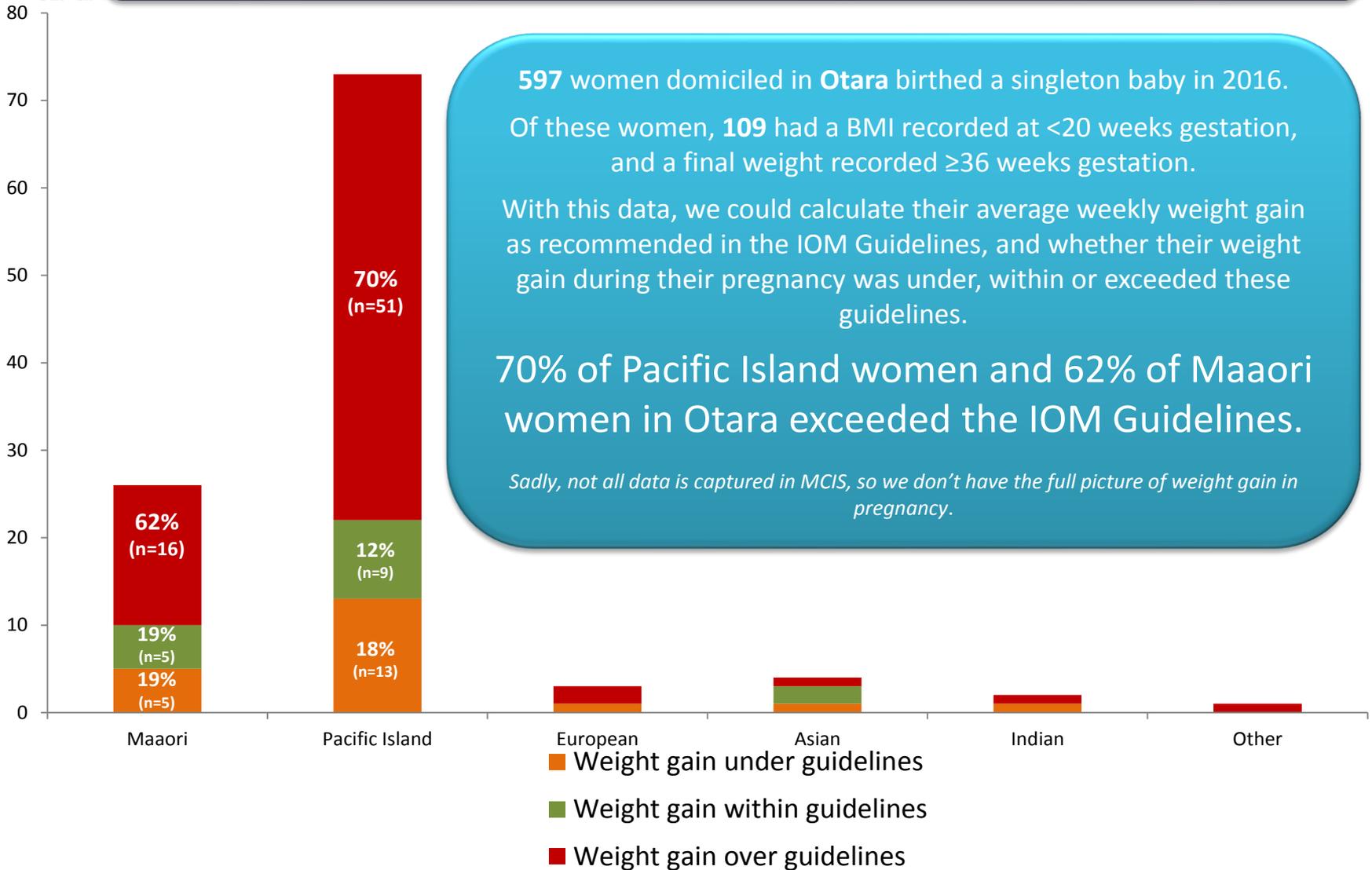
- Healthy Mums and healthy babies matter
- “It was hard to tell which way the baby was lying”
- “We had to do extra scans every few weeks just to check that the baby was growing.”

