

Developing Collaborations: One Investigator's Perspective

Applying “The Who, Why, When, What, Where, and How” to Clinical Research

Obesity prevention and
treatment

Topic of interest

Developing Collaborations: One Investigator's Perspective

Obesity prevention and
treatment

Who?

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Obesity prevention and
treatment for women

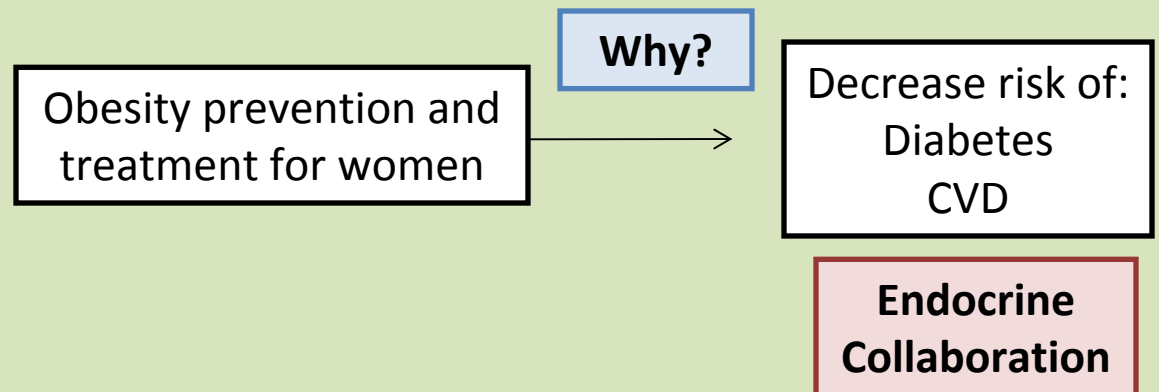
Who?

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Obesity prevention and
treatment for women

Why?

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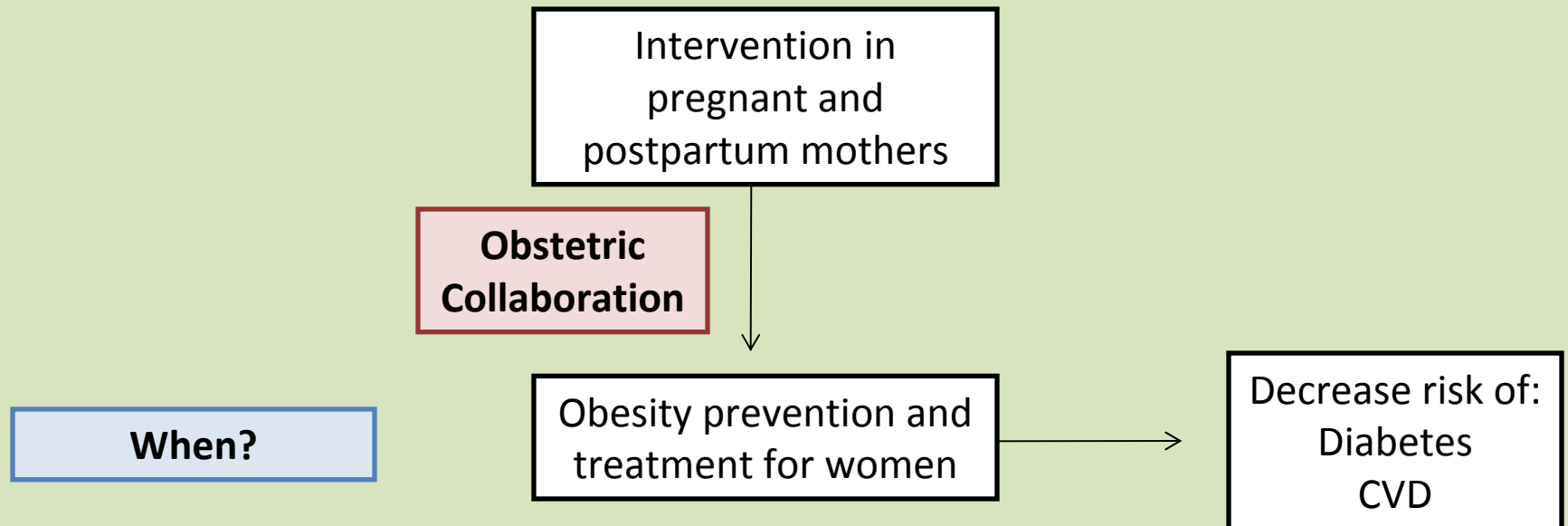
When?

