

Supplemental Table. Randomized Controlled Trials of Pregnancy and Postpartum Lifestyle Interventions Targeting Postpartum Weight

Study Name; Year; Country	Study Aim and Type	Participant Population	Study Intervention	Endpoint Results	Study Limitations; Adverse Events
Interventions delivered in the postpartum (pp) period					
Balance after Baby ¹ 2014, USA	Aim: To examine effectiveness of web-based lifestyle intervention based on DPP modified for women with GDM to ↓ pp weight retention Study type: RCT; Intent to treat analyses	Inclusion criteria: Aged 18–45 y, GDM in recent pregnancy Sample size: N=75 randomized (57% White, 29% Black, 15% Asian; 20% Hispanic participants)* Mean (SD) BMI: 31.2 (5.8) kg/m ² intervention; 31.6 (5.5) kg/m ² control Trial retention: 91% at 12 mo	Intervention: N=36 Web-based lifestyle program emphasizing dietary choices, recommendation ↑ PA ≥150 min/wk, self-monitoring, telephone or email sessions with lifestyle coach, dietitian counseling (weekly for 1st 12 wk every 2 wk for 12 wk, and monthly thereafter) Comparator: (Control) N=39 Handout at recruitment	Primary endpoints: Change (Δ) in measured body weight at 12 mo from first pp measured weight and self-reported prepregnancy weight Results: Between group difference of 3.3 kg adjusting for baseline weight (p=.022) from 6 wk to 12 mo pp. Women in intervention were closer to prepregnancy weight at 12 mo pp (-0.7 kg; -3.5 to 2.2) vs. control (4.0 kg; 1.3 to 6.8, p=.035).	Limitations: • Single-center trial • Potential bias from self-reported prepregnancy weight • Cost-effectiveness not measured
LEVA in Real Life study ^{13,14} 2016, 2017, Sweden	Aim: To assess short- and long-term effectiveness of diet behavior modification treatment for weight ↓ in pp women in primary health care setting Study type: RCT; Completers-	Inclusion criteria: Self-reported BMI ≥27 kg/m ² at 6–15 wk pp Sample size: N=110 randomized (ethnicity not reported [NR]) N=100 (12 w), 89 (12 mo), and 87 (24 mo) included in completers only analyses	Intervention: N=54 Diet behavior modification group: 4-d diet record after baseline visit; Within 1–2 wk: in-person dietician visit (1.5 h). Received booklet of diet plan covering 4 diet principles, weekly and final weight-loss goals, instructed to weigh ≥3 x/wk, and use weight as proxy for energy balance to adjust energy intake, food choices and calculations for	Primary endpoint: Δ weight at 12 wk and 12 mo Secondary endpoint: Δ weight at 24 mo Results: At 12 wk, median weight Δ in intervention [-6.1 kg (-8.4, -3.2) vs -1.6 kg (-3.5, -0.4) in control (p <0.001). Difference maintained at 12 mo: -10.0 kg (-11.7, -5.9) vs -4.3 kg (-10.2, -1.0) (p=0.004).	Limitations: • Well-educated, motivated sample; may not be generalizable • Potential bias from self-reported prepregnancy weight • Lack of data on weekend dietary behavior • At 24 mo fu, no data on weight management strategies; high

