



# "HEARTY MEALS FOR MOMS" USE OF HOME-DELIVERED MEALS TO MANAGE CARDIOMETABOLIC HEALTH DURING PREGNANCY AMONG PREDOMINANTLY BLACK, LOW-INCOME INDIVIDUALS IN ALABAMA

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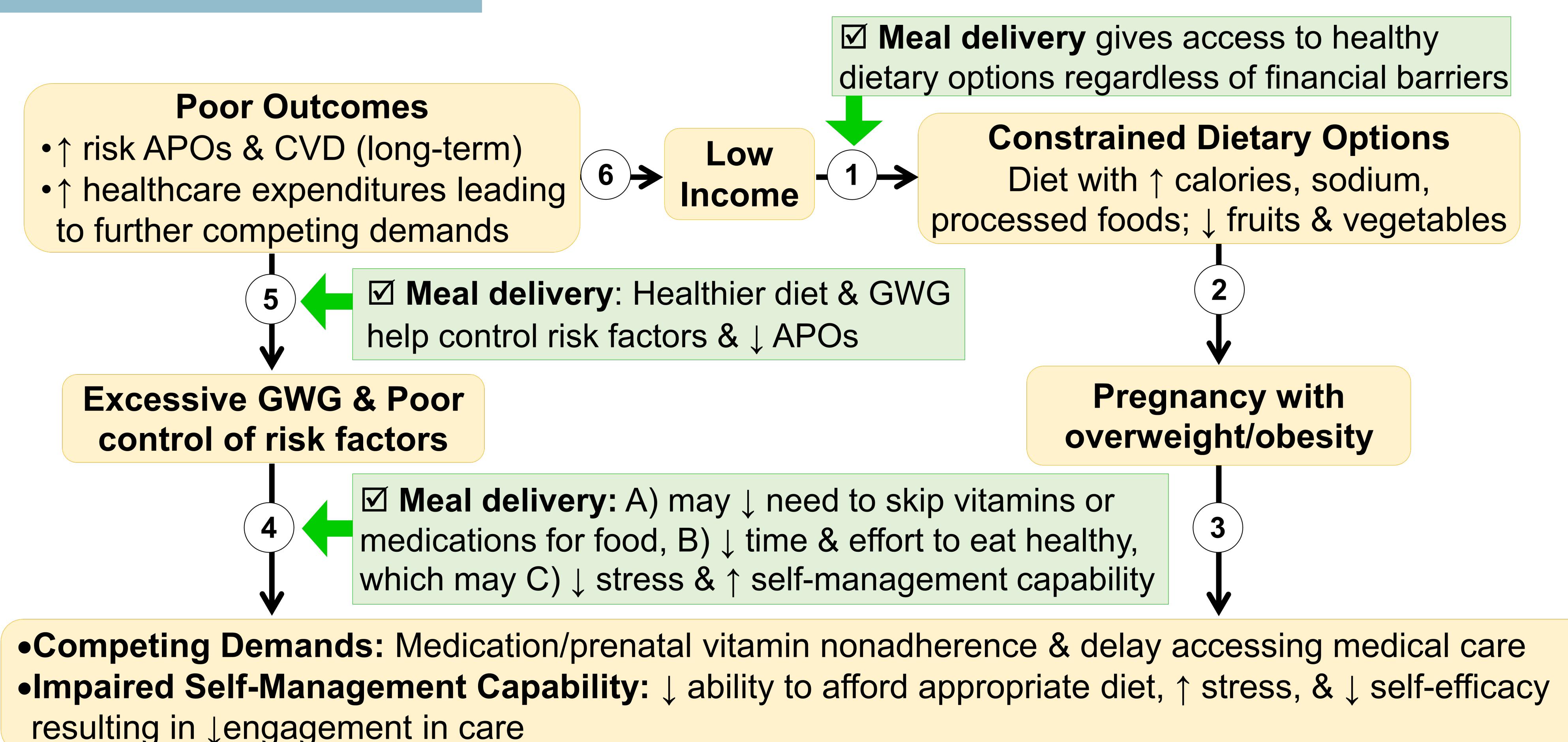


## Background

- Overweight/obesity, inadequate diets, and excessive gestational weight gain (GWG) increase risk for adverse pregnancy outcomes (APOs) that are especially evident among pregnant people who are Black, lower income, and live in the Deep South.<sup>1-5</sup>
- Common barriers to eating healthy during pregnancy include affordability and lack of time, access, knowledge, and skills for cooking and shopping.<sup>6,7</sup>
- Meal delivery may address barriers to healthy eating and GWG that contribute to health disparities and APOs, but it is unknown whether a meal delivery intervention during pregnancy is feasible or can improve diet and GWG.

