

Appendix 1. Sample Individually Tailored Community Resource Guide for Patients in the First 1,000 Days Program.

First 1,000 Days[®]



Hi! I'm Brianna, your Patient Navigator for the First 1,000 Days program.

Here is a list of places and programs that can help support you and your family in being healthy. If you have questions about any of the places listed, you can call or contact them directly. If there are ways that I can help you find out what might be helpful for you, please let me know. I am here to help!

Nutrition

MyPregnancyPlate

Use MyPregnancyPlate, included in this packet, as a guide to eat healthily during pregnancy.

Healthy Eating Plate

A great guide to prepare healthy meals!

Want more pregnancy & nutrition information?

Visit <http://tinyurl.com/zduf3xs>

Sleep

Having trouble sleeping? Visit these websites for great tips on how to get a restful sleep during pregnancy.

<http://tinyurl.com/hru766a>

<http://tinyurl.com/jqp9a59>

Stress

Need to find some time to unwind?

Try these prenatal yoga classes to relax:

<http://tinyurl.com/zx7kdev>

<http://tinyurl.com/jgdwhij>

Meditation is a great way to settle your mind.

Try these guided meditations for a quick break:

<http://tinyurl.com/vzjav76>

For more stress management tips visit:

<http://goo.gl/HZugMR>

Preparing for a Baby

Breastfeeding Group

Meet other new moms and get answers to all your breastfeeding and baby questions!

Dad and Kids Activity Group

Join us for fun and games with your child, meet other dads, and get answers to your parenting questions!

Learn Your Options

Attend group parenting classes or work one-on-one with a client advocate to develop a parenting plan that works for you.

Knitting Group

Learn to knit and meet other new and expecting moms!

Physical Activity

Have Questions about Exercise During Pregnancy?

Check out this website for information:

<http://tinyurl.com/hambmf6>

Walking Group

Check out local walking routes.

See map included!

#Walk Wednesday

Stay fit and explore the Community.

Go to our short videos at Vidscrap.com/First1000Days to learn more about caring for yourself during pregnancy!

Blake-Lamb T, Arauz Boudreau A, Matathia S, Perkins ME, Roche B, et al. Effects of the First 1,000 Days systems-change intervention on maternal gestational weight gain. *Obstet Gynecol* 2020;135.

The authors provided this information as a supplement to their article.

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Appendix 2. Patient-Reported Outcomes Among Women Participating in the First 1,000 Days Program, N=286 (Out of 293 Eligible, 98%)

First 1,000 Days Program Patient-Reported Outcomes	N (%)
Have you heard of the First 1,000 Days Program? (N=277) – Yes	240 (86.6)
Overall how satisfied are you with your experience in the program? (N=189)	
Somewhat or very satisfied	169 (89.4)
Somewhat or very dissatisfied	20 (10.6)
How has your participation in the program made you feel about your care at the health center? (N=254)	
Increased satisfaction with care center	133 (52.4)
No effect on satisfaction	119 (46.9)
Decreased satisfaction with care center	2 (0.80)
Do you think the program will improve you and your family’s health and well being? (N=208)	
Very much or some	152 (73.1)
A Little or not at all	56 (27.0)
Did the program provide enough services to help you with:	
What are healthy foods to eat and drink during pregnancy (N=240)	223 (92.9)
Knowing how much weight to gain during pregnancy (N=235)	206 (87.7)
Resources to help you get healthy foods (N=233)	201 (86.3)
Partner support (N=230)	196 (85.2)
Sleep during pregnancy (N=232)	197 (84.9)
Parenting (N=229)	192 (83.8)
How your friends and family can help you prepare for your baby (N=229)	191 (83.4)
Your feelings (N=230)	191 (83.0)
Exercising during pregnancy (N=235)	193 (82.1)
Breastfeeding (N=230)	187 (81.3)

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Preparing for the baby's birth (N=229)	178 (77.7)
Other topics (N=176)	112 (63.6)
Since the start of your pregnancy have you:	
Seen posters for the program? (N=269)	206 (76.6)
Seen booklets for the program? (N=255)	174 (68.2)
Booklets were somewhat or very helpful (N=158)	129 (81.6)
Received text messages from the program? (N=266)	167 (62.8)
Text messages were somewhat or very helpful (N=152)	124 (81.6)
Watched the First 1,000 Days videos? (N=268)	41 (15.3)
Videos were somewhat or very helpful (N=40)	33 (82.5)
Received a call from a First 1,000 Days coordinator? (N=261)	193 (73.9)
Calls were somewhat or very helpful (N=173)	141 (81.5)
Received a list of community and health center resources from First 1,000 Days that support improved physical activity, social support and nutrition by mail or email? (N=217)	115 (53.0)
Resources were somewhat or very helpful (N=106)	84 (79.2)

Boldface type indicates the research question asked.