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	only analyses	<p>Median (IQR) BMI: 28.4 (6.4) kg/m²</p> <p>Trial retention: 91% at 12 wk; 85% at 12 mo; 81% at 24 mo</p>	<p>weight ↓; strategies to overcome barriers; Contacted biweekly by dietitian with text messages, asked to report weight and provided with reinforcement /feedback; text message after 6 wk replaced with telephone call for questions and feedback.</p> <p>Comparator: (Control) N=56 Baseline, brochure on healthy eating and recommendations for a weight ↓ of 0.5 kg/wk.</p>	<p>Intervention vs control: ↓ BMI, waist circumference, hip circumference, and body fat % at 12 wk and 12 mo (all p <0.05); greater ↑ steps at 12 wk (1187 ± 2371 vs -542 ± 2854 steps/d, p =0.005), greater energy intake ↓ at 12 wk [-667 (-1176, -209) vs. -180 (-543, +191) kcal/d, p <0.001], but not at 12 mo than control; Intervention ↓ % fat intake (p =0.004) and ↑ % protein intake than control at 12 wk (p <0.001). Intervention ↓ % saturated fat energy and ↑ energy-adjusted fiber intake >control at 12 wk (both p <0.01), but not at 12 mo.</p>	<p>proportion of new pregnancies limited statistical power</p> <p>Adverse events: NR</p>
<p>Fit Moms/Mamás Activas²</p> <p>2017, USA</p>	<p>Aim: To assess 12 mo effects of culturally and linguistically adapted, primarily internet-based weight loss intervention for low-income pp women in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC program).</p>	<p>Inclusion criteria: 6 wk to 12 mo pp; BMI >25 or BMI 22–24.9 kg/m² and exceeding prepregnancy weight by ≥4.5 kg</p> <p>Sample size: N=12 clinics randomized N=371 participants (82% Hispanic participants)*</p> <p>Mean (SD) BMI: 31.7 (5.1) kg/m²</p> <p>Trial retention: 89% at 12 mo</p>	<p>Intervention: 6 clinics, N=174 participants; WIC program + 12 mo internet-based weight ↓ program. Bilingual (English and Spanish) guidance and resources, automated feedback, weekly lessons, web diary, weight and PA tracker, instructional and inspirational videos, and message board. 4 weekly text messages (new web-site content and motivation, support, and feedback), monthly face-to-face group sessions at WIC clinics, promotional cards during regular WIC program visits</p>	<p>Primary endpoint: Weight Δ at 12 mo</p> <p>Results: 12 mo: weight ↓ 2.3 kg (95% CI, 1.1–3.5) >in intervention vs. usual care (UC) over 12 mo (p <.001)</p> <p>Secondary endpoint: Proportion returning to preconception weight and Δ in PA and diet</p> <p>Results: 32.8% in intervention and 18.6% in UC were ≤ preconception weight by 12 mo [difference 14.2 (4.7–23.5) percentage points, p</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Sample restricted to women in WIC program; some not reached or refused • Providing participants with internet access could be cost-prohibitive • Intervention tested as a package so unknown which components most effective • Potential bias from self-reported prepregnancy weight <p>Adverse events:</p>

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	Study type: Cluster RCT; Intent to treat analyses		Comparator: (Usual care) 6 clinics, N=196 (1 clinic withdrew after randomization), WIC program + brief orientation and newsletters every 2 mo	<.001). Intervention NS (p =.76) effects on MPA or VPA (difference, -0.7 min/d [95% CI, -42.0 to 10.6]) or other activity, which ↓ over time. Calorie intake ↓ over time but NS (p =.06) group differences (-154 kcal/d [95% CI, -325 to 17]).	No group differences
Basharat et al. ³ 2018, Pakistan	Aim: To evaluate effect of low glycemic index diet on weight ↓ among pp women with obesity Study Type: RCT; Analysis type not specified	Inclusion criteria: Available prepregnancy weight, baseline BMI >30 kg/m ² , delivery within 6 wk Sample size: N=74 (ethnic distribution NR) Mean (SD) BMI: 31.2 (0.6) kg/m ² intervention; 31.5 (0.6) kg/m ² control Trial retention: NR	Intervention: N=38 Moderate energy low glycemic index diet for 12 wk, 7-d menu cycle suggested. Comparator: (Control) N=36 Routine diet as before	Endpoints: Weight and BMI at 12 wk Results: Significant intervention effect on weight ↓ (83.6±0.75 vs. 89.1±2, p=0.02); BMI (29.4±0.36 vs. 30±0.2, p=0.02), body fat % (36.9±0.9 vs. 40.5±0.3, p=0.03) and fat mass (26.4±0.28 vs. 29.3±0.2, p=0.02) in intervention vs. control.	Limitations: <ul style="list-style-type: none"> • Unspecified analyses • Lack of information on randomization and blinding • Trial retention not reported • Lack of information on participant characteristics
PAIGE ⁴ 2018, UK	Aim: To examine influence of pp lifestyle intervention for women with GDM and overweight Study type: RCT; Intent to treat analyses	Inclusion criteria: PP women ≥18 y; BMI ≥25 kg/m ² and history of GDM in recent pregnancy Sample size: N=60 randomized (85% White participants) Mean (SD) BMI: 34.1 (6.3) kg/m ² intervention; 33.6 (5.4) kg/m ² UC	Intervention: N=29 Usual care + 4 elements: initial 60-min educational session at early pp OGTT, referral to Slimming World (12-wk membership), pedometer, and structured telephone and text support Comparator: N=31 Usual care only: educational DVD	Primary endpoint: Weight ↓ at 6 mo Results: Intervention vs control: weight ↓ at 6 mo: 3.9±7.0 kg vs 0.7±3.8 kg, p=0.02. Secondary endpoint: Fasting glucose and 2-h OGTT glucose, waist circumference, BMI, and pedometer counts	Limitations: <ul style="list-style-type: none"> • High nonattendance for routine pp OGTT affected recruitment and limits generalizability • Primarily White participants, despite higher risk for GDM in minoritized racial and ethnic groups • Inconsistent adherence to pedometers

