

Strategy 1.3: Plan and undertake research

Get Healthy in Pregnancy

In 2013, the NSW Office of Preventive Health collaborated with the Office of Kids and Families (formerly NSW Kids and Families) to develop an enhancement for the NSW Get Healthy Information and Coaching Service (GHS). Get Healthy in Pregnancy (GHiP) was designed to support pregnant women to achieve healthy gestational weight gain and to support women to adopt or maintain healthy lifestyle behaviours post birth. The service aimed to contribute to the NSW Premier's Priority in 2015–2019 for reducing obesity rates of children by five percentage points by 2025.

To test the effectiveness and acceptability of GHiP, the service was piloted in the antenatal clinics of three rural and two metropolitan NSW hospitals from September 2014 to October 2015 using a pragmatic cluster randomised trial model.

Hospitals were randomised into one of two intervention models: a) information only; or b) information plus 10 telephone-based health coaching sessions with a university qualified coach. In-depth qualitative interviews were held with a selection of participating women, health professionals involved in the trial including midwives and medical practitioners, and the health coaches.

Despite high rates of women lost to follow up in the trial, there was evidence of a positive effect on healthy gestational weight gain among women completing the GHiP service compared with those receiving information only.

Qualitative feedback from participating women, health professionals and coaches was positive about the service. Women found GHiP to be useful and supportive. Midwives and doctors said that it facilitated conversations about weight with pregnant women. No negative consequences of the Get Healthy in Pregnancy service were identified and it was determined that there was reasonable evidence to support its phased roll-out across NSW antenatal clinics. This planning and undertaking research was a demonstration of *Population Health Research Strategy 1.3 (Plan and undertake research)*.

The GHiP service was established and implemented in 2016 as part of the GHS. Feedback obtained from key stakeholders through qualitative interviews was vital in understanding the considerations and opportunities for improvement, ensuring the statewide implementation was successful. Recommendations that were addressed prior to implementation included:

- improving promotional materials, brochures, and videos used for targeted advertising
- changing the service delivery model to offer more flexibility
- developing interactive tools to assist women to stay on track including an interactive [weight gain calculator](#), and integrated resources
- offering bi-lingual service currently offered in Mandarin and Chinese
- providing coach training for identified clinical needs areas.

Service delivery initiatives to enhance engagement with Aboriginal women included the introduction of a female Aboriginal liaison officer, cultural sensitivity training for all coaches, and the development of culturally adapted resources.

Ongoing monitoring, evaluation and reporting is provided on the GHiP service to researchers, local health districts and policy advisors. The service also provides expert advice in the area of gestational weight gain and health coaching outcomes in the maternal health space.

GHiP is now available with maternity services in all 74 public hospitals and 47 Aboriginal Maternal Infant Health Services (AMIHS) and Building Strong Foundations (BSF) sites in NSW. Local health districts have KPI measures for GHiP referrals to further promote GHiP within the public hospital system in the 19/20 financial year.

Further reading

Clements V, Leung K, Khanal S, Raymond J, Maxwell M, Rissel C. Pragmatic cluster randomised trial of a free telephone-based health coaching program to support women in managing weight gain during pregnancy: the Get Healthy in Pregnancy Trial. *BMC Health Serv Res* 2016; 16(1): 454.

Rissel C, Khanal S, Raymond J, Clements V, Leung K, Nicholl M. Piloting a telephone based health coaching program for pregnant women: a mixed methods study. *Matern Child Health J* 2019; 23(3): 307-15.