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Mid North Coast Local Health District



## Pregnancy Care – Get Healthy in Pregnancy Service

FIRST  
2000  
DAYS

# Webinar Series

### Session 3



**Health**  
Mid North Coast  
Local Health District



I acknowledge the traditional owners on the lands in which we meet, and pay my respects to elders, past, present and emerging



# Learning Objectives

- Increased understanding of *healthy pregnancy* and actions that can be taken to improve both short and long term health outcomes for both mother and baby
- Increase knowledge of how healthy lifestyle choices impact long-term outcomes across the life span
- Increase confidence to engage in conversations about *pregnancy care*
- Increase knowledge of *The Get Healthy in Pregnancy Service*
- Increase awareness of Get Healthy in Pregnancy Service *referral pathways*



# First 2000 Days Framework



2. The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days

## Strategies

1. Provide high quality, comprehensive antenatal care so that everyone can make informed decisions about their children's health and wellbeing
2. Ensure antenatal care includes evidence-based screening and assessment
3. Work collaboratively across government to promote supportive environments to enable everyone to make healthy choices and have healthy lifestyles

## *Why is this health priority important for a child's short term and long term development?*

Evidence shows a strong link between the quality of antenatal care and a child's life and educational outcomes.

A mother who is well supported and healthy as possible is more likely to be able to care for herself, her baby, and give them the best chance of becoming a well developed and resilient child.

What does HEALTHY PREGNANCY mean?

Why do we monitor GESTATIONAL WEIGHT GAIN?

Smoking?

Alcohol?



# Gestational Weight Gain

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- Too much or too little weight gain during pregnancy can place mother and baby at risk of complications during the pregnancy, at birth and later in life
- Excessive gestational weight gain is highly predictive of overweight and obesity in later life for women and their offspring
- Babies with abnormally low or high birth weight may be at increased risk of obesity and chronic disease as adults
- Achieving a healthy weight after pregnancy decreases the likelihood of developing diseases such as diabetes, heart disease, and some cancers later in life

## If you GAIN TOO LITTLE WEIGHT during pregnancy



You are at higher risk of:

Going into labour too early

Having a baby that is smaller than normal

Having problems with breastfeeding your baby



## If you GAIN TOO MUCH WEIGHT during pregnancy



Your baby is at higher risk of:

Being born larger than normal

Having an unusually low blood glucose level at birth which may require treatment

Being overweight or obese as a child

Being overweight or obese as they become adults



You are at higher risk of:

Pre-eclampsia - a condition in pregnancy which causes high blood pressure and can put both you and your baby at risk

Gestational (pregnancy) diabetes - which can cause problems during pregnancy and birth as well as the potential for long-term health issues for you and your baby

Blood clots in your legs or pelvis

Requiring a birth by caesarean section and the associated complications such as infection and blood loss

Breastfeeding problems

Not being able to lose your baby weight, which increases the likelihood of being overweight or obese in the future

# How Much Weight Gain?



$$\frac{\text{Weight (kg)}}{\text{Height (m)}^2} = \text{Body mass index (BMI)}$$



## SINGLE PREGNANCIES

As a general rule, you don't need to eat more than usual during the first 3 months (the first trimester) and you should only put on 1-2 kg during this time.

Pre-Pregnancy BMI (kg/m <sup>2</sup> )	Overall weight gain during pregnancy (kg)
<18.5	12.5-18.0
18.5-24.9	11.5-16.0
25-29.9	7.0-11.5
30+	5.0-9.0

Source: Queensland Health (2010) Statewide Maternity and Neonatal Clinical Guideline: Obesity



## MULTIPLE PREGNANCIES

If you are having more than one baby (e.g. twins or triplets), you will need to gain more weight than if you were only having one baby.