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		Trial retention: 75% at 6 mo		<p>Results: NS difference in blood glucose at baseline or 6 mo. Intervention vs control: ↓ BMI (-1.4±2.7 kg/m² vs. 0.2 ±1.4 kg/m², p=0.03) and ↓ waist circumference (-2.9 ±6.7 cm vs. 1.7±5.3 cm). Pedometer counts NR.</p>	
<p>Estudio PARTO⁵ 2021, USA</p>	<p>Aim: To assess impact of culturally-modified, motivationally targeted, individually tailored intervention on pp weight retention among Hispanic women with abnormal OGTT during pregnancy</p> <p>Study type: RCT; Intent to treat analyses</p>	<p>Inclusion criteria: Hispanic women at ↑ risk for type 2 diabetes (plasma glucose ≥140 mg/dL) on routine screening for GDM</p> <p>Sample size: N=204 randomized (100% Hispanic participants)*</p> <p>Mean (SD) BMI: 31 (8.1) kg/m²</p> <p>Trial retention: 70% at 12 mo pp</p>	<p>Intervention: N=100 Lifestyle Intervention: Bilingual (English and Spanish) print materials, 4 face-to-face and 13 telephone booster sessions. Questionnaires at 6 wk, 6 mo, and 1 y pp. Intervention focus on ↑ PA by 10% per wk and calorie goals based on DPP and considered breastfeeding status.</p> <p>Comparator: (Health and Wellness Intervention) N=104 Received general health information. Same number of contact sessions as intervention.</p> <p>Both arms: introductory phase (29 wk gestation to birth), active phase (6 wk-6 mo pp), maintenance (6 mo-1 y pp)</p>	<p>Primary endpoint: Δ in weight prepregnancy to 6-wk, 6-mo, and 12-mo pp</p> <p>Results: Intervention arms: NS differences in weight Δ using imputed pp weights for missing weights across all timepoints (β=0.03, 95% CI -3.38, 3.45)</p> <p>Secondary endpoints: Weight ↓ to prepregnancy weight if BMI normal or 5% ↓ of prepregnancy BMI overweight at 6 wk, 6 mo and 12 mo</p> <p>Results: 12 mo pp: lifestyle intervention significant ↑ odds of weight ↓ (OR 2.52, 95% CI 1.09, 5.82) vs Health and Wellness; NS difference between arms across time points (OR 0.78, 95% CI 0.46, 1.34)</p> <p>In both arms, ↑ pp sports/exercise associated with >↓ weight (β=-2.39, 95% CI -4.66, -0.13, p=0.04). NS</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • ~ 30% did not participate in study pp and missing pp weights • Potential bias from self-reported pp weight