Obesity prevention and
treatment for women

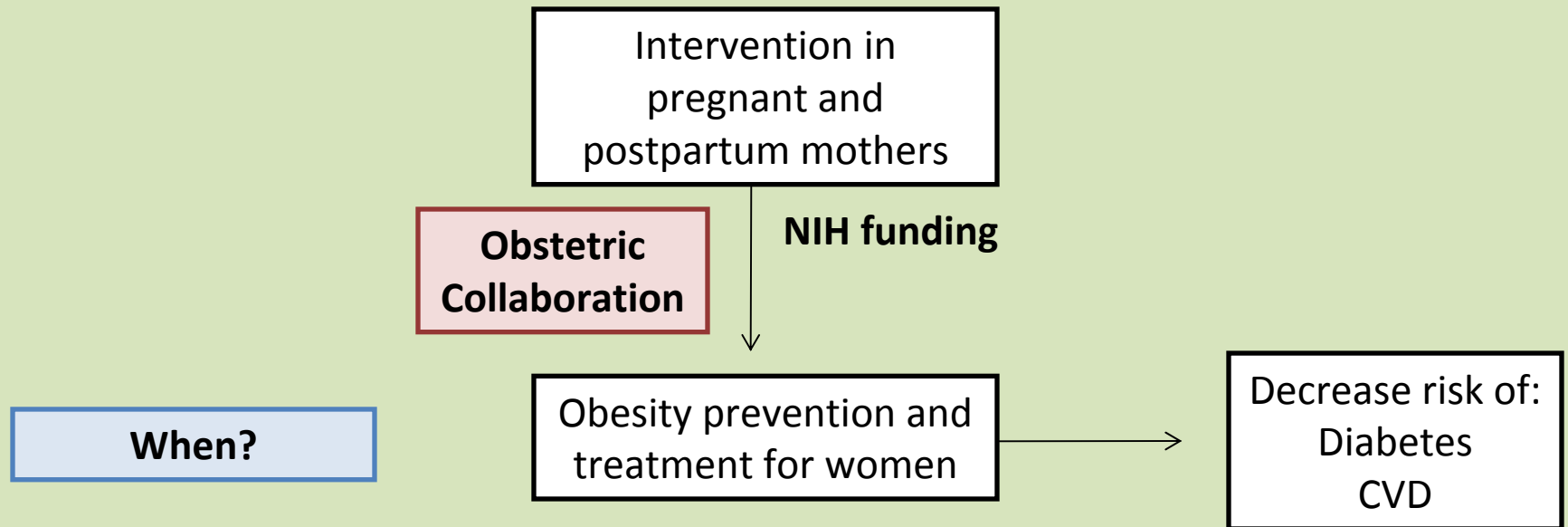


Decrease risk of:
Diabetes
CVD

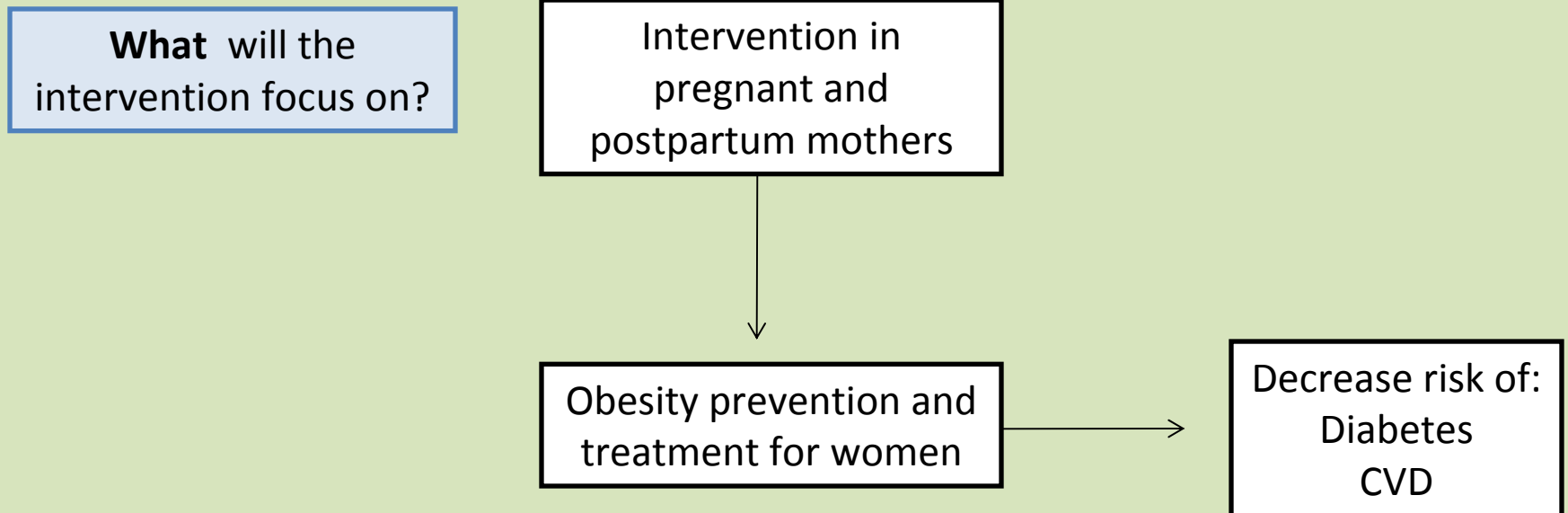
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Public Health Collaboration