# The problem: the equity gap

- In Otara 66.1% of women had excessive weight gain in pregnancy (cf 59.6% in Counties)
- 69.9% of Pacific women had excessive weight gain
- 61.5% of Maori women had excessive weight gain
- Socioeconomic issues take priority in women's lives
- Obesity has become normalised in the community
- Health care professionals have become desensitized to obesity.

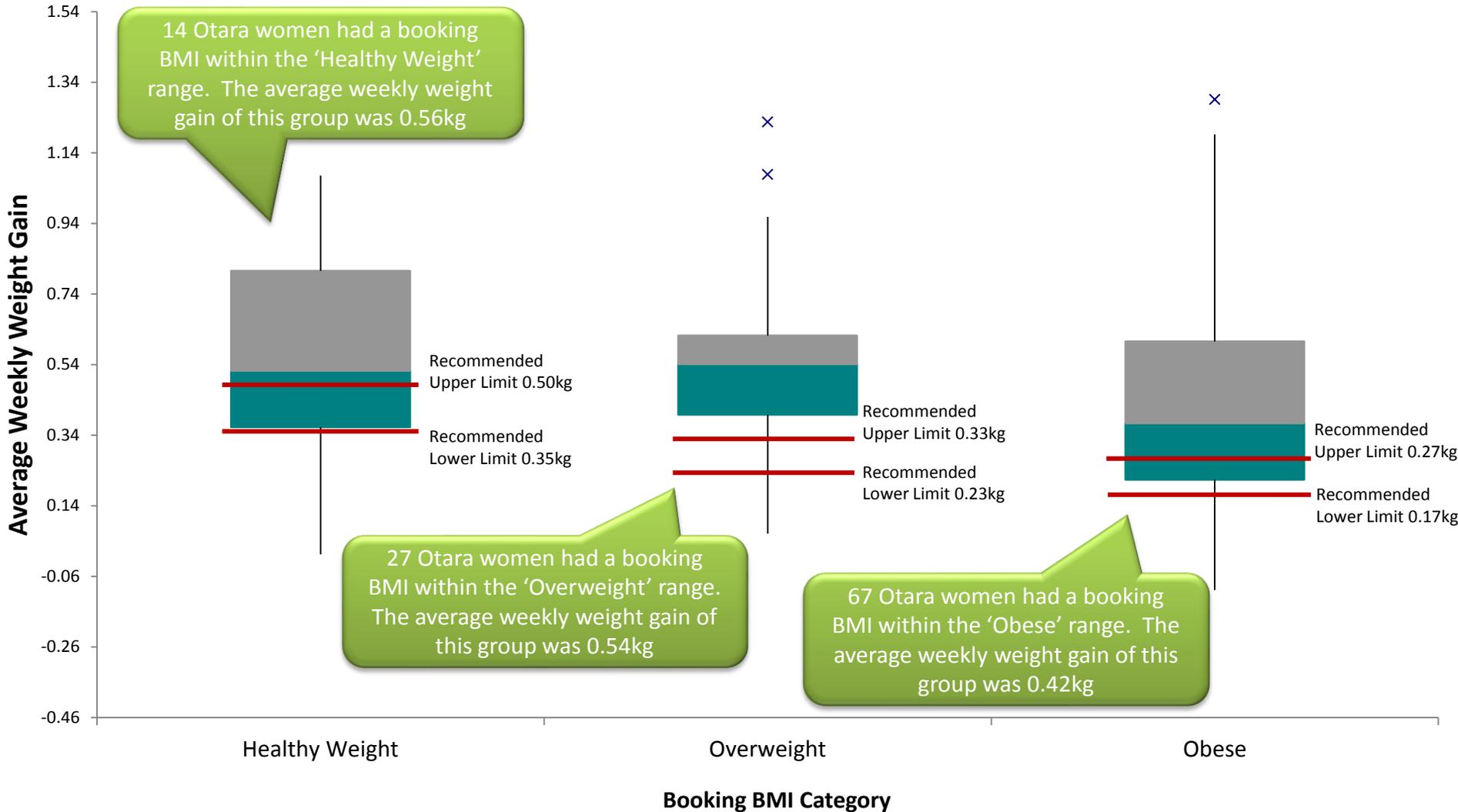


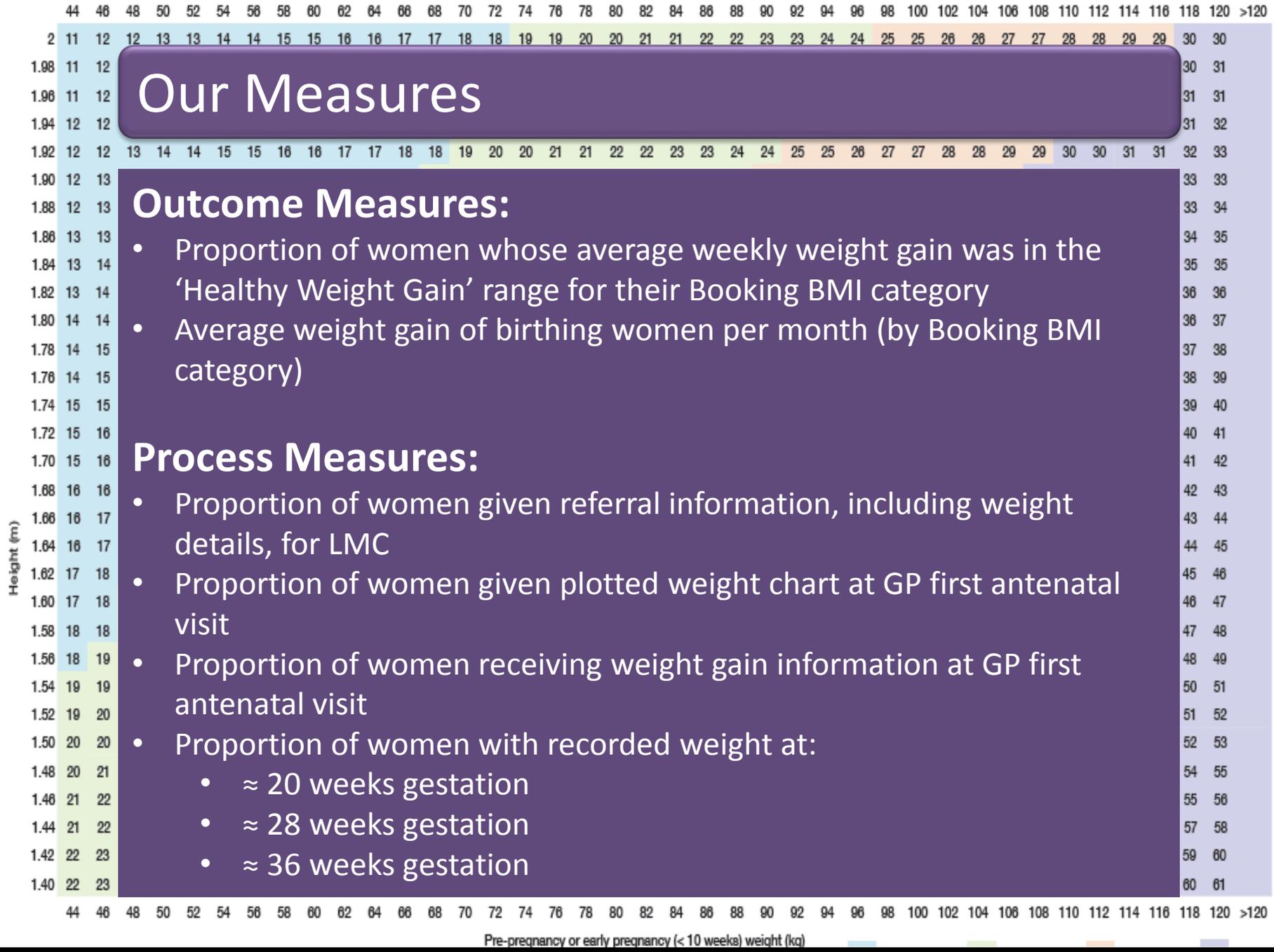
# What is the data telling us?



