# An intervention aimed at the prevention of excessive weight gain during pregnancy.

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Weight gain during pregnancy is the most important determinant of postpartum weight retention. In this study, the effect of an individually tailored intervention program is assessed on weight gain during pregnancy. The main focus of this program is...

| | |
|---|---|
| **Ethische beoordeling** | Positief advies |
| **Status** | Werving gestopt |
| **Type aandoening** | - |
| **Onderzoekstype** | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON28718

**Bron**
Nationaal Trial Register

**Verkorte titel**
New Life (style)

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

An assistant will perform the anthropometrical measurements and collect the blood samples at 15, 25, 35 weeks of pregnancy and at 7, 25, 51 weeks after delivery in the midwife practice to measure the following outcome measures:<br>
Weight and BMI (change): height is measured in bare feet with a portable height scale with a wide measuring slide and a heel plate. Both weight and height will be measured twice, and the mean value of the two measurements will be computed. Calibrated scales are used to determine weight while participants are only wearing light clothing (e.g. underwear) and no shoes.

# Toelichting onderzoek

### Achtergrond van het onderzoek

Background:

For women, pregnancy is an independent risk factor for developing overweight. Previous studies describe an average weight retention of 2-3 kg, 6 to 12 months after delivery. Losing this "extra" weight after pregnancy proves to be difficult. Weight gain during pregnancy is the most important determinant of postpartum weight retention.

Methods:

An RCT is performed to study the effect of an individually tailored intervention program on weight gain during pregnancy and postpartum weight retention. The main focus of this program is to help women to gain weight within guidelines for weight development during pregnancy, which are developed by the Institute of Medicine (IOM, 1990). In the intervention group, a counsellor surveys individual weight development during five sessions (18, 22, 30 and 36 weeks of pregnancy and 8 weeks postpartum) . Furthermore, personal lifestyle is discussed in order to be able to control individual weight development. Data are collected in the control and intervention group at 15, 25, and 35 weeks of pregnancy and at 8, 26, and 52 weeks after delivery by means of questionnaires and anthropometric measurements.

Conclusion:

Preventing excessive weight gain during pregnancy is important in the prevention of overweight and obesity among women of childbearing age. Caregivers and researchers in the field of health promotion are offered more insight in specific elements of the New Life(style) intervention program for pregnant women.

### Doel van het onderzoek

Weight gain during pregnancy is the most important determinant of postpartum weight retention. In this study, the effect of an individually tailored intervention program is assessed on weight gain during pregnancy. The main focus of this program is to help women to gain weight within guidelines for weight development during pregnancy, which are developed by the Institute of Medicine (IOM, 1990). We expect that gaining weight within the guidelines has a positive effect on weight retention postpartum.

### Onderzoeksopzet

N/A

**Onderzoeksproduct en/of interventie**

The women will be randomly assigned to either the control group or the intervention group, and the women in the intervention group will receive advice on physical activity and diet during and after pregnancy.

# Contactpersonen

## Publiek

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## Wetenschappelijk

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# Deelname eisen

## Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

A cohort of 300 women (two times 150), who are approximately seven months pregnant of their first child (nullipara). All healthy women who visit the midwife within 14 weeks after the start of their last menstrual period, and who are pregnant for the first time, will be eligible for inclusion.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Those who are directly referred to a gynaecologist because of complications, and those not able to read/write or communicate in Dutch will be excluded from the study.

## Onderzoeksopzet

### Opzet

| | |
|---|---|
| Type: | Interventie onderzoek |
| Onderzoeksmodel: | Parallel |
| Toewijzing: | Gerandomiseerd |
| Blindering: | Enkelblind |
| Controle: | Geneesmiddel |

### Deelname

Nederland

| | |
|---|---|
| Status: | Werving gestopt |
| (Verwachte) startdatum: | 01-01-2005 |
| Aantal proefpersonen: | 300 |
| Type: | Werkelijke startdatum |

## Ethische beoordeling

Positief advies

| | |
|---|---|
| Datum: | 11-03-2005 |
| Soort: | Eerste indiening |

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

## Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

| Register | ID |
|---|---|
| NTR-new | NL12 |
| NTR-old | NTR32 |
| Ander register | : N/A |
| ISRCTN | ISRCTN85313483 |

# Resultaten

**Samenvatting resultaten**
N/A