Appendix 3. Regression Results of the First 1,000 Days Program Implementation on Excess Gestational Weight Gain Using Bonferroni Adjustment for Multiple Comparisons

Primary Outcome	Unadjusted odds of excess GWG after implementation	Adjusted* odds of excess GWG after implementation
Primary Outcome	OR (CI[†])	OR (CI[†])
Excess GWG		
Pre-pregnancy Normal Weight	1.01 (0.64, 1.60)	1.04 (0.65, 1.66)
Pre-pregnancy Overweight	0.69 (0.45, 1.05)	0.69 (0.45, 1.07)
Pre-pregnancy Obesity	1.21 (0.77, 1.88)	1.20 (0.76, 1.90)

*Models adjusted for gestational age at delivery, race and ethnicity, and public insurance.

† Significance value set at $P < .0166$ using the Bonferroni correction.

Appendix 4. Health Behavior and Socio-Contextual Screening Implemented in the First 1,000 Days Program

Health Behaviors	Screening Questions
Diet	<ul style="list-style-type: none"> • During the past 7 days, on average, how often did you eat fruit or vegetables (including fresh, cooked, canned, or frozen)? Do not include fruit or vegetable juice or dried fruits.^{35,36} • During the past 7 days, on average, how often did you eat something from a fast food restaurant? Examples: McDonald’s, Burger King, Taco Bell, Subway
Sugary Drinks	During the past 7 days, on average, how often did you drink 100% fruit juice or a sugar-sweetened beverage? Sugar-sweetened beverages are things like fruit-flavored drinks, juice from concentrate, punch, Kool-Aid, soda, sports drinks, sweet tea or coffee drinks, or sweetened milks. ^{35,36}
Physical Activity and Sedentary Time	<ul style="list-style-type: none"> • During the past 7 days, on average, how many hours per day did you usually spend watching TV or videos. Include time spent watching on a television, computer, phone or tablet.³⁶ • During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)³⁷
Sleep	During the past 7 days, on average, how many hours of sleep did you get in a 24-hour period? ³⁸
Socio-Contextual Factors	Screening Questions
Primary Care	At any time during the 12 months before you got pregnant, did you visit a doctor, nurse practitioner or nurse for a regular check up? ³⁹
Current and Past Substance Use ⁴⁰	<ul style="list-style-type: none"> • In the past month, I have... (please check all that apply) • Before I was pregnant... (please check all that apply) <ul style="list-style-type: none"> ○ Smoked <ul style="list-style-type: none"> ○ If you smoked in the past month, how many cigarettes did you smoke on an average day? ○ Vaped or used an e-cigarette or e-hookah ○ Used marijuana ○ Used street opioids (heroin, opium, etc.)

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	<ul style="list-style-type: none"> ○ Used prescription opioids for non-medical reasons (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)
Partner and Social Support	<ul style="list-style-type: none"> ● What is your relationship with your baby’s father? ● I can count on my partner to be there when I need him/her. ● In a typical week, how many times do you talk on the telephone with or text your family, friends, or neighbors?⁴¹
Depression	<ul style="list-style-type: none"> ● Edinburgh Postpartum Depression Screen (EPDS); extracted from the electronic health record⁴²
Stress	How much stress do you feel in your life? ⁴³
Pregnancy Anxiety ⁴⁴	<ul style="list-style-type: none"> ● I am concerned or worried about how the baby is growing and developing inside me. ● I am concerned or worried about losing the baby. ● I am concerned or worried about having a hard or difficult labor and delivery. ● I am concerned or worried about taking care of a new baby. ● I am concerned or worried about developing medical problems during my pregnancy.
Housing Insecurity ⁴⁵	<ul style="list-style-type: none"> ● During the last 12 months, was there a time when you and your family were not able to pay your mortgage, rent or utility bills? ● During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent or utility bills?
Food Insecurity ⁴⁶	<ul style="list-style-type: none"> ● Within the past 12 months we worried whether our food would run out before we got money to buy more. ● Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.
Enrollment in Supplemental Nutrition Programs	<ul style="list-style-type: none"> ● Do you currently receive Supplemental Nutrition Assistance Program (SNAP) benefits? ● Do you currently receive benefits from WIC?

Abbreviation: WIC (The Special Supplemental Nutrition Program for Women, Infants and Children)

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