

# Embedding support for postnatal weight management in primary and community care



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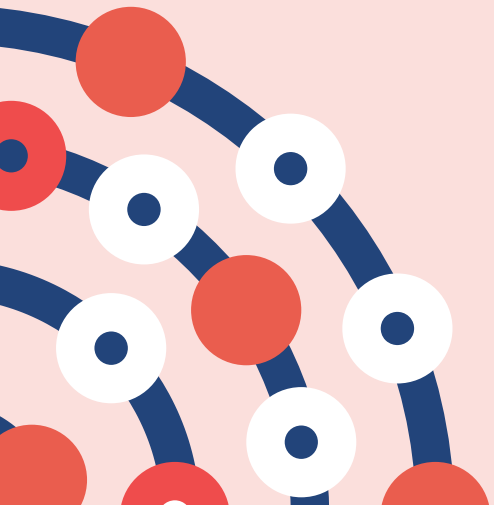
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# Background



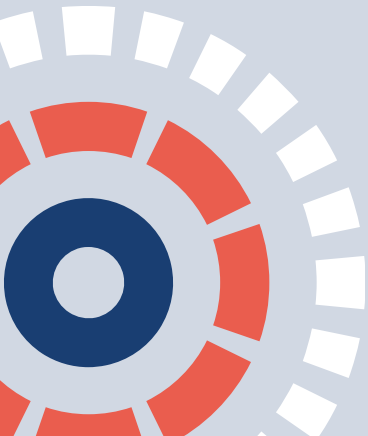
# Background and Aim

- Postnatal weight retention is a predictor for life course obesity in women
- Systematic reviews - postnatal weight management interventions are effective to achieve a clinically significant weight loss
  - High-intensity, resource intensive, specialist staff, high-level of agency from women to seek support
- Embedding lower-intensity weight management support into existing primary care and community services could provide:
  - Flexibility and scalability
  - More equitable weight management support



Our research looked at  
**how postnatal weight  
management support  
could be embedded**  
into routine primary or  
community care.

# Methods



# Review eligibility criteria



## POPULATION

Women up to five years postnatal



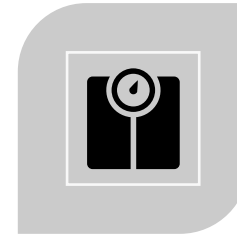
## INTERVENTION

Lower-intensity weight management support ( $\leq 1$  session/month) delivered by general workforce