Pre-Pregnancy BMI (kg/m <sup>2</sup> )	Overall weight gain during pregnancy (kg)
<18.5	Talk to your dietitian or obstetrician
18.5-24.9	17-25
25-29.9	14-23
30+	11-19

Source: RANZCOG (2013) College Statement on the Management of Obesity in Pregnancy



# Healthy Eating

+

# Physical Activity



Better sleep



More energy



Less lower back pain



Feel less stressed or anxious



Less nausea and heartburn



A shorter, easier and more active labour



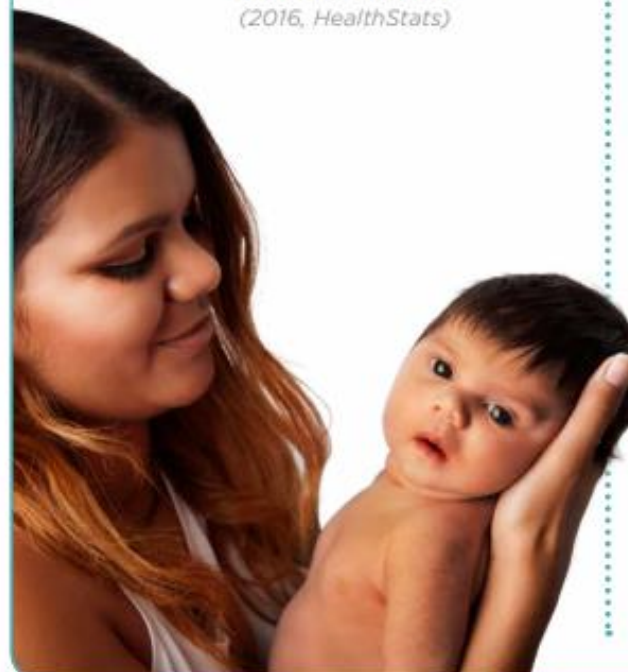
Better bowel habits



Easier to return to your pre-pregnancy fitness and weight

# NSW Pregnancy Statistics

(2016-2018)



## Infant and maternal health<sup>14</sup>



**6.6%** of all NSW babies born have a **low birth weight** (less than 2,500g or 5 pounds, 8 ounces)

**11%** of NSW Aboriginal babies born have a **low birth weight**  
*(2016, HealthStats)*



**35 yrs+**

Women are having **babies later** - around one quarter of births (**23.7% in NSW**) are to **women 35 years and over**  
*(2016, HealthStats)*

A **growing number of pregnant women** are diagnosed with **gestational diabetes (7.4% in 2012; and 12.6% in 2016)**  
*(2016 Mothers and Babies)*



There has been a **50% increase in obesity in pregnancy in Australia** over the last 20 years. **47% of women** are putting on **excess weight in pregnancy**  
*(2018 MJA)*

In 2016 **44% of women** reported **consuming alcohol during pregnancy**. Of these around **8 in 10 (81%) drank monthly or less**, and **16.2% drank 2 to 4 times a month**. **Most (97%) usually consumed 1-2 standard drinks**  
*(2016 National Drug Strategy Household Survey)*



**Less women in NSW** have been **fully breastfeeding their newborn babies** on discharge from hospital over the last 5 years (**75.4% non-Aboriginal, 62.8% Aboriginal**)  
*(2016 Mothers and Babies)*

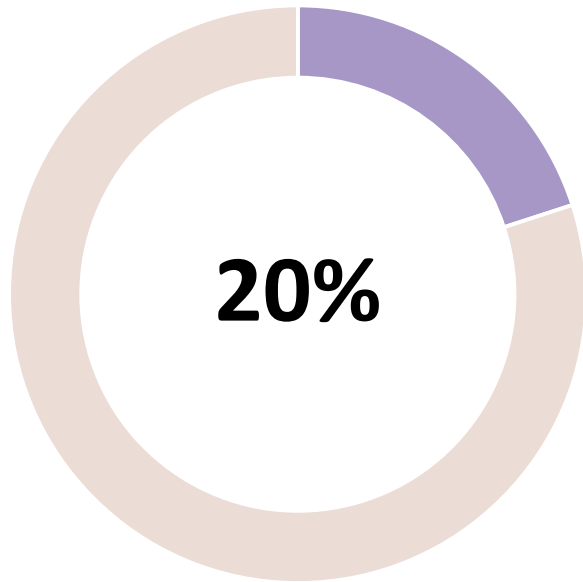
**Fewer women** are **smoking during pregnancy** overall than 15 years ago, (**8.3% in NSW**) but many **Aboriginal pregnant women** still are (**41.3% in NSW**)  
*(2016, HealthStats)*