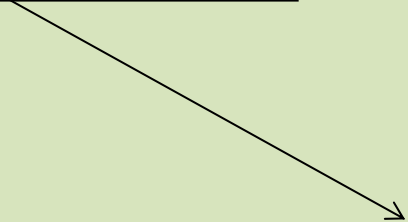
Prospective observational study to identify intervention targets

What will the intervention focus on?

Intervention in pregnant and postpartum mothers

Obesity prevention and treatment for women

Decrease risk of:
Diabetes
CVD



Public Health Collaboration

Prospective observational study to identify intervention targets

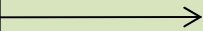
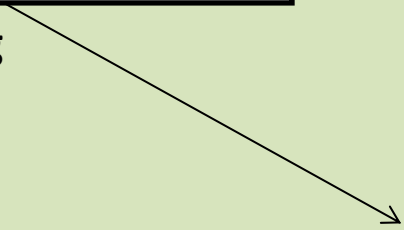
DOM funding

What will the intervention focus on?

Intervention in pregnant and postpartum mothers

Obesity prevention and treatment for women

Decrease risk of:
Diabetes
CVD



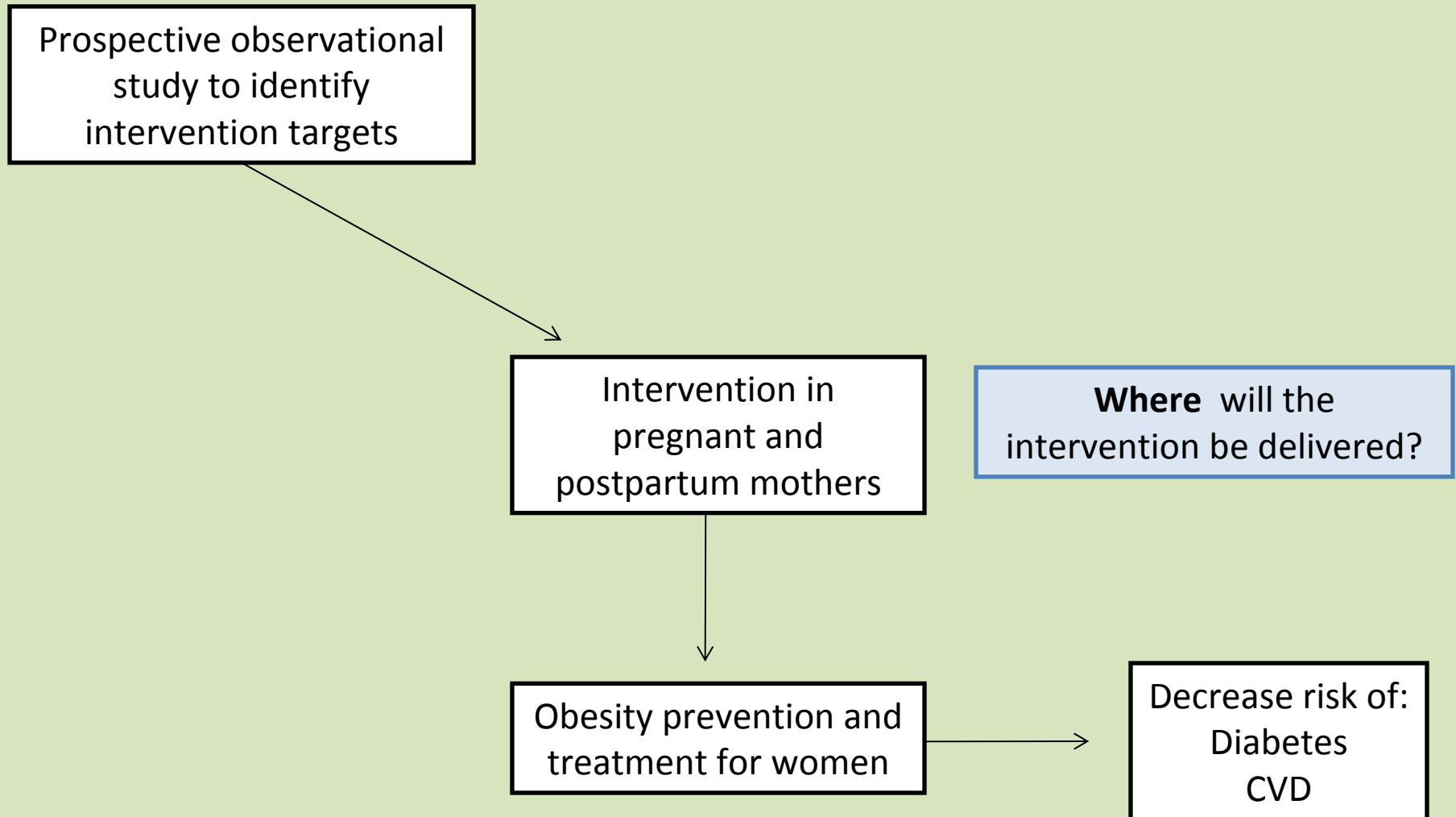
Multivariable associations of modifiable and non-modifiable factors with excessive gestational weight gain (GWG)