Study Name; Year; Country	Study Aim and Type	Participant Population	Study Intervention	Endpoint Results	Study Limitations; Adverse Events
				group differences in weight ↓ outcome (OR 1.65, 95% CI 0.78, 3.48). Findings unchanged when considering adherence to the Lifestyle intervention	
Interventions delivered in in pregnancy and postpartum					
Gestational Diabetes' Effects on Moms (GEM) ⁶ 2016, USA	<p>Aim: To compare effectiveness of DPP-derived lifestyle intervention on pp weight retention for women with GDM</p> <p>Study type: Cluster RCT; Intent to treat analyses</p>	<p>Inclusion criteria: Pregnant women with GDM</p> <p>Sample size: N=44 facilities randomized with N=2280 participants (41% Asian, 25% White, 22% Hispanic, 5% Black, 3% multiracial, 2% other participants)*</p> <p>Mean (SD) BMI: 28.7 (6.8) kg/m²</p> <p>Trial retention: 97% over 12 mo</p>	<p>Intervention: 22 medical facilities; N=1087 participants</p> <p>2 wk pregnancy: letter with personalized goals for GWG, diet and PA tips</p> <p>6 wk-6 m pp: print/telephone-based lifestyle program (DPP-derived); Lifestyle coach reviewed 13-session guidebook and weekly goals for diet and PA.</p> <p>7–12 m pp: 3 newsletters encouraged maintaining health behaviors</p> <p>Comparator: (UC) 22 medical facilities; n=1193 participants</p> <p>Pregnancy: telephone-based case management for glucose control</p> <p>6 wk pp: letter encouraged diabetes screening and provided printed materials on healthy BMI, eating and PA. If prediabetes: materials on lifestyle prevention strategies and educational classes</p>	<p>Primary endpoints: Proportion meeting weight goal at 12 m pp (reaching pregravid weight if pregravid BMI <25 kg/m² or ↓ 5% of pregravid weight if BMI ≥25 kg/m²) and pregravid to pp weight Δ</p> <p>Results: Intervention vs UC 12-m pp: ↑ odds (OR 1.28, [95% CI 1.10, 1.47]) of meeting weight goals; proportion meeting weight goals ↑ at 6 wk (25.5% vs. 22.4%; OR 1.17 [95% CI 1.01, 1.36]) and 6 m (30.6% vs. 23.9%; OR 1.45 [95% CI 1.14, 1.83]) but difference ↓ at 12 m (33.0% vs. 28.0%; OR 1.25 [95% CI 0.96, 1.62]). At 6 m, intervention vs UC retained < weight (mean 0.39 kg [SD 5.5] vs 0.95 [5.5]; mean difference -0.64 kg [95% CI -1.13 - 0.14]. Equally effective across racial and ethnic groups.</p> <p>Secondary endpoints: Δ from pregnancy to pp in daily energy intake, % calories from fat, PA,</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Missing clinic-measured weight data (26% at 6 m pp, 33% at 12 m pp); ↓ to 14% at 6 m and 19% at 12 m with use of self-reported weight <p>Adverse events: No difference in minor adverse events</p>

Study Name; Year; Country	Study Aim and Type	Participant Population	Study Intervention	Endpoint Results	Study Limitations; Adverse Events
				hypertension, depression. Results: 6 m pp: intervention > ↑ min/wk of VPA (mean difference 15.4 min/wk [95% CI 4.9, 25.8]); No differences in MPA, total volume of activity (MET min/wk), ↓ daily energy intake and % calories from fat, hypertension, or depression.	
Delta Healthy Sprouts ⁷⁻⁹ 2017–2018, USA	<p>Aim: To compare effects of Parents as Teachers (PAT, control) curriculum with nutrition and PA enhanced PAT curriculum (PATE, experimental) on pp PA, diet quality, and weight at 12 m pp in rural, southern, primarily Black participants</p> <p>Study type: RCT; Completers-only analyses</p>	<p>Inclusion criteria: >18 y, <19 wk pregnant with 1st, 2nd, or 3rd child, singleton pregnancy; and resident of Mississippi</p> <p>Sample size: N=105 randomized (97% Black and 3% White participants)*</p> <p>N=54 included in completers-only analyses</p> <p>Mean (SD) BMI: 29.2 (7.7) kg/m² intervention group; 28.6 (8.2) kg/m² comparator group</p> <p>Trial retention: 44% at 12 mo</p>	<p>Intervention: N=24 PATE (lifestyle enhanced home visit curriculum) + control weight management and childhood obesity prevention: culturally sensitive, in-person individualized education; monthly newsletters, and instructional videos; MyPlate eating plans for gestational or pp periods, weight ↑ and ↓ charts, and goal setting for diet and PA; anticipatory guidance and parenting support. PP PA was topic of pp mo 6, 9, and 11 visits. Participants set exercise goals at each pp visit.</p> <p>Comparator: N=30 PAT (standard home visit curriculum); In-person home visits, optional monthly group meetings, developmental screenings, and resource network for families.</p>	<p>Primary endpoint: Δ weight, PA, and diet quality at 12 mo pp</p> <p>Results: Weight: NS effects for treatment, time, or interaction. PA: Intervention vs control weekly min MVPA at pp mo 1 and 12: 40 and 40 vs 8 and 50. Sig. time effect but result NS. Diet: Control means: (95% CI) of total Healthy Eating Index-2010 scores were 36.8 (32.5 to 41.1), 36.5 (31.9 to 41.1), 40.2 (35.7 to 44.8), 39.3 (34.7 to 43.9), and 36.4 (31.8 to 41.0) at mo 1, 4, 6, 8, and 12, respectively. Intervention means: 42.3 (37.5 to 47.0), 41.6 (36.3 to 46.9), 40.2 (34.8 to 45.7), 45.8 (40.5 to 51.1), and 37.6 (32.6 to 42.7), respectively. Intervention scores sig. > vs. control across time (p=0.034). Time and interaction effects NS.</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Outcome data collection not blinded • Impact of transition of parent educators • High participant dropout • Small sample size • No objective measure of PA • Underreported dietary intake, which ↑ with ↑ BMI • Low attendance at group meetings • Potential bias from self-reported prepregnancy weight <p>Adverse events: NR</p>