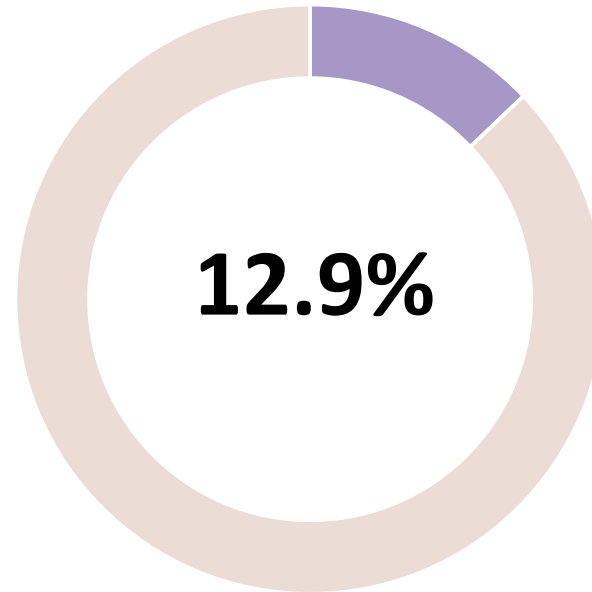
**Overall fewer babies** are **dying from sudden unexpected death in infancy (SUDI)** in NSW, but the proportion of **Aboriginal babies dying from SUDI** has **increased**  
*(2016 NSW Ombudsman)*

# MNCLHD Data (2020/2021)

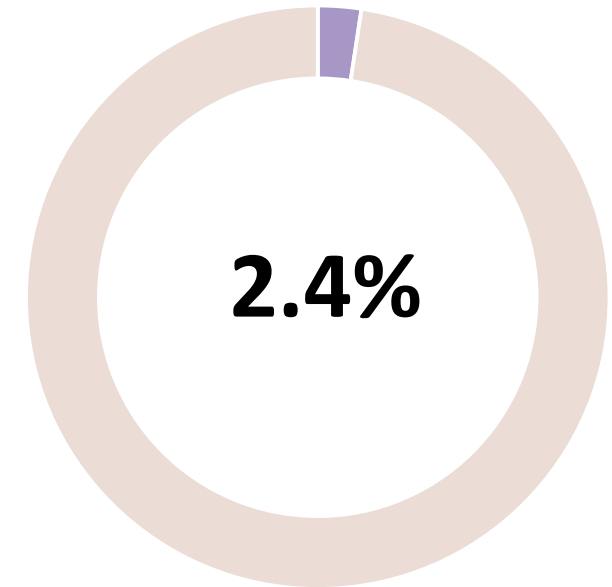
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**pregnant women have a BMI over 30 at the beginning of their pregnancy**



**pregnant women develop gestational diabetes**



**women reported consuming alcohol during their pregnancy**

# Get Healthy Service (GHS)

GHS is a FREE NSW Health funded telephone coaching service

Available to NSW residents ages 16 years and over

Access to 10-13 free phone calls over a 6 month period

University-trained personal health coaches will guide, motivate and support individuals to set, reset and maintain their own healthy lifestyle goals



## Brief Intervention

### Information Only

Information booklet

One off advice by a health coach

Can enroll in coaching at any time

Standard Coaching

Get Healthy in  
Pregnancy

Type 2 Diabetes  
Prevention Program

Aboriginal Program

Alcohol Reduction  
Program

Chinese Coaching

### Coaching Programs

Information booklet and health journal

10-13 free coaching sessions over 6 months

Personal health coach

Set own goals

Option to re-enroll for coaching or get six months of SMS based coaching

# Get Healthy Service Website Videos

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[Get Healthy: General Self Referral - YouTube](#)