# What is the data telling us?

## Average Weekly Weight Gain of Otago Women by Booking BMI Category





# Our Measures

## Outcome Measures:

- Proportion of women whose average weekly weight gain was in the 'Healthy Weight Gain' range for their Booking BMI category
- Average weight gain of birthing women per month (by Booking BMI category)

## Process Measures:

- Proportion of women given referral information, including weight details, for LMC
- Proportion of women given plotted weight chart at GP first antenatal visit
- Proportion of women receiving weight gain information at GP first antenatal visit
- Proportion of women with recorded weight at:
  - ≈ 20 weeks gestation
  - ≈ 28 weeks gestation
  - ≈ 36 weeks gestation

Pre-pregnancy or early pregnancy (< 10 weeks) weight (kg)

# Health Equity Campaign: Weigh While We Wait

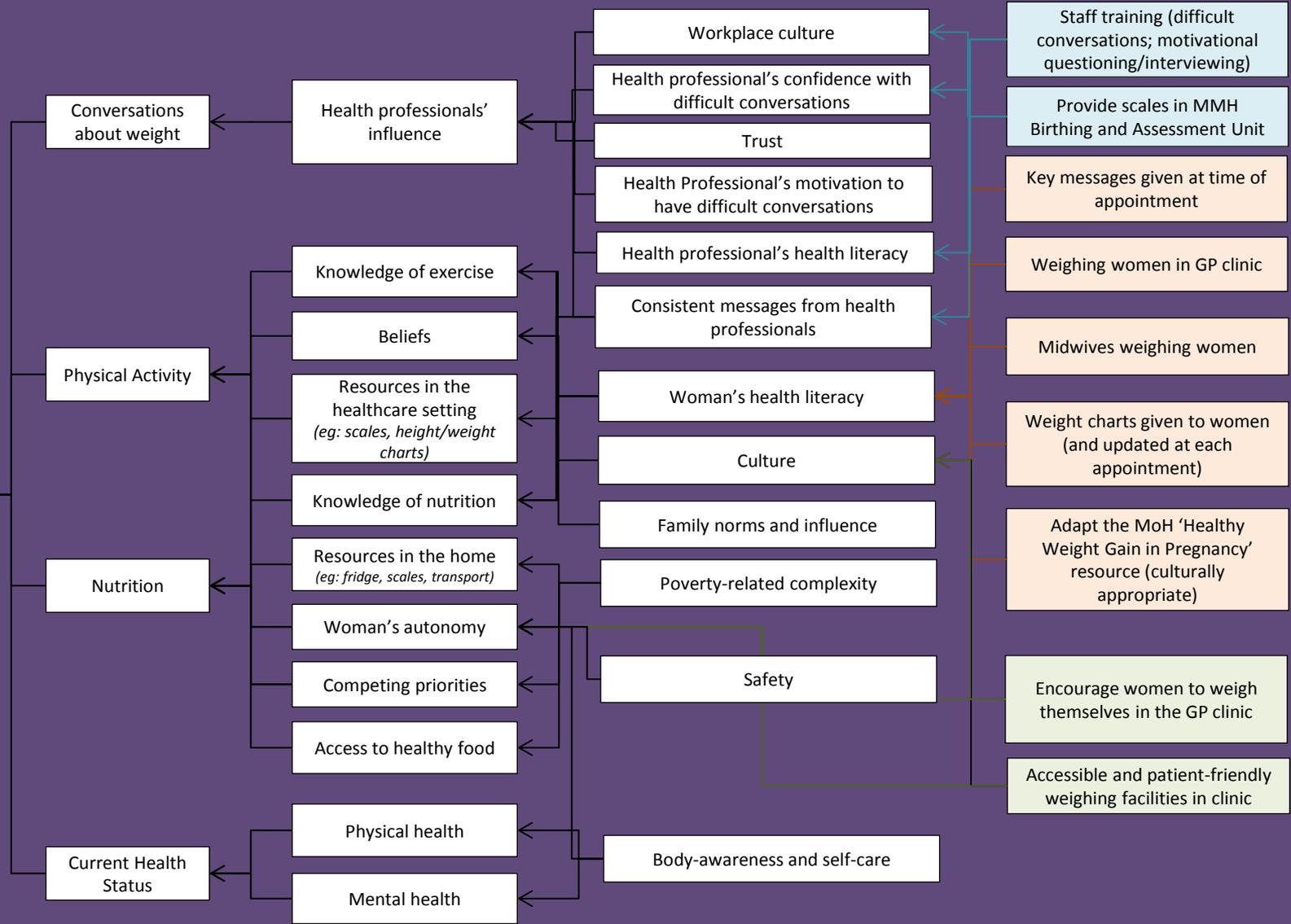
## Primary Drivers

## Secondary Drivers

## Tertiary Drivers

## Change Ideas

**Aim:** To increase the proportion of Otago women<sup>1</sup> achieving a healthy weight gain<sup>2</sup> during their pregnancy from 15% to 50%, and reduce the average weekly weight gain for women within each of the three BMI categories<sup>3</sup> by 30 June 2018.