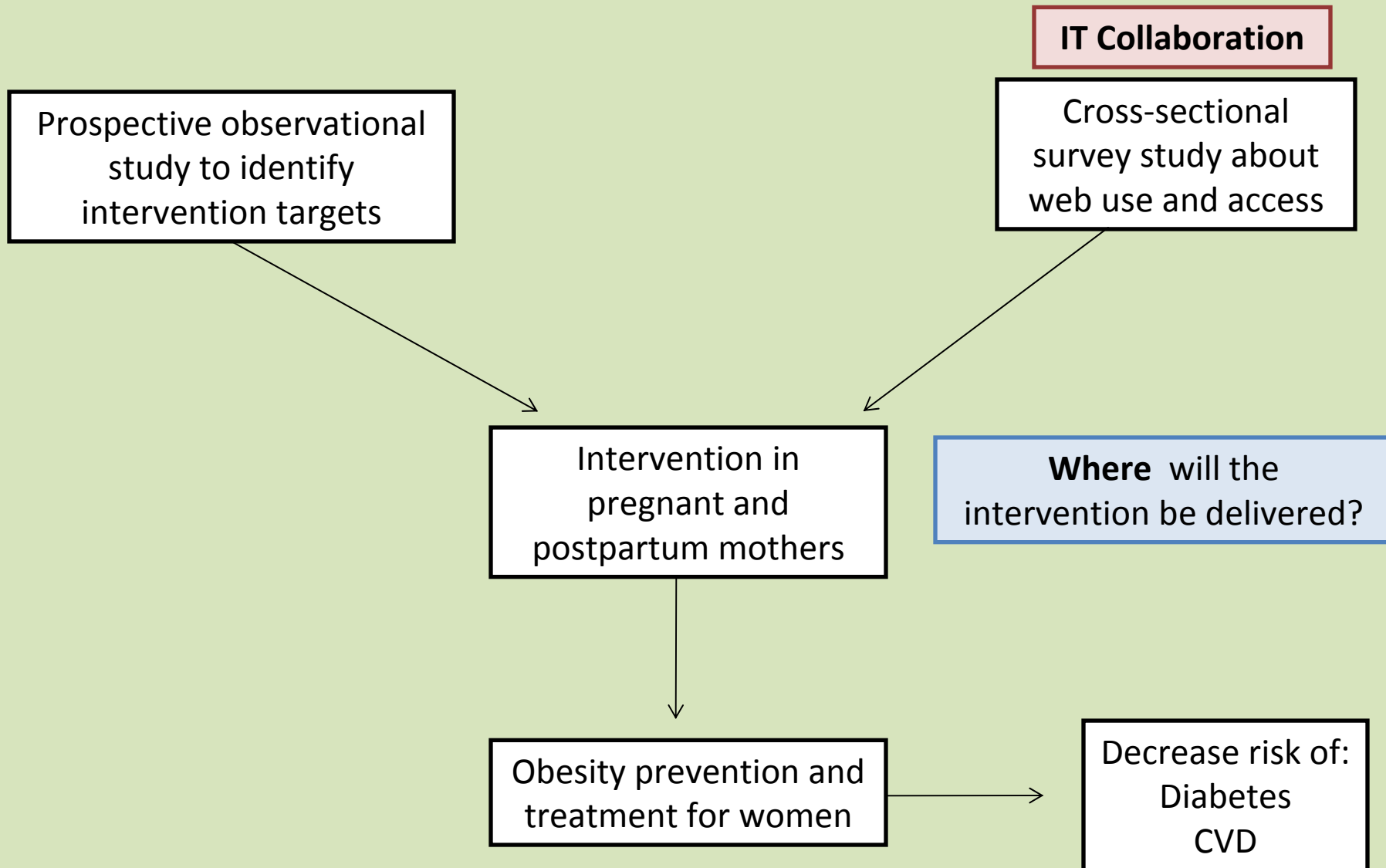
	Adjusted odds of excessive GWG* [Odds Ratio (95% Confidence Interval)]
Early pregnancy BMI category	
$\geq 25 \text{ kg/m}^2$	4.20 (1.43, 12.34)
$< 25 \text{ kg/m}^2$	Referent
Parity before index birth	
Nulliparous	3.35 (1.17, 9.62)
Multiparous	Referent
Provider advice about GWG	
Advice discordant with IOM guidelines	5.88 (1.04, 33.32)
Advice concordant with IOM guidelines	Referent
No advice	0.83 (0.25, 2.79)
Television viewing	
< 2 hours/day	0.18 (0.03, 1.03)
≥ 2 hours/day	Referent
Physical activity	
Active [†]	0.35 (0.11, 1.09)
Limited to no activity	Referent