[Get Healthy in Pregnancy - YouTube](#)

# Get Healthy in Pregnancy Service (GHiPs)



Eat healthily



Get active and stay active



Achieve a healthy weight gain in pregnancy



Drink no alcohol

# GHiPs



10-13 confidential health coaching calls



Free information package including a journal booklet to help track goals and actions



# GHiPs Website Resources

get healthy in pregnancy

Simply call **1300 806 258**  
www.gethealthynsw.com.au

**FREE**  
HEALTH COACHING SERVICE

## Weight Gain During Pregnancy

**WHY IS MANAGING YOUR WEIGHT GAIN DURING PREGNANCY IMPORTANT?**

It is important for your health and for the health of your baby to eat well and stay active during pregnancy. Too much or too little weight gain during pregnancy can place you and your baby at risk of complications during the pregnancy, at birth and later in life.

**How much weight should I put on during pregnancy?**

- This depends on your body mass index (BMI) before you were pregnant.
- Your BMI is calculated by dividing your weight (kg) by your height (m) squared. An online calculator is available at [www.gethealthynsw.com.au](http://www.gethealthynsw.com.au)
- Your doctor or midwife can also help you estimate your pre-pregnancy BMI.
- If you have a higher pre-pregnancy BMI, you won't need to gain much weight during your pregnancy as you will already have the energy reserves needed for pregnancy and breastfeeding.

**WEIGHT GAIN GUIDE:**

**SINGLE PREGNANCIES**

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**MULTIPLE PREGNANCIES**

If you are having more than one baby (e.g. twins or triplets), you will need to gain more weight than if you were only having one baby.

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Source: RANZCOG (2013) *College Statement on the Management of Obesity in Pregnancy*

Weight (kg)  
Height (m)<sup>2</sup>  
= Body mass index (BMI)

**There is no need to 'eat for two'**

get healthy in pregnancy

Simply call **1300 806 258**  
www.gethealthynsw.com.au

**FREE**  
HEALTH COACHING SERVICE

## Healthy Eating During Pregnancy

Healthy eating is especially important during pregnancy - for your own wellbeing, as well as your baby's. Eating 'unhealthy' foods, such as those high in fat and sugar, may cause your unborn baby to develop a preference for these foods during childhood and later life.

Eating healthy during pregnancy often just means changing the amount of different foods you eat so that your diet is varied and nutritious.

**MYTHS**

**Myth: I need to start 'eating for two'.**

There is no need to 'eat for two' during pregnancy.

- During the first 3 months of your pregnancy you do not need to eat any more than before you were pregnant.
- After the first 3 months you may need to slightly increase the amount you eat, for example an extra piece of fruit each day.
- The amount of food you need to eat will depend on your weight before pregnancy and how active you are.
- While you may not need to start eating 'more' it is important to eat more nutritious food throughout your pregnancy.

**Myth: Cravings are a sign of what the baby needs.**

Some women experience cravings for certain foods during pregnancy. There is no evidence that cravings are a sign that the baby needs certain foods.

- Try keeping your cravings in check: limiting the quantities of foods which are high in fat or sugar and make sure your baby is getting the nutrients they need.
- Listen to your hunger cues and try to only eat if you're actually hungry.

**WHAT SHOULD YOU EAT DURING PREGNANCY?**

Similar to when you are not pregnant, a healthy diet is one which includes foods from each of the five food groups below. A healthy diet also includes plenty of water and limiting 'extra' foods such as chips, chocolate and sugary drinks.

