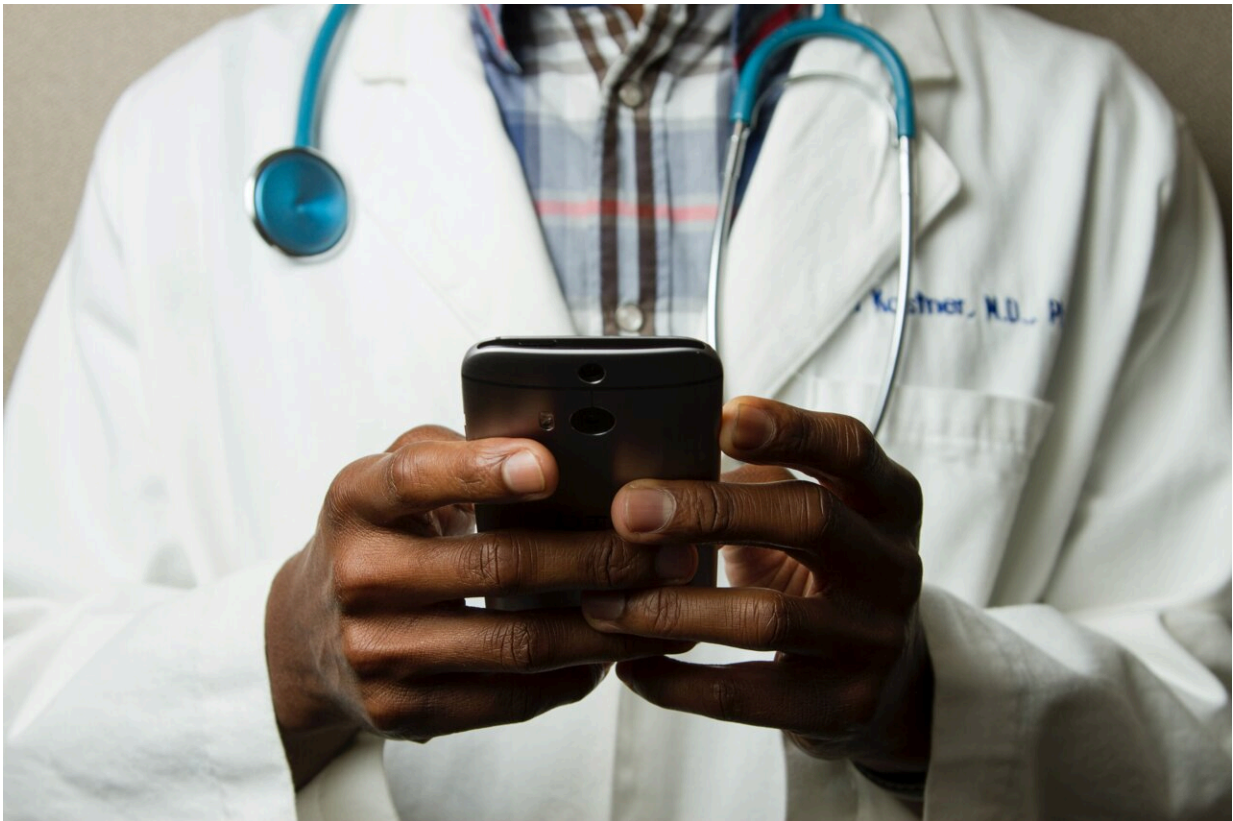


Telephone-based health coaching did not affect postpartum weight gain, finds study

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Gestational diabetes (GDM) and overweight during pregnancy are associated with increased risk for type 2 diabetes. Although postpartum weight loss can reduce diabetes risk, effective interventions are

lacking—especially for Latina populations, who experience higher than average rates of GDM, overweight and chronic diabetes.

In an effort to address this evidence gap, researchers from the University of California, San Francisco, tested a telephone-based [postpartum](#) health coaching [intervention](#) intended to improve postpartum weight loss among [low-income](#), Latina individuals. The intervention was unique in that it was bilingual (English/Spanish), designed to be feasible in a community-based setting and provided information and motivational support for both maternal and [infant health](#).

"There is an urgent need for culturally-tailored, patient-centered interventions to reduce [diabetes risk](#) among high-risk postpartum individuals," explained corresponding author Mara Murray Horwitz, MD, assistant professor of medicine at Boston University Chobanian & Avedisian School of Medicine, who led the analysis.

One hundred and eighty women with increased risk for obesity or [diabetes](#)—most of them Latina, Spanish-speaking, and low-income—were enrolled in this study. Half were assigned to standard care and the other half to five months of postpartum health coaching by telephone. Researchers collected information on their health and health-related behaviors via surveys at baseline (late pregnancy) and in follow-up (nine to 12 months postpartum).

The researchers found no statistically significant differences in postpartum weight change between the intervention and control groups. Additionally, they found no significant differences in the secondary outcomes of postpartum glycemic testing, adherence to diet and exercise recommendations, breastfeeding duration and self-rated health literacy.

While the health coaching intervention did not reduce postpartum weight gain in the overall sample, researchers found that it was potentially

beneficial among those who spoke English or who perceived their diabetes risk to be high. Furthermore, they found that participation in the intervention was fairly high across the sample (regardless of language), suggesting that telephone-based health coaching was acceptable in a group of predominantly low-income, Latina postpartum individuals.

According to the researchers, pregnancy is revealing in terms of a person's future health risks, and the year after pregnancy is an extremely challenging time to use the information gained to make healthy changes. "Even though postpartum individuals are open to telephone-based health coaching, unfortunately our intervention did not lead to better health outcomes. We need to continue to develop patient-centered health coaching interventions for the postpartum context," added Murray Horwitz, a primary care physician at Boston Medical Center.

The researchers recommend further research to determine if diabetes risk perception can be modified to support postpartum lifestyle interventions and to develop interventions that are effective for individuals with a language preference other than English.

These findings appear online in the *American Journal of Preventive Medicine*.

More information: Mara E. Murray Horwitz et al, The STAR-MAMA randomized controlled trial: bilingual mobile health coaching for postpartum weight loss, *American Journal of Preventive Medicine* (2023). [DOI: 10.1016/j.amepre.2023.03.021](https://doi.org/10.1016/j.amepre.2023.03.021)

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