*Additionally adjusted for gestational age at delivery.

†Active defined as participation in light to moderate intensity physical activity, 30 or more minutes per day, 5 or more times per week.

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IT Collaboration

Prospective observational study to identify intervention targets

Cross-sectional survey study about web use and access

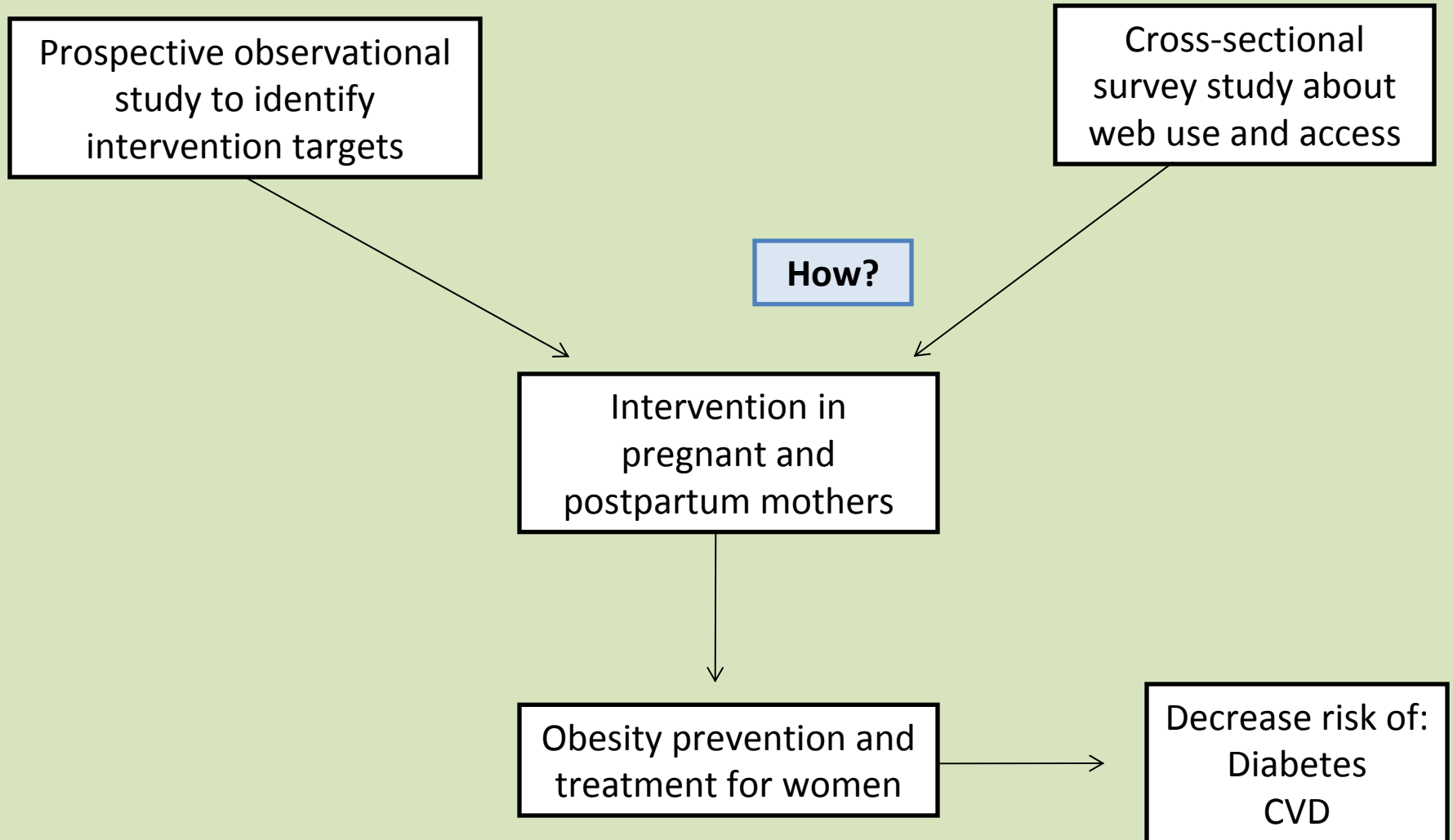
Intervention in pregnant and postpartum mothers

Where will the intervention be delivered?