Recommended serves per day during pregnancy:

Food group	Serves/day
Vegetables and legumes/beans	5
Fruits	2
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties	8.5
Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans	3.5
Milk, yoghurt, cheese and/or alternatives, mostly reduced fat	2.5

Source: Australian Dietary Guidelines (2013) *National Health and Medical Research Council (NHMRC)*

**There is no need to 'eat for two'**

get healthy in pregnancy

Simply call **1300 806 258**  
www.gethealthynsw.com.au

**FREE**  
HEALTH COACHING SERVICE

## Physical Activity During Pregnancy

Staying active is a great way to maintain a healthy weight during pregnancy. As long as it is at a level at which you are comfortable, exercise will not harm your baby and can actually help you to cope with pregnancy and childbirth.

Exercise can help to combat some of the common complaints of pregnancy, including:

- tiredness
- varicose veins
- swollen feet and ankles

**Benefits of being active during pregnancy include:**

- Better sleep
- Less lower back pain
- Less nausea and heartburn
- Better bowel habits
- More energy
- Feel less stressed or anxiety
- An easier labour
- Easier to return to your pre-pregnancy fitness and weight

**MOST EXERCISES ARE SAFE AS LONG AS YOU:**

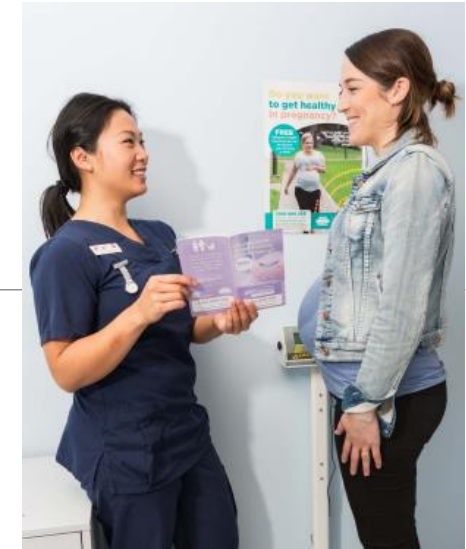
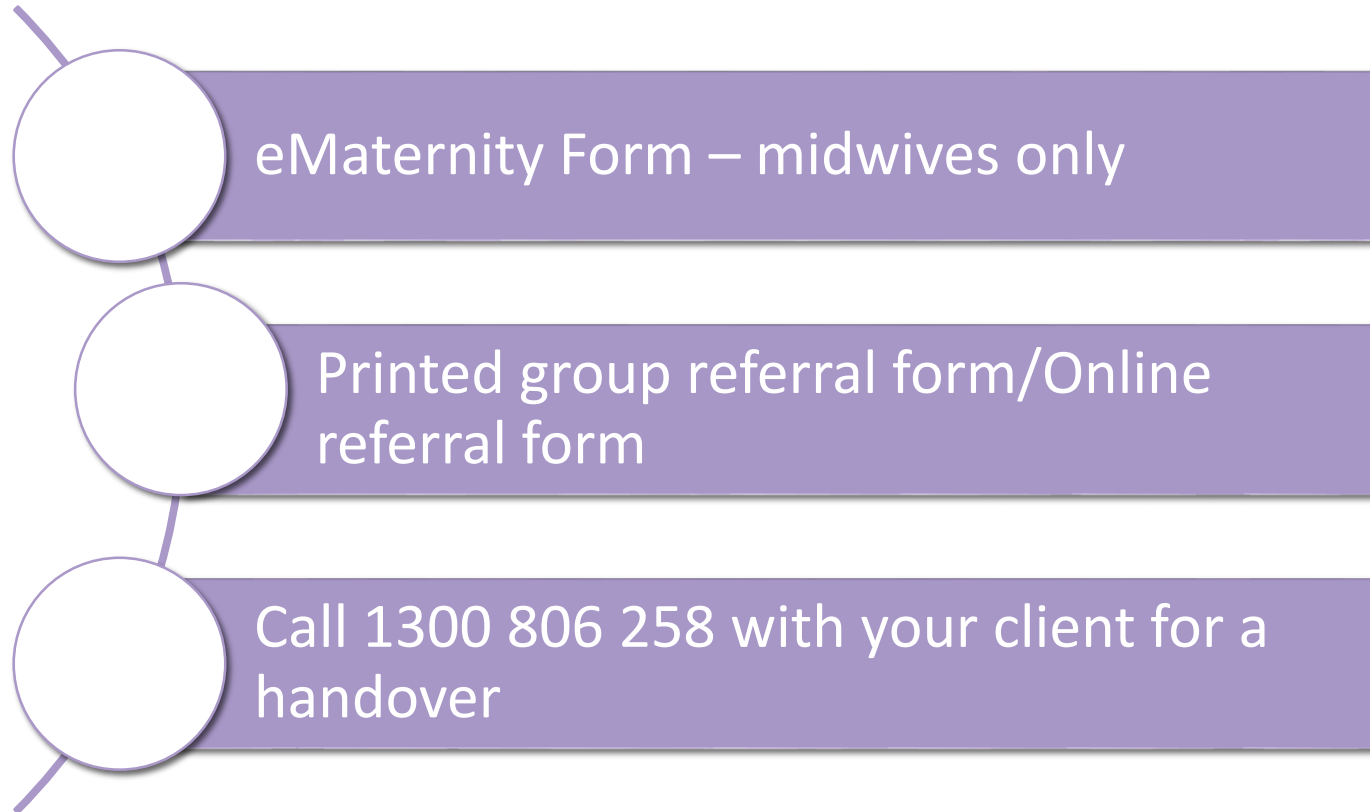
- Take things easy
- Stop when you are tired
- Drink plenty of water and take care not to overheat
- Wear suitable clothing
- Remember to 'warm up' and 'cool down' to prevent injury
- Stop the activity if you experience any pain that doesn't settle quickly