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PAT + Lifestyle ¹⁰ 2019, USA	<p>Aim: To evaluate efficacy of home-based lifestyle intervention delivered through Parents as Teachers (PAT) on ↓ weight gain through 12-mo pp in low-income Black women with overweight or obesity</p> <p>Study type: RCT; Modified intent to treat analyses</p>	<p>Inclusion criteria: Age 18–45; BMI 25.0–45.0 kg/m² at 1st visit in 1st trimester; singleton viable gestation ≤ 15 wk; low-income determined by Medicaid status, or zip code.</p> <p>Sample size: N=267 randomized N=185 completers included in analysis (100% Black participants)*</p> <p>Mean (SD) BMI: 31.9 (5.0) kg/m² intervention; 32.7 (5.2) kg/m² comparator</p> <p>Trial retention: 69% at 12 mo</p>	<p>Intervention: N=133 PAT + Lifestyle; Curriculum content adapted from DPP; Goal to return to baseline weight with reinforcement of learned prenatal eating and PA behaviors</p> <p>Comparator: N=134 Standard PAT curriculum; Maternal, infant and early childhood information to ↑ parenting knowledge and skills</p> <p>Both arms: Home visits with parent educators every 2 wk during pregnancy and every mo for 12-mo pp.</p>	<p>Primary endpoint: % Δ in weight from baseline to 12 mo pp.</p> <p>Results: PAT + Lifestyle group gained <weight (2.5 kg vs. 5.7 kg, p=0.01)</p> <p>Secondary endpoint: 1) proportion to baseline weight at 12 mo pp, 2) proportion with GWG (weight gain baseline to 35–36 wk gestation) categorized as above or not above Institute of Medicine weight gain during pregnancy guidelines</p> <p>Results: PAT + Lifestyle more likely to return to baseline weight (38.0% vs. 21.5% p=0.01) from baseline to 12 mo pp vs. standard PAT. PAT + Lifestyle retained <weight at 12 mo than standard PAT, but NS.</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Single race group, homogeneous sociodemographic and geographic backgrounds limit generalizability • Unable to determine maintenance of results past 12 mo pp <p>Adverse events: NR</p>
Health in Pregnancy and Postpartum (HIPP) ¹¹ 2022, USA	<p>Aim: To assess effects of pregnancy and pp behavioral lifestyle intervention on pp weight ↓</p> <p>Study type: RCT; Intent to</p>	<p>Inclusion criteria: 18 to 44 y, gestational age ≤16 wk, White or Black participants, English-speaking, and prepregnancy BMI ≥25 kg/m² and weight ≤ 370 lbs.</p>	<p>Intervention: N=112 Behavioral lifestyle intervention Early pregnancy to 6 m pp, 2 counseling sessions, brief telephone counseling, behavioral podcasts, and social media support for weight self-monitoring, ↑ PA, and dietary practices</p>	<p>Primary endpoint: PP weight retention at 12 m</p> <p>Results: At 6 m: Intervention retained < weight vs. UC (difference: -3.6 kg, 95% CI -5.5 to -1.8); had 2.3 times ↑ odds of no weight retention (95% CI 1.2 to 4.4); and had ↓ odds of</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Findings may not generalize to women with normal weight, different racial and ethnic backgrounds, or whose first prenatal care visit is later than 16 wk • Few eligible were

