

Work-package 2 Phase 1 LARC user Stakeholder Advisory Group (SAG) Information

The following slides and questions were provided to the LARC users to stimulate discussion:

1. Potential preconception WLI design options, including pros and cons of each and how each option mapped on to responses from LARC user surveys

Option 1 Respond to the 40% LARC users who think it could be acceptable	Option 2 Attend to the relatively even split in %	Option 3 Respond to the 30% of LARC users who think it is not acceptable
<ul style="list-style-type: none"> • Delay LARC removal • Improve some of the barriers: eg Skills training, give notice of the conversation, recognising individual women's circumstances 	<ul style="list-style-type: none"> • Offer delay but also include those who choose not to delay • Informed choice based on information re likelihood of weight loss pre-pregnancy 	<ul style="list-style-type: none"> • Population based intervention for women who have an idea they would like to get pregnant in the next 1-2 years.

Option 1 Delay LARC removal programme

Potential Benefits	Potential Risks
<ul style="list-style-type: none"> • It offers the best chance of losing weight before conception • It identifies a clear group of women of whom a significant percentage will be thinking about pregnancy • Informed choice/health promotion opportunity - It provides information to women on the risks of obesity in pregnancy even if the women choose not to take part • It is an opportunity to engage with women about weight management from the start of their pregnancy planning, through the early stages of pregnancy right until the postnatal period. 	<ul style="list-style-type: none"> • If HCPs do not do it sensitively enough • Women may feel pressure to not remove LARC • Additional appointments needed (if they attend for removal and then delay) • Need to ensure the system can book a follow up removal or has a system of pre-removal consultation • Women might be put off having a LARC inserted if they are worried they are not able to choose easily when they can have it removed.

Option 2 – offer weight loss support to those who delay removal and those who don't

Potential Benefits	Potential Risks
<ul style="list-style-type: none"> • It identifies a clear group of women of whom a significant percentage will be thinking about pregnancy • Informed choice/Health promotion opportunity - It provides information to women on the potential benefits of reducing their BMI to reduce risks of obesity in pregnancy • It is an opportunity to engage with women about weight management from the start of their pregnancy planning, (potentially through the early stages of pregnancy right until the postnatal period). 	<ul style="list-style-type: none"> • If HCPs do not do it sensitively enough • Women will go for the option to have the LARC removed as the "easy" option committing to lose weight and then conceive • Loses the focus provided by the delay • Conception before weight is lost • Additional appointments needed (if they attend for removal and then delay) • Need to ensure the system can book a follow up removal or has a system of pre-removal consultation • More complex research study to design needing far more women to take part

Option 3: develop a programme for women planning a pregnancy

Potential Benefits	Potential Risks
<ul style="list-style-type: none"> • Open to a much wider group of women • Does not impact on LARC removal 	<ul style="list-style-type: none"> • It disregards the majority view of our survey participants • Cannot identify a particular group of women • Because its broad base there is very low recruitment/engagement as women don't feel its "for them" • Who does the initial contact – health care professionals also don't engage as its not "theirs"

Currently 5+ large scale trials with this type of weight loss preconception programme being run around the world with results expected 2021-2022

2. Question 1.

What do you think is the best option (s) to recommend to the funders?

Are there any other benefits or risks that we haven't thought about?

3. Core and optional elements of a potential preconception WLI

A potential Plan-it Intervention from our surveys and the research done so far

Core ingredients	Optional Elements
<ul style="list-style-type: none"> ➢ 12-16 week intervention (or more if woman wants) ➢ Training for practitioners on sensitive communication and introduction of the intervention ➢ Aims: <ul style="list-style-type: none"> ❖ to reduce by 5-10% body weight ❖ to increase confidence in ability to manage weight pre during and post pregnancy ➢ First contact via the GP surgery or Sexual Health Clinic to offer women access to the intervention ➢ Include some on line materials specific to health preconception ➢ Include resources already available potentially with "referral" eg 12 week NHS weight loss on line programme/NHS on line dietetic provision , online exercise classes/national exercise referral scheme ➢ Scales if none at home 	<ol style="list-style-type: none"> 1. Broader description as a preconception health programme for weight loss for pregnancy including information on folic acid, alcohol, nutrition, exercise information 2. Include tailoring to fit for all– individual session at start to identify needs/goals 3. Include partners 4. Psychological support eg monthly individual sessions "health coaching" focusing on confidence and goals. 5. Peer support group face to face 6. Peer support virtual eg facebook group 7. Include people with BMI 25-30 ("overweight") 8. All done face to face (i.e. no online information) 9. All done virtually /phone 10. Include an exercise component

4. LARC user exercise

Put these numbered items in order of importance starting with most important and the number of the things you don't like/are unimportant at the bottom

1. Broader description as a preconception health programme for weight loss for pregnancy including information on folic acid, alcohol, nutrition, exercise
2. Include tailoring to fit for all– individual session at start to identify needs/goals
3. Include partners
4. Psychological support eg monthly individual sessions "health coaching" focusing on confidence and goals.
5. Peer support group face to face
6. Peer support virtual eg facebook group
7. Include people with BMI 25-30 ("overweight")
8. All done face to face (ie no online information)
9. All done virtually /phone
10. Include an exercise component

When you have finished and have the 10 numbers in order of importance use the chat button to send to Elinor or wait until the time is up and you can give it to her verbally if that's easier.

5. Question 2

We want to make sure that the intervention appeals to as many people as possible (and not put people off) whilst being clear that weight management is central part of it – how do we do that?

6. Question 3

We wonder about identifying this intervention as one that takes them from preconception through managing weight gain in pregnancy to losing baby weight post-natally – so maybe up to 6-12 months post-natal.

Any thoughts about that?

7. Question 4

Our survey showed 27.5% of our service users included meal replacement as an option as part of an intervention

A lot of weight loss interventions include an element of meal replacement. NHS England are going to be testing it in 10 NHS sites in 2021 because of positive results in type 2 diabetes.

Should we include an element of meal replacement?

8. Question 5

We are going to be doing a round of individual interviews with 20 LARC users to further develop the intervention

What do you think we should be asking in our next round of interviews to further explore acceptability of the intervention?

9. Question 6

Our survey results suggest the following:

that practitioners may be more or less likely to invite women to attend a weight loss intervention depending on the woman's weight (BMI>25 versus BMI>30)

women may be more comfortable with health care professionals inviting them to attend a weight loss intervention depending on their weight.

Do you think that an intervention should be designed for all women, women with a BMI>25 or women with a BMI>30.

10. Question 7

Anything else we have not discussed you think we should have done?