

weight management in pregnancy and postpartum among women across the province. The main objective of this project's evaluation was to examine changes in women's knowledge, attitudes and behaviours towards weight gain, physical activity and nutrition during pregnancy, before and 18 months following the dissemination of provincial HPWG resources based on Health Canada's gestational weight gain guidelines.

**Methods:** A cross-section of women up to 6 months postpartum was recruited during their 'Well Child' vaccination visits in Community Health Clinics and through Primary Care Networks across the province. Online and paper surveys including both quantitative and qualitative questions were launched in the Fall of 2012 at Time1 (T1) and in the Spring of 2014 at Time2 (T2). Quantitative data were analysed using IBM SPSS Version 19. Open-ended responses were coded and categorized to saturation using Microsoft Excel 2007.

**Results:** The evaluation examined changes between T1(n=737) and T2(n=997) in women's knowledge about healthy pregnancy weight gain, access to resources and discussion with their HCPs, as well as their attitudes and behaviours in terms of staying within the recommended weight range.

**Conclusion:** Findings will inform future strategies to address healthy weight management in pregnancy and postpartum by identifying more effective means to improve the health care providers' capacities to support women in this regard.

#### P10.02

##### **The Healthy Pregnancy Strategy: Tackling Obesity As It Gestates**

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**Objective:** To decrease obesity in our community by decreasing prenatal obesity and excessive prenatal weight gain in our pregnant women.

**Background:** It is well documented that obesity in pregnancy and excessive prenatal weight gain lead to an increased risk of a wide variety of maternal and neonatal events. Babies of obese mothers go on to have higher rates of obesity as children and adults. Our group believes that pregnancy is an ideal time to intervene in unhealthy lifestyles and empower women to change themselves and their families. With supportive, non-shaming interventions that think outside the box, we can decrease local prenatal obesity and excessive prenatal weight gain. This in turn will decrease obesity in these women's babies, families, and future generations.

##### **Methods:**

1. Educate our local health care providers around healthy prenatal weight gain and early identification of women at higher risk

2. Establish a common, broad based set of prenatal information & resources that every pregnant woman in our area can easily access
3. Trial a monthly "Community Healthy Pregnancy Open House" (grant pending)
4. Work with our Public Health Unit on establishing a local pre-conception screening program

**Evaluation and Outcomes:** We will follow the weight gain and body mass indexes (BMIs) of our pregnant women and their birth outcomes, comparing women involved in our Healthy Pregnancy Strategy to women who are not. We will look for trends in adverse outcomes, in lasting lifestyle changes, and in the health of their families and future pregnancies. Our findings will then inform future interventions.

#### P10.03

##### **Insight into Knowledge, Attitude and Behaviour Change of Healthcare Providers after the Adoption of Provincial Healthy Pregnancy Weight Gain Resources**

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**Objective:** The Healthy Pregnancy Weight Gain (HPWG) project was developed to increase healthcare providers (HCPs) and pregnant women's awareness of pregnancy guidelines related to gestational weight gain, as well as increase HCPs' capacity to support pregnant women in achieving healthy weight gain, healthy dietary intake and regular physical activity within Alberta. The evaluation compares the knowledge, attitude and behaviours of HCPs regarding HPWG before and 18 months following distribution of provincial resources.

**Methods:** HCPs were recruited to complete an online survey through a variety of methods including professional newsletters and provincial websites. The surveys included both quantitative and qualitative questions and were launched using Select Survey. NET in the Fall of 2012 at Time1 (T1) and in the Spring of 2014 at Time2 (T2). Paper surveys were also available at T1. Quantitative data were analysed using IBM SPSS Version 19. Open-ended responses were coded and categorized to saturation using Microsoft Excel 2007.

**Results:** One hundred and ninety-three HCPs completed the survey in T1 and 385 completed in T2. Independent samples of provincial HCPs including general practitioners, family physicians, midwives, nurses, obstetricians and gynecologists, dietitians and prenatal educators participated. The evaluation focused on the changes in resource familiarity, self-report practice changes in terms of having discussions and sharing resources with pregnant women and a self-assessment of capacity to support women to achieve a healthy gestational weight gain.

**Conclusion:** The results summarize the trends and perspectives of HCPs when addressing weight management during pregnancy. These findings will inform future HPWG strategies.