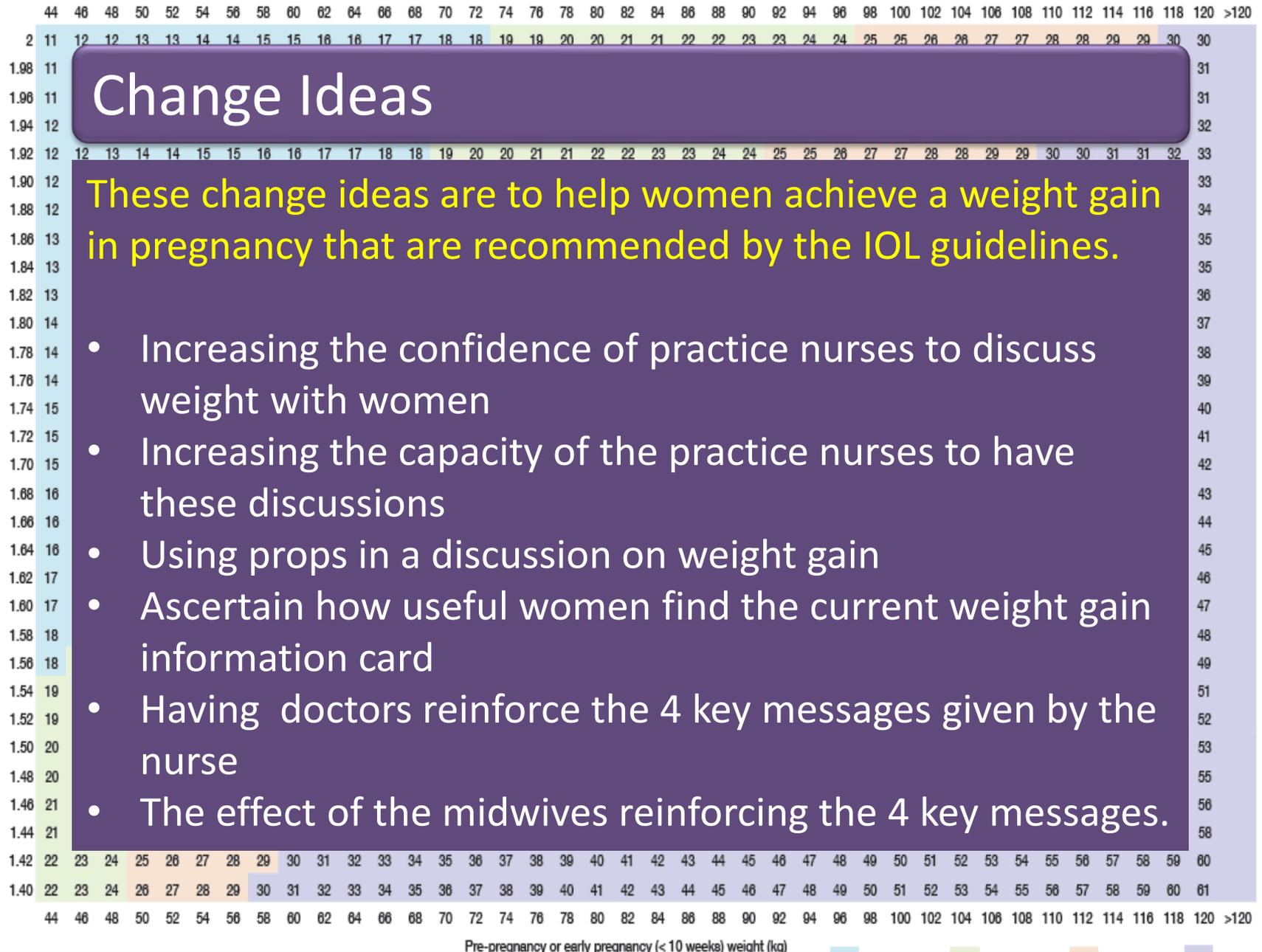


# Change Ideas

These change ideas are to help women achieve a weight gain in pregnancy that are recommended by the IOL guidelines.

- Increasing the confidence of practice nurses to discuss weight with women
- Increasing the capacity of the practice nurses to have these discussions
- Using props in a discussion on weight gain
- Ascertain how useful women find the current weight gain information card
- Having doctors reinforce the 4 key messages given by the nurse
- The effect of the midwives reinforcing the 4 key messages.

Height (m)



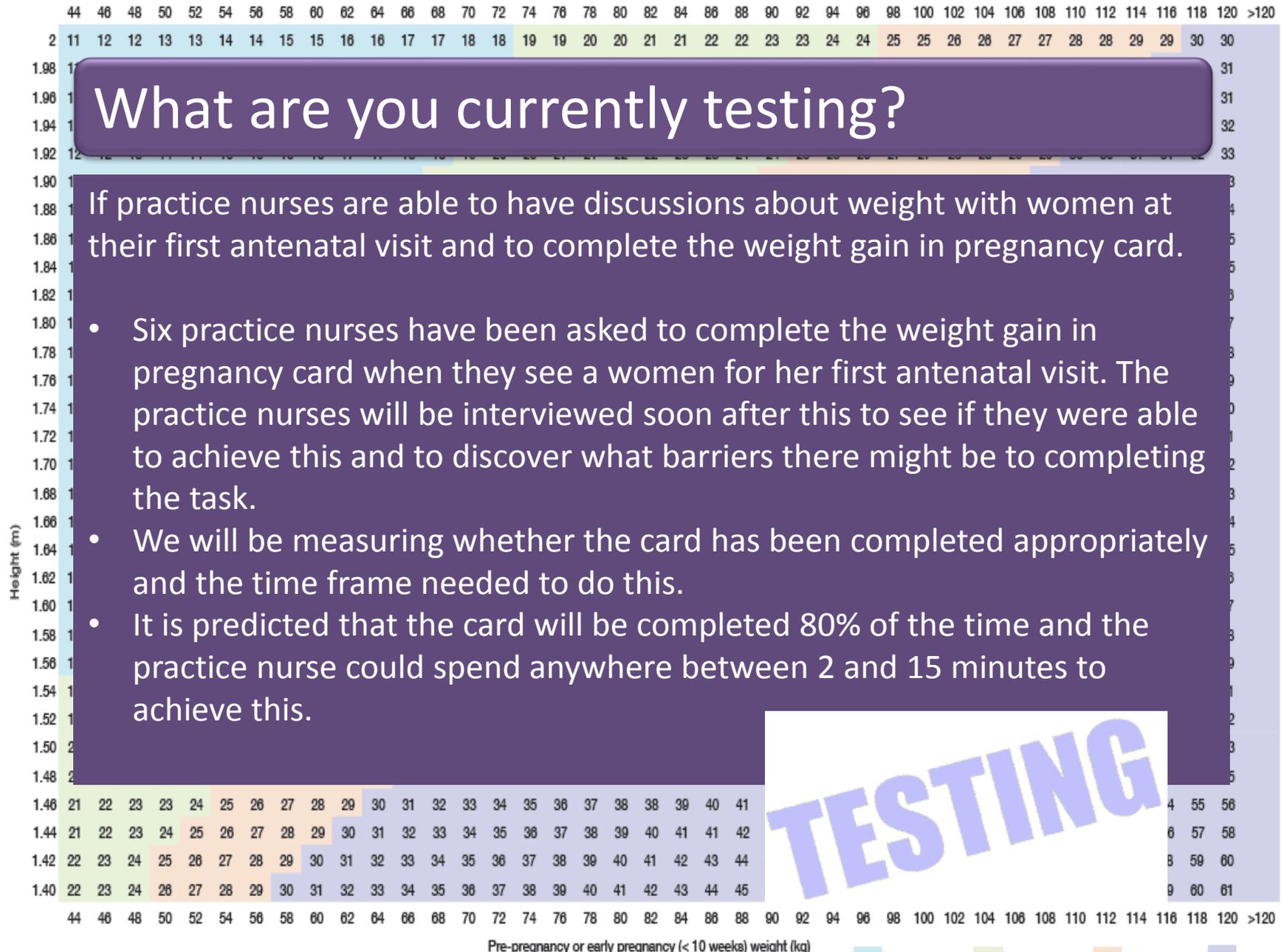
Pre-pregnancy or early pregnancy (< 10 weeks) weight (kg)

# What are you currently testing?

If practice nurses are able to have discussions about weight with women at their first antenatal visit and to complete the weight gain in pregnancy card.

