
Living well during pregnancy

Initiative Type

Service Improvement

Status

Deliver

Added

23 August 2023

Last updated

27 November 2023

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcclence.qld.gov.au/improvement-exchange/living-well-during-pregnancy>

Summary

Good evidence exist that most interventions with a nutrition component that used theoretically derived behaviour change strategies improve dietary quality and reduce excess gestational weight gain. The implementation of the Living Well during Pregnancy program was embedded within a broader 10-year multi-strategy program of service improvement to embed obesity prevention across

maternity care at the Royal Brisbane and Women's Hospital. The Royal Brisbane and Women's Hospital designed a free healthy lifestyle telephone coaching program to support mums-to-be.

Key dates

Jul 2020

Dec 2021

Implementation sites

Royal Brisbane and Women's Hospital

Key Contacts

A/Prof Susan de Jersey

3807

william.vanheerden.ced

Advanced Accredited Practicing Dietitian

Metro North Hospital and Health Service

07 36460544

susan.dejersey@health.qld.gov.au

Aim

To address existing barriers to care to develop and implement an evidence-based nutrition service into routine antenatal care for high-risk women.

Benefits

What our formative research demonstrated was that for a women with a higher body mass index, a low intensity intervention was unlikely to be enough to impact on outcomes.

Background

Gaining more weight than recommended and poor nutrition in pregnancy are key risk factors for the development of metabolic disease such as gestational diabetes mellitus (GDM), hypertension and obesity in mothers and future metabolic disease in offspring. Dietary counselling and weight monitoring are effective at improving nutritional intake and reducing weight gain above recommendations. However, women classified as being above a healthy weight before pregnancy experience greater barriers to achieving nutrition and weight gain recommendations, have a lower confidence to achieve health goals and require more intensive support.

Solutions Implemented

In recognition of this need for more intensive support a new person-centred dietic telephone coaching service was commenced for women with a BMI of 25 or more, or gaining weight above recommendations. We recommended 27 Expert Recommendations for Implementing Change (ERIC) strategies to facilitate implementation of Living Well during Pregnancy. A face-to-face model of care to reduce gestational weight gain (GWG) in women living with a body weight above recommended at our metropolitan tertiary hospital was poorly attended, and less than 10% of eligible women were referred. We used implementation science principles and existing evidence to address existing barriers to care to develop and implement an evidence-based nutrition service into routine antenatal care for high-risk women.

Evaluation and Results

We used the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework to evaluate the program with our protocol and outcomes paper published. Women with a pre-pregnancy BMI of 25 or over had stronger intentions to manage their GWG, however, they experienced greater barriers and lower confidence to overcome these barriers than women classified as a healthy weight. Compared to pre-implementation we had a 105 increase in women eligible, that were referred to the program. We used hospital costings data to evaluate the cost effectiveness of the program compared to standard care in preventing gestational diabetes. The Living Well program was dominant over routine care in reducing GDM and supports broad reach delivery of structured interventions during pregnancy to lower the short-term costs associated with GDM to the health

system. While the program demonstrated benefits to those who engaged, around half of those referred did not take up or complete the program. Those women were invited to tell us their experiences to inform the future development to meet the needs of more women. Nine women were interviewed and transcripts thematically analysed.

Lessons Learnt

- activity pressures did not allow time for consumer co-design from the outset
- ongoing advocacy is needed to emphasise that this service is a high priority within an "acute care facility".
- staff turnover, training and willingness to work outside usual hours.
- funding for innovation and redesign

Further Reading

[National Library of Medicine](#)

PDF saved 31/01/2025