If you're doing an exercise class, make sure your teacher is qualified and let them know you're pregnant.




It's a good idea to talk to your *Get Healthy in Pregnancy* Service health coach and your doctor or midwife to make sure there are no health problems which might prevent you from being active during your pregnancy.

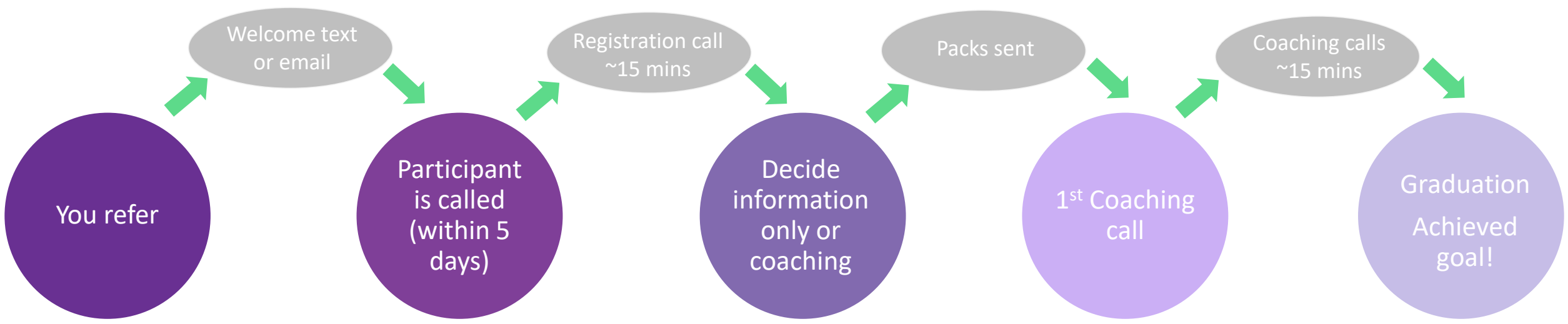
**Walking and swimming are ideal. Aim to get in 30 minutes of moderate exercise most days.**

