

Hypnotherapy for adherence to nutritional and physical activity recommendations during pregnancy in obese pregnant women: feasibility of an intervention

Submission date 18/02/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 28/04/2011	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 28/04/2011	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Hypnotherapy for adherence to nutritional and physical activity recommendations during pregnancy in obese pregnant women: feasibility of an intervention, a randomised controlled trial

Study objectives

Obesity exposes mother and foetus to higher risks of perinatal complications. Institute of Medicine (IOM) recently suggested that obese women gain between 5 and 9 kg during pregnancy. Almost 30% of pregnant women are overweight and 60% of them had a gestational weight gain (GWG) that did not meet IOMs recommendations. Weight gain during pregnancy over the recommended values exposes the mother and her infant to higher risks for perinatal adverse outcomes independently of the body mass index (BMI), such as diabetes or large for gestational age infants. Lifestyle interventions might improve nutritional habits and the practice of physical activity during pregnancy. Psychological interventions have to be targeted to elicit effective responses to intervention programs. Cerebral structures act as a network to influence feeding behaviour and appetite control. A hypnotherapy intervention was thus developed to enhance motivation and adherence to healthy lifestyle habits (i.e. healthy nutrition and physical activity) during pregnancy in obese pregnant women.

Hypnotherapy is a promising tool for inducing changes in attitudes and perceptions in the management of eating disorders. By increasing self-esteem, self-efficacy and resilience, it may assist pregnant obese women with integrating healthy behaviours in a meaningful way in order to achieve successful perinatal outcomes. We hypothesised that a standardised hypnotherapy intervention for obese women during pregnancy will enhance motivation and adherence to nutritional and physical recommendations.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Committee of the Clinical Research, University Hospital Centre of Quebec ((Comite d'ethique de la recherche clinique du Centre Hospitalier Universitaire de Quebec) approved on 22nd April 2009, reference number:129.05.07(5-09-03-04)

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Gestational obesity

Interventions

If the woman is randomised in the hypnosis group, she will receive four sessions of hypnotherapy (weeks 16, 18, 20 and 24). She is also given the option to attend two additional hypnotherapy sessions at weeks 27 and 32. Each session is delivered individually, lasting between 30 to 40 min in duration and is provided by one experienced hypnotherapist who reliably mastered all key elements of the intervention after training and observation. The intervention protocol is standardised in a manual for all six sessions. A written script is read to the participants.

If the woman is randomised in the control group, she does not receive any hypnotherapy session.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

1. Physical activity level as assessed by the Pregnancy Physical Activity Questionnaire (PPAQ) in the previous month (baseline, 25-26 weeks of gestation, and 35-36 weeks of gestation)
2. Total energy intake as assessed by a food frequency questionnaire in the previous month (baseline, 25-26 weeks of gestation, and 35-36 weeks of gestation)

Secondary outcome measures

1. Gestational weight gain
2. Birth weight
3. Adherence to the programme
4. Satisfaction with the programme

Overall study start date

24/07/2009

Completion date

01/09/2011

Eligibility

Key inclusion criteria

1. Pregnant women, aged more than or equal to 18 years, with an intra-uterine pregnancy of < 15 weeks of gestation
2. Single foetus

3. Body mass index > 29 kg.m⁻²
4. Signature of consent form for the study

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Female

Target number of participants

30

Key exclusion criteria

1. Women with an antenatal diagnosis of chronic hypertension, diabetes or renal insufficiency
2. Women taking antidepressants
3. Women who received a verbal notification from their physicians about a medical or obstetrical contraindication for exercise

Date of first enrolment

24/07/2009

Date of final enrolment

01/09/2011

Locations**Countries of recruitment**

Canada

Study participating centre

2705 boul. Laurier

Quebec

Canada

G1V 4G2

Sponsor information**Organisation**

University Hospital Centre of Quebec (CHUQ) (Canada)

Sponsor details

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Sponsor type

University/education

ROR

<https://ror.org/006a7pj43>

Funder(s)**Funder type**

University/education

Funder Name

Foundation of Stars (Fondation des Etoiles) (Canada)

Funder Name

Hospital Centre of Laval University (CHUL) (Centre Hospitalier de l'Université Laval)(CHUL)
(Canada)

Results and Publications**Publication and dissemination plan**

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration