The Challenge of Postpartum Weight Loss in Low-Income Mothers

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THE POSTPARTUM PERIOD represents a critical opportunity for socioeconomically disadvantaged women to experience or avoid excess weight gain and new or persistent obesity. Even for the same amount of weight gain in pregnancy, medically vulnerable mothers (*e.g.*, those who are low-income and often racial/ethnic minorities) have significantly higher body mass indices at the end of the first postpartum year than their higher income, predominately Caucasian counterparts.^{1–3} Efforts to promote postpartum weight loss in extant clinical trials of these high risk mothers, however, have proven to be exceedingly challenging. Traditional approaches using strict caloric and activity targets or meal replacements, delivered through repeated in-person group visits, have been unsuccessful, largely because of the complexity and inherent resource needs (*e.g.*, transportation, childcare, costs) associated with these strategies.^{4–6}

Dr. Gilmore et al. article in this month's *Journal of Women's Health* evaluates the preliminary efficacy of a novel, Smartphone-based intervention to promote postpartum weight loss among low-income mothers enrolled in the Women, Infants, and Children food and nutrition program.⁷ Mobile health (mHealth) technologies are appealing for promoting postpartum weight loss as they offer considerable flexibility due to their continuous and immediate proximity, are lower cost than face-to-face treatments, and enjoy high penetration among socioeconomically disadvantaged racial/ethnic minorities—populations who are the most likely to own mobile devices and use advanced data functions (*e.g.*, sending/receiving email, text messages, video, and pictures).^{8,9} However, the mHealth intervention tested in this study failed to achieve clinically significant weight loss. While mothers who were more adherent to the intervention were more likely to lose weight over the 16-week trial than those randomized to usual care, few mothers had high intervention adherence ($n = 5$).

Do mHealth interventions still hold promise for delivery of postpartum weight loss interventions among medically vulnerable mothers? The jury is still out. Perhaps the addition of social media to offer peer support, as we have implemented in the past with preliminary success, is necessary for enhanced engagement.¹⁰ Pairing mHealth interventions with trusted care providers (*e.g.*, nutri-

tionists at the Women, Infants and Children program) as interventionists/health coaches, integrated into routine care, may be needed to reliably produce clinically significant outcomes and sustain effects. More research is necessary to determine the most effective scalable approach for weight loss in these high risk mothers—work that has the potential to halt the vicious cycle of obesity and cardiometabolic disease from one generation to the next.

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