Obesity prevention and treatment for women

Decrease risk of:
Diabetes
CVD

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Social Science Collaboration

Prospective observational study to identify intervention targets

Qualitative study to identify social-contextual factors that may modify an intervention's effect

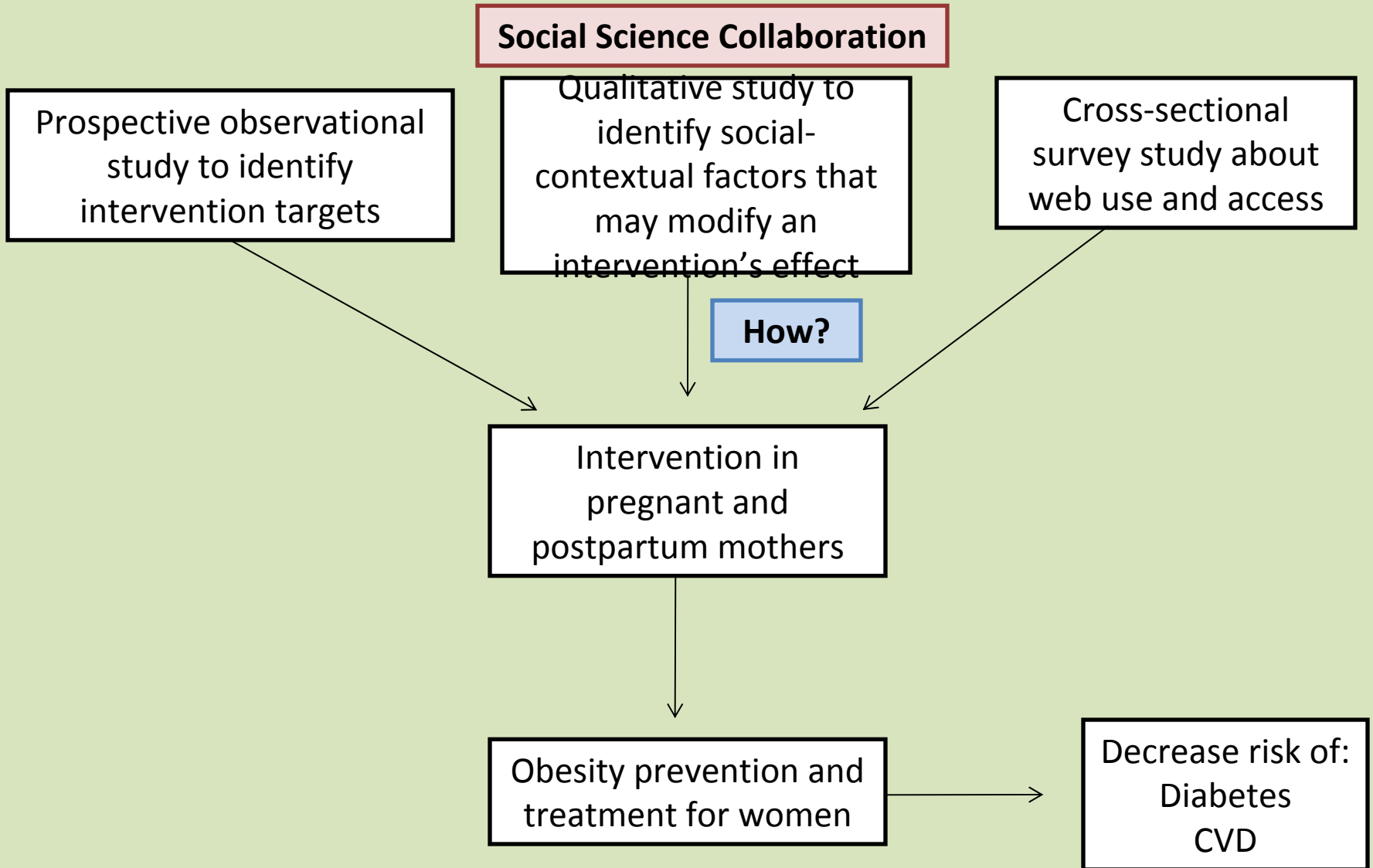
Cross-sectional survey study about web use and access

How?

