



Midterm Report – Section B

HDHL-INTIMIC non-cofunded call “Prevention of unhealthy weight gain and obesity during crucial phases throughout the lifespan (PREPHOBES)”

draft: 05.05.2022

Project title: **Prevention of unhealthy weight gain in families in pregnancy and postpartum using an mHealth-enhanced intervention**

Acronym: I-PREGNO

Project duration (start date – end date): from 01.04.2021 to 31.03.2024

Project coordinator: University of Graz

Reporting period: from 01.04.2021 to 01.10.2022

Date of the report: 30.09.2022

Answers should be concise. Please use bullet points if necessary.

1. Project approach

- Does the research methodology focus on system evaluation approach? yes no

If yes, please specify:

- Does the research include citizen science approaches? yes no

If yes, please specify:

2. Stakeholder involvement

- Describe the engagement of the stakeholder(s) before and during the project and the planned dissemination/implementation activities and decision making within their/other organisations.

- Are consumer/patient organisations actively involved in the project? yes no

If yes, specify who and how. The project is consulting with both the German and Austrian societies for nutrition (DGE and ÖGE). They helped us guide towards material of theirs that could be useful for I-PREGNO. The counselling intervention consists of five key messages. Important parts of these messages were adapted from materials by DGE and ÖGE. The manual for participants also contains elements from DGE and ÖGE materials, e.g. facts about nutrition (in general and during pregnancy), information about breastfeeding and appropriate food for young children, as well as recommendations regarding physical activity. Additionally, both societies are part of the advisory board and as such discussed recruitment strategies with us.

3. Target groups

- On which target group(s) is the project focussing? Briefly describe the profile of the population (transition period, critical life event,...).

WP1: For the focus group study we included: healthy women and men older than 18 years old, of any BMI and from any socio-economic status expecting their first child or having a first child less than 1 year old. People with a condition that may influence their energy balance related behavior (e.g., diabetes, preeclampsia etc.), with significant psychiatric disorder, with history of a bariatric surgery, with requirements for complex medical diets, who are – because of medical or other specific reasons – not allowed to exercise (e.g., bed-rest), women having had a multiple pregnancy (twin, triplet,...) or people with more than one child cannot participate. Focus groups in preparation for the interventions included two groups of stakeholders: 1. Mothers with young children, with elevated psychosocial burden, part of them clients of a counselling centre. 2. Professionals from Germany's early prevention system, who conduct home-visiting programs for young parents with a need for support. In the RCT in Germany: Parents (both primary and secondary caregiver) whose child is between 0 and 12 months old at the start of the study and who are psychosocially burdened in at least one way (e.g. poverty risk, social isolation) will be included. In the RCT in Austria, we will include expecting parents (mostly in the second trimester of pregnancy when recruited for the study) and who are of low socio-economic status (e.g. on state benefit, low education, single parent (to-be)).

- Which moderators of effects (e.g. age, sex, gender, ethnic or other demographic features/differences) are considered and how? Effect modification by gender (effect for fathers vs mothers) and by psychological burden will be assessed. Since all participants are of relatively low socio-economic status, modification by this factor will not be assessed. The fast

majority of participants in Austria will be Caucasian, and assessing modification by ethnicity will not be feasible. If in Germany the sample is more mixed, this factor will be considered.