- Six practice nurses have been asked to complete the weight gain in pregnancy card when they see a women for her first antenatal visit. The practice nurses will be interviewed soon after this to see if they were able to achieve this and to discover what barriers there might be to completing the task.
- We will be measuring whether the card has been completed appropriately and the time frame needed to do this.
- It is predicted that the card will be completed 80% of the time and the practice nurse could spend anywhere between 2 and 15 minutes to achieve this.

TESTING



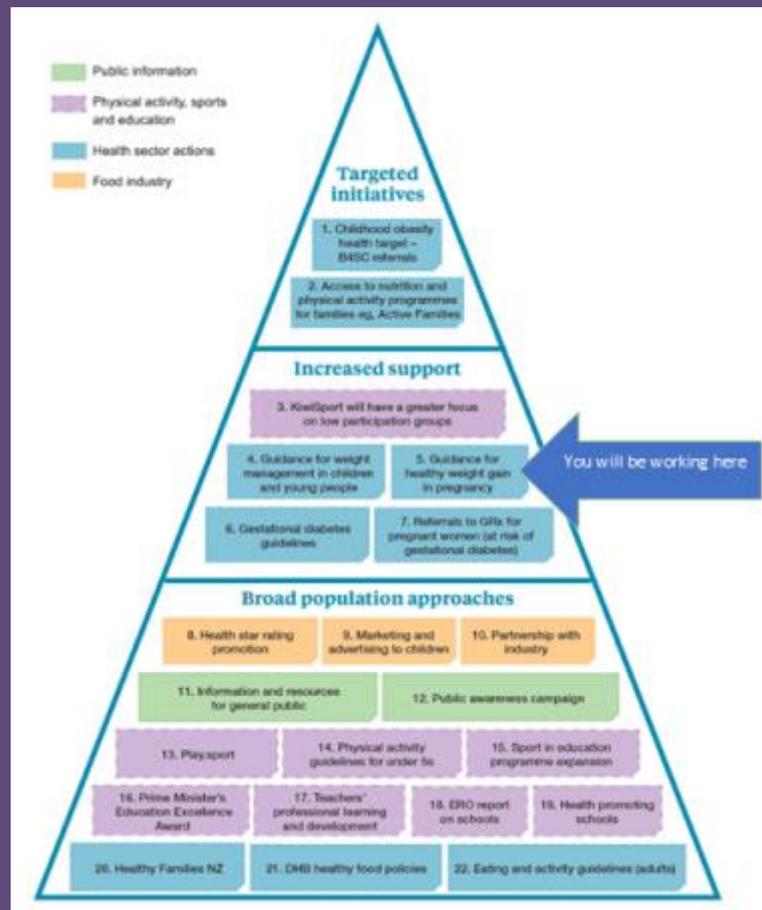
# Highlights: biggest learnings

- The problem is too big to ignore
- Once you start working in this area you notice that nearly every day there is a new article or a news release about how important this work is. It feels good to be involved in this work.
- The childhood obesity plan pyramid has “guidance for healthy weight in pregnancy” well up on its chart as a useful initiative
- It is great to work with a team that is keen to extend their knowledge and have a passion to make a difference.

Height (m)

Pre-pregnancy or early pregnancy (< 10 weeks) weight (kg)

# The Childhood Obesity Plan Pyramid



# Lowlights: biggest challenges

- The complexity of working across organizations and professional groups
- The enormity of the problem
- The need to follow a set process
- Concern for the professional integrity of the groups we are working with



# Next steps

- Focus group looking at the weight gain in pregnancy card
- Focus group for feedback on women's thoughts about discussing their weight.
- Providing motivational training for practice nurses
- Enlisting the GPs support for the project and interviewing them about their current practice
- Enlisting midwives support for the project
- Encouraging women to weigh themselves opportunistically