Intervention in pregnant and postpartum mothers

Obesity prevention and treatment for women

Decrease risk of:
Diabetes
CVD



Perceptions of Low-Income African-American Mothers About Excessive Gestational Weight Gain

Sharon J. Herring · Tasmia Q. Henry ·
Alicia A. Klotz · Gary D. Foster · Robert C. Whitaker

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Abstract A rising number of low-income African-American mothers gain more weight in pregnancy than is recommended, placing them at risk for poor maternal and fetal health outcomes. Little is known about the perceptions of mothers in this population that may influence excessive gestational weight gain. In 2010–2011, we conducted 4 focus groups with 31 low-income, pregnant African-Americans in Philadelphia. Two readers independently coded the focus group transcripts to identify recurrent themes. We identified 9 themes around perceptions that encouraged or discouraged high gestational weight gain. Mothers attributed high weight

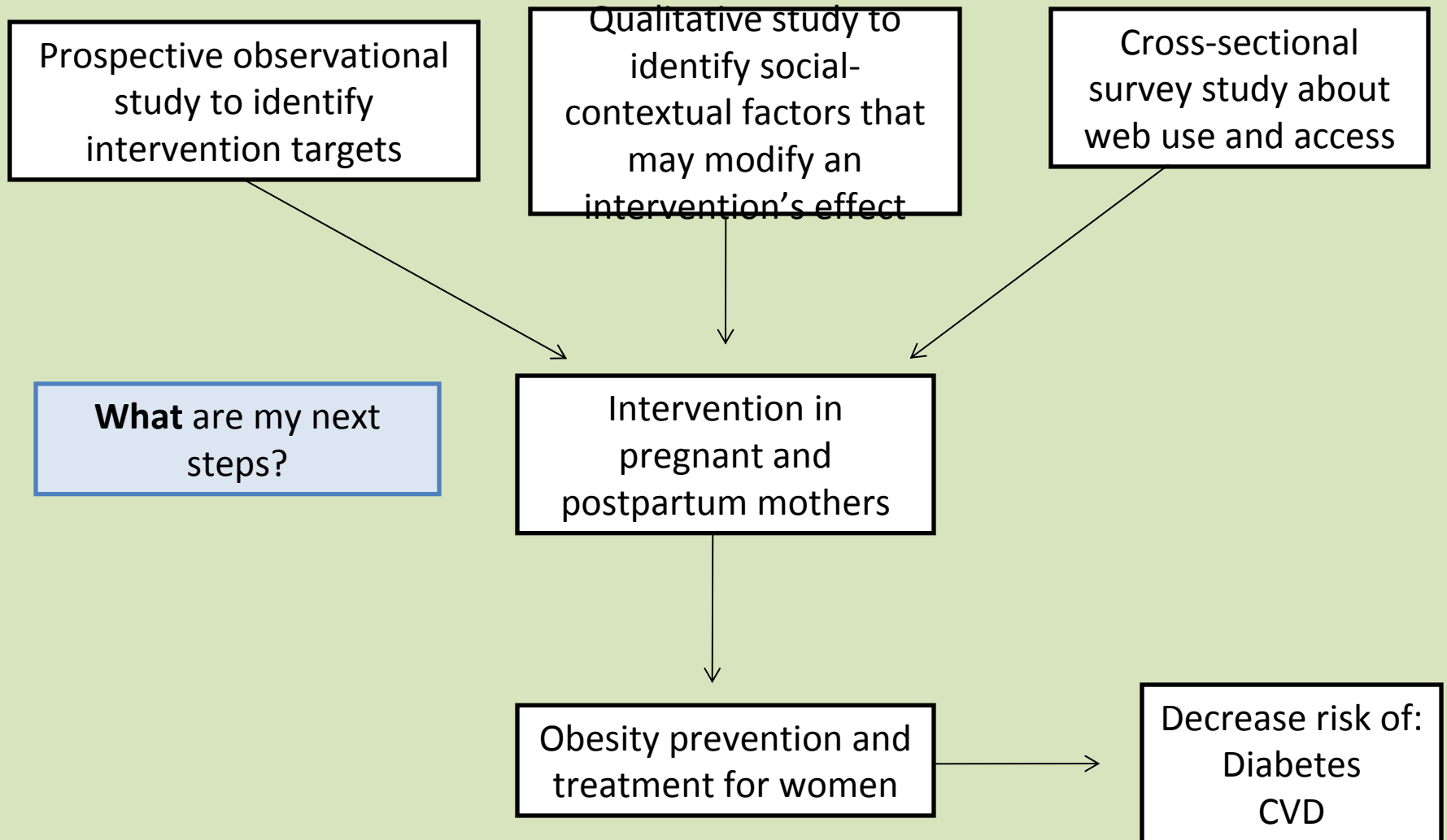
gain to eating more in pregnancy, which was the result of being hungrier and the belief that consuming more calories while pregnant was essential for babies' health. Family members, especially participants own mothers, strongly reinforced the need to “eat for two” to make a healthy baby. Mothers and their families recognized the link between poor fetal outcomes and low weight gains but not higher gains, and thus, most had a greater pre-occupation with too little food intake and weight gain rather than too much. Having physical symptoms from overeating and weight retention after previous pregnancies were factors that discouraged higher gains. Overall, low-income African-American mothers had more perceptions encouraging high gestational weight gain than discouraging it. Interventions to prevent excessive weight gain need to be sensitive to these perceptions. Messages that link guideline recommended weight gain to optimal infant outcomes and mothers' physical symptoms may be most effective for weight control.