Study Name; Year; Country	Study Aim and Type	Participant Population	Study Intervention	Endpoint Results	Study Limitations; Adverse Events
	treat analyses	<p>Sample size: N=228 randomized (44% Black and 56% White participants)*</p> <p>Mean (SD) BMI: 32.3 (5.9) kg/m²</p> <p>Trial retention: 79% at 12 m</p>	<p>Pregnancy intervention: Counseling session (≤18 wk gestation): reports and feedback on diet and PA, weight tracking graph, guidance on GWG, PA and diet goals, set initial PA and diet goal; received handouts, pedometer, and weigh scale. After session, 10 weekly counseling calls on behavioral strategy, a diet/PA topic, and 10 podcasts. Received shorter weekly or biweekly counseling calls throughout pregnancy.</p> <p>Postpartum intervention: Weekly check-in calls; 4 wk pp: received 1st of 16 weekly podcasts on 16 core DPP sessions; focused on gradual weight ↓; 6–8 wk pp: Counseling session and 6-mo weight tracking graph; Through 6 mo pp, biweekly calls. Pregnancy to 6 mo pp: Encouraged to join Facebook group to reinforce intervention and support each other</p> <p>Comparator: N=107 (UC) Encouraged to attend prenatal care with provides; 6 mailings per mo in pregnancy and pp; weekly</p>	<p>retaining ≥5% of prepregnancy weight (adjusted OR 0.3, 95% CI 0.1 to 0.5)</p> <p>At 12 mo: Intervention effect on pp weight maintained (condition difference: -2.4 kg, 95% CI -0.5 to -4.3). Intervention had ↓ odds of retaining ≥5% of prepregnancy weight (adjusted OR 0.3, 95% CI 0.2 to 0.6)</p>	<p>randomized</p> <ul style="list-style-type: none"> • Completers of pp visits had higher socioeconomic status than noncompleters • Did not reach recruitment goal; may be underpowered <p>Adverse events: NR</p>

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			podcasts: 10 during pregnancy and 16 during pp.		
HELP ¹² 2021, UK	<p>Aim: To evaluate the effects of weight management intervention on ↓ BMI 12 mo pp for pregnant women with obesity</p> <p>Study type: Non-blinded cluster RCT; Intent to treat analyses</p>	<p>Inclusion criteria: Demographic profile of 20 maternity units chosen based on race, ethnicity, and BMI of patients, and size of unit (births per y). Pregnant women ≥18 y with BMI ≥30 kg/m²</p> <p>Sample size: N=20 maternity units randomized with N=598 participants (90% White, 5% Asian, 4% Black, 2% mixed/other participants)</p> <p>Mean (SD) BMI: 37.2 (5.4) kg/m²</p> <p>Trial retention: 75% at 12 mo</p>	<p>Intervention: N=10 intervention centers, with median of 31 participants/cluster (range 20–36) Recruitment to 6 wk pp: free, weekly, 1.5 hours weight management group sessions (max # of 36 sessions) with midwife and Slimming World (SW) consultant; 6 wk pp: one voucher for free SW session at ‘regular’ community group. 3 and 6 mo pp: call with midwife to provide longer-term support and discuss weight, healthy eating, PA and barriers to success.</p> <p>Comparator: (UC) N=10 control sites with median of 29.5 participants/cluster (range 26–32) Given leaflets on healthy eating and PA during pregnancy</p>	<p>Primary endpoint: BMI at 12 mo pp Results: NS difference between groups in BMI at 12 mo</p> <p>Secondary endpoint: Antenatal and birth complications, pregnancy weight ↑, waist circumference, waist-hip ratio, child weight centile, mental health, PA, diet, alcohol, quality of life, cost, smoking and breast-feeding behaviors</p> <p>Results: NS difference between groups for any weight-related outcomes. Intervention had improved healthy eating (3.08, 95% CI 0.16 to 6.00, p <0.04), improved fiber (3.22, 1.07 to 5.37, p <0.01) and ↓ risky drinking at 12 mo pp vs control (OR 0.45, 0.27 to 0.74, p <0.002). Monetary benefit NS different between arms.</p>	<p>Limitations:</p> <ul style="list-style-type: none"> • Low adherence: 1/3 of intervention group did not attend sessions or engage with midwife calls, reducing the intervention dose • Predominantly White participants • Risk of bias from unblinded trial design • Baseline condition differences in BMI • Differential attrition in intervention group <p>Adverse events: 114 adverse events, of which 245 were serious adverse events, but none related to intervention</p>

Abbreviations: BMI, body mass index; DPP, Diabetes Prevention Program; fu, follow-up; g, gram; GDM, gestational diabetes mellitus; GWG, gestational weight gain; ILS, intensive lifestyle; IQR, interquartile range; MET, metabolic equivalents; min, minutes; MPA, moderate-intensity physical activity; MVPA, moderate-to-vigorous-intensity physical activity; NR, not reported; NS, not significant; OR, odds ratio; PA; physical activity; PAT, Parents as Teachers; PATE, Parents as

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From the American Heart Association

Teachers enhanced; pp, postpartum; RCT, randomized clinical trial; Sig., significant; UC, usual care; VPA, vigorous-intensity physical activity; increase(d); ↓, decrease(d).

*Participant self-reported race and ethnicity

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