## Theoretical Framework

- Framework adapted from Seligman & Schillinger.<sup>8</sup>
- indicates ways meal delivery can address barriers contributing to disparities in poor maternal-child health outcomes.



APOs, adverse pregnancy outcomes; CVD, cardiovascular disease; GWG, gestational weight gain.

## Project Aims

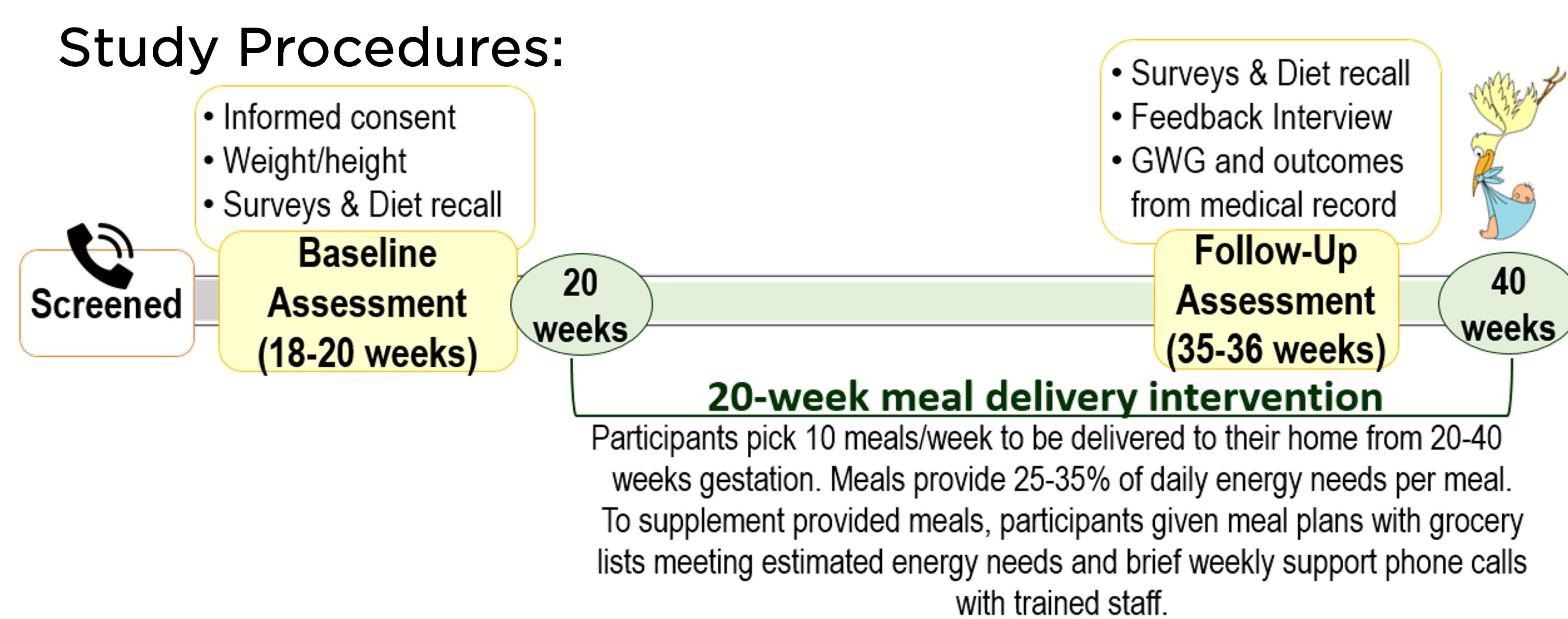
- Aim 1.** Assess the feasibility and acceptability of the meal delivery intervention.
- Aim 2.** Investigate changes in diet quality, barriers to healthy eating, and food security.
- Exploratory Aim.** Investigate the preliminary impact of the meal delivery intervention on pregnancy weight gain and blood pressure.

