

# Does use of a video module improve adherence to recommended gestational weight gain guidelines? 저 Stony Brook Medicine Gina Milone MD<sup>1</sup>; Mahesh Tiwari BS<sup>1</sup>; Hailey McInerney MD<sup>2</sup>; Brynn Franz<sup>3</sup>; Katya Potkin BS<sup>1</sup>;

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### Background

- Approximately 70% of pregnant patients do recommended guidelines of weight gain for index (BMI)
- Almost one third of women receive no count gestational weight gain (GWG)
- There is currently no consensus on the optime counseling for GWG.

### Objectives

To determine if implementation of a video modu patient adherence to recommended GWG guid

### Study Design

- Prospective cohort study conducted from Fe
- Patients were recruited from a large academ the first trimester

## **Control Cohort**

First Trimester Visit 1.Complete baseline GWG knowledge questionnaire 2.Routine provider counseling.

# **4 Weeks Later**

Repeat GWG knowledge questionnaire.

# Video Cohort

First Trimester Visit 1.Complete baseline GWG knowledge questionnaire 2.Watch GWG video.

 The GWG video module was 5 minutes long, team, with information from ACOG & March

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not gain within the r their body mass	Table 1. Do
nseling about	Race Caucasian Black Asian Hispanic
nal mode of	Other Education <high schoo<br="">High schoo College Graduate s</high>
ule can improve delines.	Marital Status Single Married Pre-Pregnance
	Age (years) Income (U.S. <30k 30-50k
ebruary-October 2019 mic practice during	50-50k 50-80k 80-100k >100k
	None Medicaid/I Private
	Provider Residents General Ok Maternal-F Certified N
Delivery Collect weight on delivery admission & delivery data.	Table 2. Br Was the ap
	Control C n = 7 Video C n = 6 Was the ap
, created by the study h of Dimes	Control C n = 7 Video Ce

Die 1. Demographics	s of pullicipulls				
	Control Cohort n=79	Video Cohort n=76	p-value		
Race					
Caucasian	44 (55.7)	51 (67.1)			
Black	4 (5.1)	10 (13.2)	0.00		
Asian	7 (8.9)	3 (3.9)	0.06		
Hispanic	20 (25.3)	11 (14.5)			
Other	4 (5.1)	1 (1.3)			
Education					
<high school<="" td=""><td>5 (6.3)</td><td>2 (2.6)</td><td></td></high>	5 (6.3)	2 (2.6)			
High school	32 (40.5)	15 (19.7)	0.016		
College	22 (27.8)	33 (43.4)			
Graduate school	20 (25.3)	26 (34.2)			
Marital Status					
Single	28 (36.4)	24 (31.6)	0.532		
Married	49 (63.6)	52 (68.4)			
Pre-Pregnancy Weight (kg)	72.65±21.7	75.2±20.7	0.424		
Pre-Pregnancy BMI (kg/m <sup>2</sup> )	27.6±7.6	27.8±7.5	0.787		
Age (years)	30.4±5.2	31.9±4.5	0.065		
ncome (U.S. Dollars)					
<30k	16 (20.8)	11 (14.9)			
30-50k	15 (19.5)	12 (16.2)	0.725		
50-80k	13 (16.9)	16 (21.6)	0.725		
80-100k	7 (9.1)	10 (13.5)			
>100k	26 (33.8)	25 (33.8)			
Insurance					
None	1 (1.3)	0 (0)	0.200		
Medicaid/Medicare	39 (49.4)	29 (38.2)	0.206		
Private	39 (49.4)	47 (61.8)			
Provider					
Residents	15 (19)	4 (5)			
General Obstetricians	22 (28)	16 (22)	0 034		
Maternal-Fetal Medicine	14 (18)	18 (24)	0.054		
<b>Certified Nurse Midwives</b>	28 (35)	36 (49)			

# reakdown of GWG in both the control and video cohorts.

Was the appropriate GWG achieved: yes or no?								
	Gained Recommended Amount of Weight n (%)	Did Not Gain Recommended Amount of Weight n (%)		p-value				
<b>Control Cohort</b> n = 74	18 (24.0%)	56 (76.0%)		0.024				
<b>Video Cohort</b> n = 68	17 (25.0%)	51 (75.0%)		0.720				
Was the appropriate GWG achieved: yes, no (too much GWG), or no (not enough GWG)?								
	Gained Recommended Amount of Weight n (%)	Gained Too Much Weight n (%)	<b>Did Not Gain Enough Weight</b> n (%)	p-value				
<b>Control Cohort</b> n = 74	18 (24.0%)	44 (60.0%)	12 (16.0%)	0745				
<b>Video Cohort</b> n = 68	17 (25.0%)	43 (63.0%)	8 (12.0%)	0.743				

### Results

# emographics of participants in both the control and video cohorts.



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### Conclusion

# Primary Outcome

• Use of a video module did not improve patient adherence to recommended GWG guidelines.

# Future Directions

 Use of a continuous intervention throughout pregnancy, such as app-based technology or a recurring video series, may be a more effective way to improve adherence.



### References

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