This study was conducted in Philadelphia at Temple University.

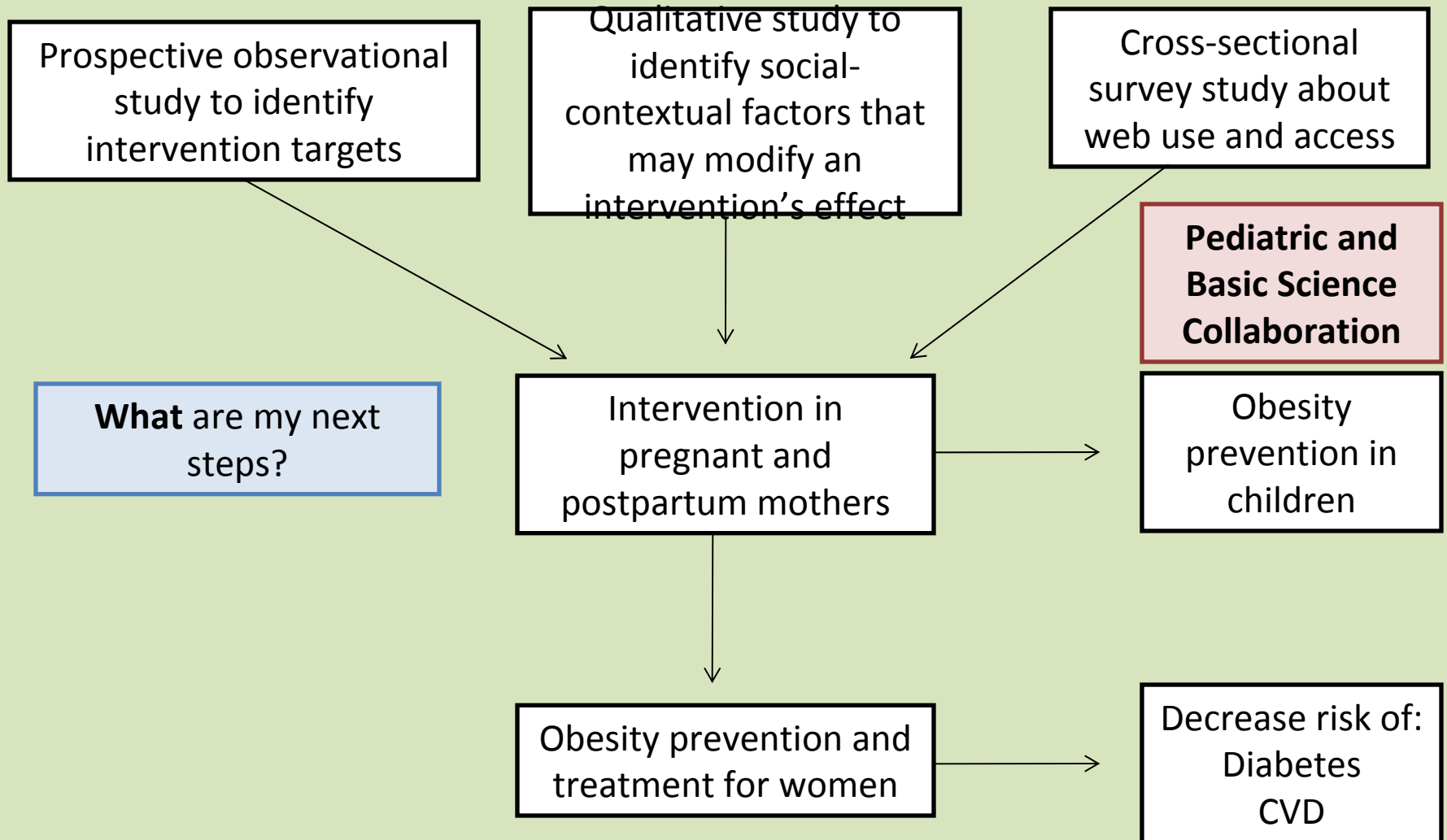
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A. A. Klotz

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Plans for continued multidisciplinary research

**Continuing collaborations
with Obstetrics,
Pediatrics, Basic and
Social Scientists, IT**

Intervention in pregnant
and postpartum mothers
and their children

Future NIH funding...

Obesity prevention and
treatment for women
and children

Who?