## Study Design

### Study Population:

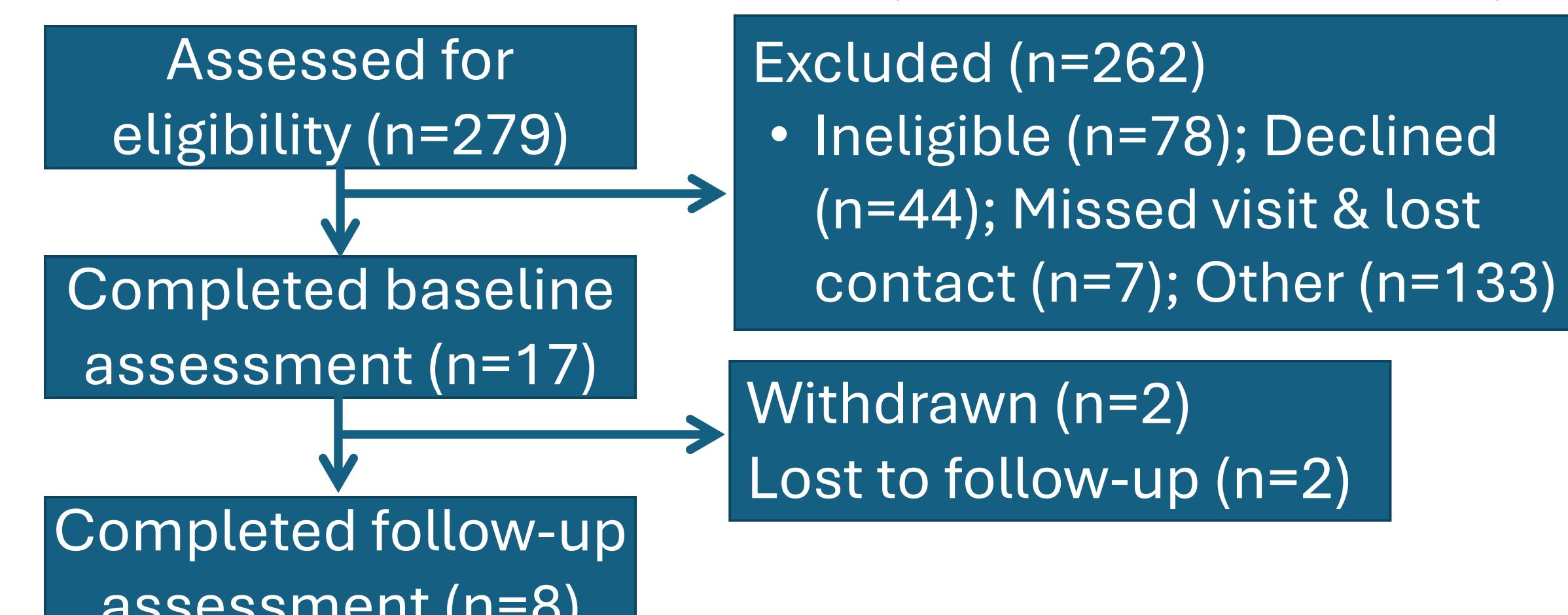
- Adults (N=17) with overweight/obesity who are 18-20 weeks pregnant, and Medicaid eligible were recruited from the University of Alabama at Birmingham hospital, an urban academic medical center located in the Deep South.

### Study Procedures:



## Outcomes

### Recruitment/Enrollment (10/2023-8/2024):



### Participant Characteristics:

|   | N(%) or mean ± SD |
|---|-------------------|
| Age, years                              | 30.1 ± 5.7        |
| Race, Non-Hispanic Black                | 13 (76.5%)        |
| Married or living with partner          | 8 (47.1%)         |
| Enrolled in Food Assistance (WIC, SNAP) | 17 (100%)         |

## Key Messages

- Over 70% of participants did not know the recommended GWG for a healthy pregnancy
- Next steps:
  - Complete 5 remaining follow-up assessments
  - Compare GWG and blood pressure outcomes in our sample to a standard care control group derived from de-identified medical records.
- Long-term goal is to establish meal delivery as an insurance covered and accessible service to reduce disparities in complications and chronic disease among pregnant persons & their children

## Community Impact

### Key Partners & Future Plans:

- Share findings with AL Medicaid & regional health insurance providers to promote collaboration on future projects
- Study participants will be invited to provide feedback on findings and inform development and tailoring of future projects

### Public Health & Societal Impact: Community & Public Health Potential Benefits

- Community Health Services: Support establishment of new service
- Health Education Resources: Provide education and resources on portion sizes and healthy diet patterns
- Public Health Practices: Potential to expand existing health programs

## References



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