# Referral to GHiPs

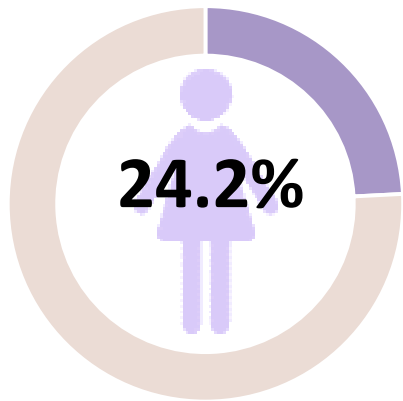


## Who can refer:

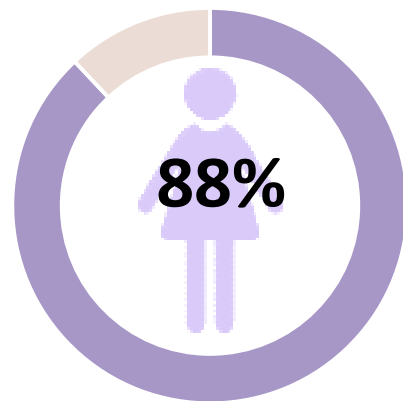
-  GPs
-  Health professionals
-  Self-referral



# Healthy Pregnancy Data – (2020/2021)



**Women referred to GHiPs at antenatal booking in appointment**

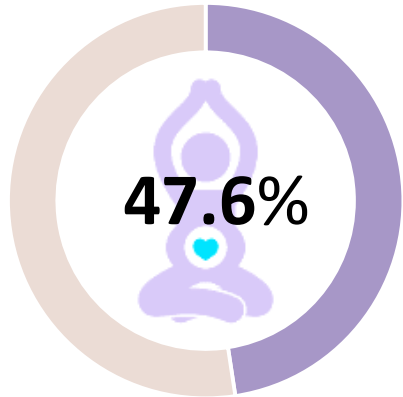


**GHiP referrals account for 88% of all GHS referrals**



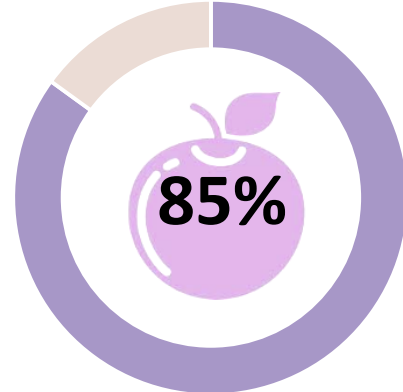
# GHiPs – Behavioural Outcomes (2020/2021)

## PHYSICAL ACTIVITY



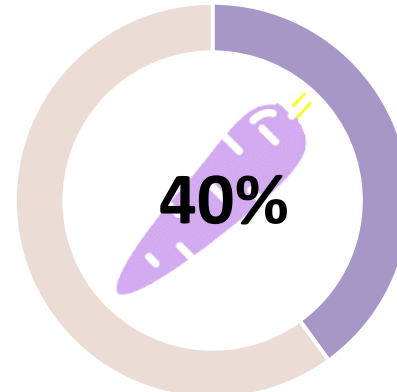
**% GHiP Participants meeting recommended physical activity levels**

## FRUIT INTAKE



**% GHiP Participants meeting recommended fruit intake**

## VEGETABLE INTAKE



**% GHiP Participants meeting recommended vegetable intake**



# HEALTHY PREGNANCY JOURNEY

When should we intervene and how?

## PRE-CONCEPTION

Sally is 30 year old woman. She's within a healthy weight range and exercises occasionally.



1

## CONCEPTION

Sally and her partner are expecting their first baby.