## COMPARATOR

Any comparator group; no comparator group



## OUTCOMES

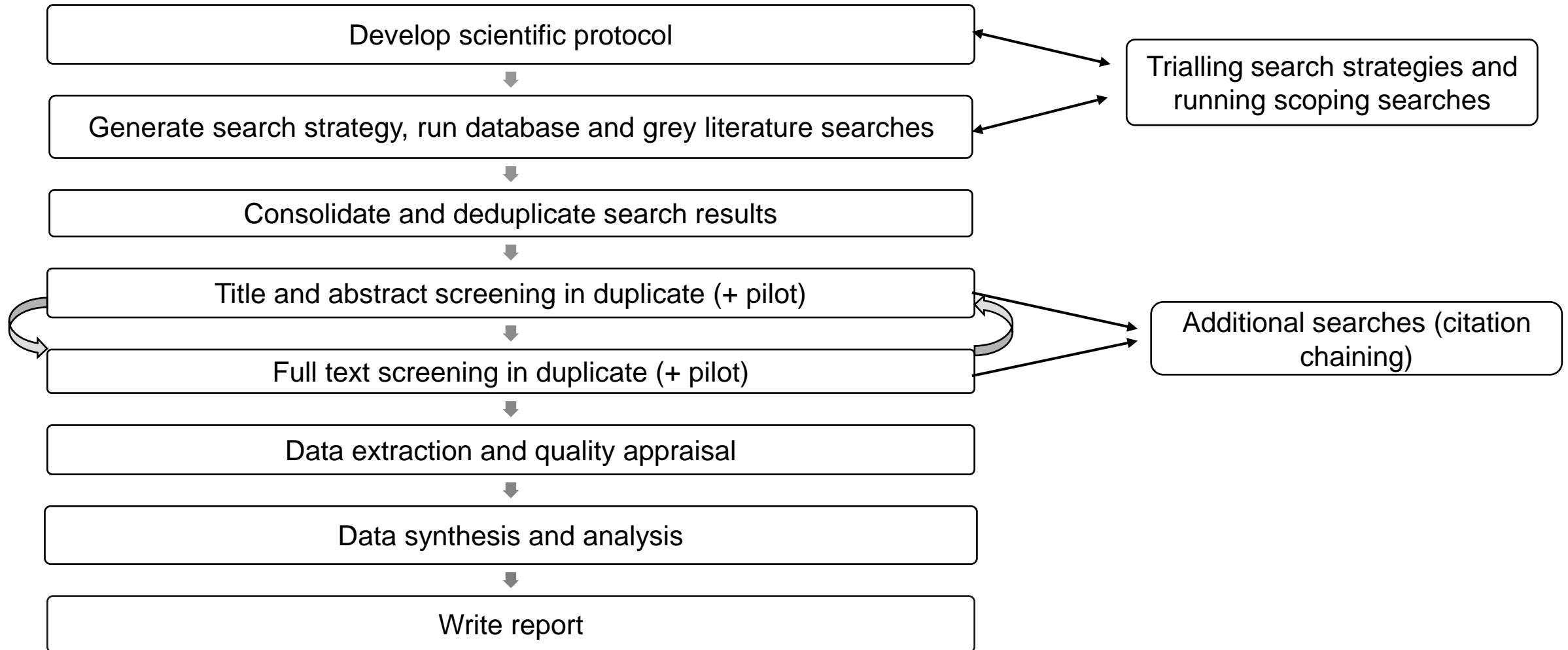
Women: weight, diet, physical activity, uptake of support; experiences  
Workforce: experiences  
Process outcomes



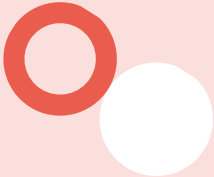
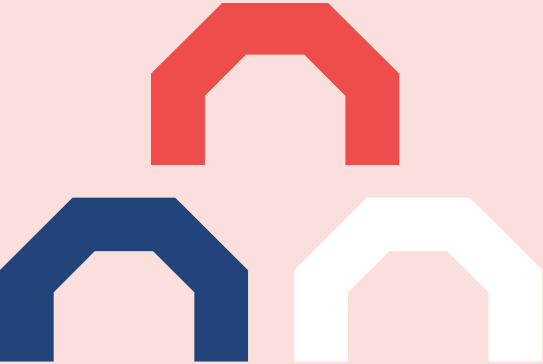
## STUDY DESIGN

Any quantitative or qualitative study; conducted in high-income country

# Systematic review methodology



# Results



Study ID	Intervention	Intervention deliverer	Delivered in routine care?	Study follow-up duration (and/or postnatal time point)
Althuisen (2013) Netherlands	Antenatal counselling and postnatal phone call	Counsellors in the research team	No	18-month follow-up (12 months postnatal)
Berks (2019) Netherlands	Counselling sessions, computer-tailored health programme, questionnaires	Trained lifestyle counsellor	No	7-months follow-up (13 months postnatal)
Daley (2021) UK	Brief counselling, signposting to website, self-weigh weekly.	Practice nurses	Yes	3-month follow-up (approx. 4.5 months postnatal)
Hoffman (2019) Germany	Antenatal and postnatal counselling sessions	Midwives, medical personnel or gynaecologists	Yes	18-months follow-up (12 months postnatal)
Huang (2011) Taiwan	1) Antenatal and postnatal counselling  2) Postnatal only counselling	Nurse with training in nutrition and physical fitness	Yes	12-month follow-up (6-months postnatal)  6-month follow-up (6 months postnatal)
Kinnunen (2007) Finland	Counselling sessions at child immunisation appointment	Public health nurse	Yes	8-months follow-up (10 months postnatal)
Lohr (2021) USA	Daily self-weighing	Self-delivered	No	6-weeks follow-up (6-weeks postnatal)



