

Lifestyle information and access to a commercial weight management group to promote maternal postnatal weight management and positive lifestyle behaviour: the SWAN feasibility RCT

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Plain English summary

SWAN feasibility RCT

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Plain English summary

We aimed to assess if offering both information on positive health and 12 weekly commercial weight management sessions could support women with overweight and obese body mass index scores ($\geq 25 \text{ kg/m}^2$) at antenatal 'booking', or women with normal body mass index scores ($18.0\text{--}24.9 \text{ kg/m}^2$) at antenatal booking who gained more weight during pregnancy than recommended, to better manage postnatal weight and health. We undertook a feasibility trial to provide information on whether or not this trial could succeed, recruiting from one inner-city area.

We wanted to know if women would join a trial to be randomly allocated to weight management sessions offering motivation and group support to achieve dietary change plus lifestyle information (intervention arm) or usual care only (control arm), how long recruitment would take, if we could follow 130 women to 12 months postnatally, if the intervention supported lifestyle and postnatal weight change as assessed at 12 months postnatally and if the trial processes were acceptable.

We recruited 193 women, 98 of whom were allocated to the intervention arm and 95 of whom were allocated to the control arm; 140 were followed up to 12 months postnatally. Most women had body mass index scores of $\geq 25 \text{ kg/m}^2$ at antenatal booking. Thirteen women allocated to the intervention arm were interviewed about weight management and lifestyle support and 17 women across both trial arms were interviewed about their experiences of the trial.

Women allocated to the intervention arm had more weight change at 12 months postnatally than control, with few differences in other health outcomes. Around half (47%) of the women allocated to the intervention arm attended weight management sessions, with the highest weight loss in the 19 women (41%) who attended ≥ 10 sessions. We were able to recruit and follow up women with higher body mass index scores, but other approaches are needed to recruit women with normal body mass index scores. The intervention was acceptable and relevant cost data could be collected. Acceptability of the intervention was affected by a range of barriers that should be addressed in future studies to increase uptake.

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