2



## 1ST ANTENATAL BOOKING

Sally is still within a healthy weight range

3

## NEXT BOOKING IN APPOINTMENTS

At her subsequent visits, Sally's midwife notes that she's over a healthy weight and has developed GDM and high blood pressure



4

## AT BIRTH

Sally has given birth to a girl who's above a healthy birthweight, and also has complications at birth



5

## POST-NATAL

Sally has retained her pregnancy weight and her now 2 year old baby girl is tracking just below the 85th percentile



6

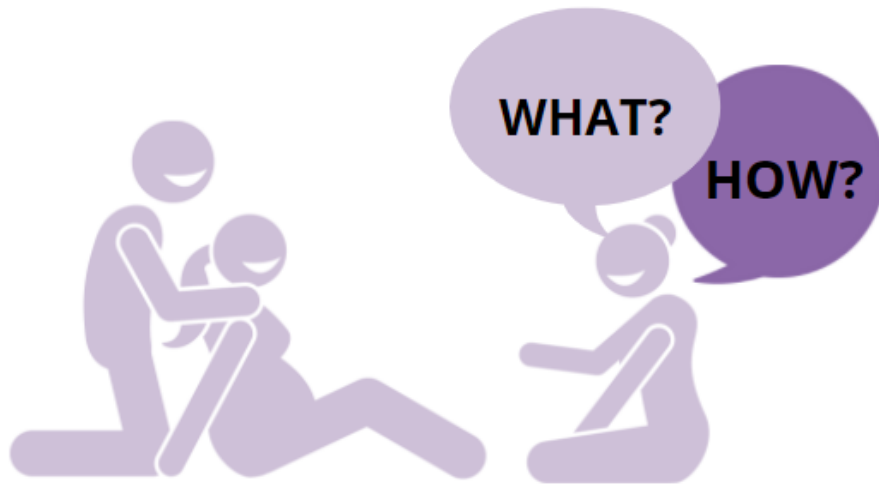
## PRESENT

Sally and her partner are expecting Baby #2 and are scheduled for their 1st antenatal booking in appointment



# How can you support?

## STARTING A HEALTHY CONVERSATION



### SOCIAL DETERMINANTS OF HEALTH

Being aware of your patients world and the barriers that may prevent them from living healthy lifestyles

### H.C.S RESPONSE STYLES

Using "Open Discovery" questions to explore an individual to explore their own world/context, find the solutions from within & plan to make a change.

### 4 As

Assess: offer to weigh pregnant women and calculate BMI

Advise: Use weight gain in pregnancy tracker to show she's tracking

Assist: Start a conversation about maintaining a healthy gestational weight gain

Arrange: Arrange a primary preventive program such as GHIP and offer a referral to ALL pregnant women regardless of BMI

### HCT PHILOSOPHIES

- People come to us with solutions
- You're not responsible for the choices people make
- Being given information alone does not make people change
- It is not possible to persuade people to change their habits

### Assist patients in making a SMARTER PLAN

Specific  
Measurable  
Achievable  
Realistic  
Time  
Evaluate  
Review

## 4 As

**Assess:** offer to weigh pregnant women and calculate BMI

**Advise:** Use weight gain in pregnancy tracker to show she's tracking

**Assist:** Start a conversation about maintaining a healthy gestational weight gain

**Arrange:** Arrange a primary preventive program such as GHiP and offer a referral to ALL pregnant women regardless of BMI

GP and/or other health professionals could refer Sarah and partner to GHS

# HEALTHY PREGNANCY JOURNEY

## When should we intervene and how?

### CONTINUITY OF CARE

GHiP will help for up to 6 weeks. Sally can then join the regular GHS



### START A HEALTHY CONVERSATION

Helping pregnant women come up with their own solutions. Use prompts and open discovery questions



### FIRST ANTENATAL BOOKING IN APPOINTMENT

Having a discussion with Sally about the benefits of maintaining a healthy gestational weight and the available support services. Offer a GHiP referral



### CONTINUITY OF CARE

Continue the discussion to check on pregnant woman's progress



PICNIC will help Sally and her partner access to FREE early feeding practice resources and peer education program for parents of children 0-2 years.

### POST-NATAL

Sally can continue onto the GHS to help her return to her pre-pregnancy weight and also enrol into the Type 2 diabetes tailored program which will help her reduce the risk of getting GDM again