↔ no effect on outcome; ↓ outcome decreased; ↑ outcome increased; ↑↓ outcome mixed direction  
Orange = does not favour either group; Green = favours intervention group; Red = favours control group

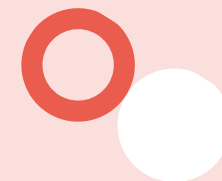
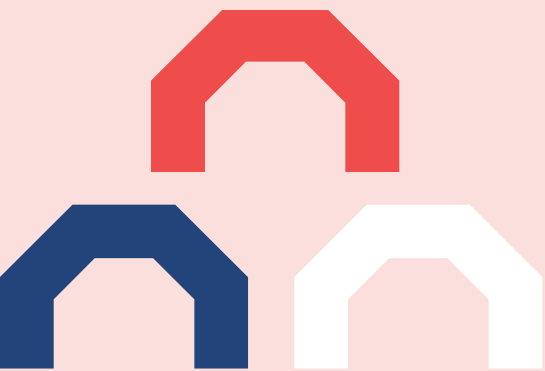
Author (year) country	Intervention description and format	Weight change	Postnatal weight retention	Other anthropometry	Physical activity	Diet/eating
Althuizen (2013) Netherlands	Antenatal counselling and postnatal phone call	↔	↔			↑↓ (total fat; fat from snacks)
Berks (2019) Netherlands	Counselling sessions, computer-tailored health programme, questionnaires	↓		↓ (BMI; waist to hip ratio)	↔ (steps; METs)	
Daley (2021) UK	Brief counselling, signposting to website, self-weigh weekly.	↓		↓ (% body fat)	↔ (METs)	↑↓ (eating styles)
Hoffman (2019) Germany	Antenatal and postnatal counselling sessions	↔	↔			
Huang (2011) Taiwan	1) Antenatal and postnatal counselling  2) Postnatal only counselling	↓	↓		↑ (physical activity behaviour; self- efficacy)	↑ (healthy eating)
Kinnunen (2007) Finland	Counselling sessions at child immunisation appointment		↑↓	↔ (waist circumference)	↔ METs	↑↓ (fruit and veg; high fibre bread)
Lohr (2021) USA	Daily self-weighing	↔				



## Results: process outcomes, implementation, experiences

- $n = 4$  studies reported process outcomes
- $n = 2$  studies explored experiences of participants
- $n = 1$  study explored experiences of staff
- Drop-out lower in interventions embedded into routine childcare visits
- Interventions were generally acceptable to participants
- Health care providers felt interventions were not too onerous and were prepared to deliver them

# Key messages



# Key messages

## For policy makers and practitioners

There was a **lack of consistent evidence** for how to best embed support.

The approaches that hold most promise:

Weight management interventions **start around**

**6 MONTHS**  
postnatal



are delivered in **routine health or child care appointments.**



Generally, both staff and women found the initiatives acceptable.



# Key messages

## For researchers

This is an **important and under-researched** area.  
We only found

**11  
PAPERS**

including  
**1 UK study.**

**Only 2 studies**  
reported staff or  
women's views on  
postnatal weight  
management  
support.



There was a **lack of research embedding support beyond one year postnatal.**

# What needs to happen next?



We need **more research, especially in the UK** to understand the role that primary and community care can play in supporting women's weight after pregnancy.

There needs to be **raised awareness** about **the importance of embedding** postnatal weight management support and the role health care workers can play.



# Read the full paper here

Fong et al. 2024. Effectiveness and implementation of lower-intensity weight management interventions delivered by the non-specialist workforce in postnatal women: a mixed-methods systematic review. *Frontiers in Public Health*, 12.

<https://doi.org/10.3389/fpubh.2024.1359680>



# Thank you

