

## Prevention interventions for 0-5 year olds (More information)

| Name          | Sample characteristics  | Intervention components   |
|---------------|---|---|
| INFANT        | <p><u>Inclusion criteria:</u> Parents with English language literacy; first-time parent; child with no chronic illness</p> <p><u>% boys at baseline:</u> 53</p> <p><u>Retention rate at follow-up:</u> 91% at 18 months</p>   | <p><u>Outcomes assessed at:</u> 3 months, 9 months, 18 months, 3.5 years, 5 years</p> <p><u>Description of intervention:</u> Intervention focused on parental skills development around feeding, activity and nutrition delivered in existing social groups - the first-time parent groups, three monthly from child age of 3 months. Dose: 6 by 2 hours sessions plus message reinforcement via newsletters between sessions.</p> <p><u>Study evaluation:</u> Process evaluation completed at each session, final outcomes pending.</p> <p><u>Strengths:</u> cluster RCT design; excellent recruitment and maintenance of the sample; high quality measures; excellent capacity for transfer to existing public health infrastructures.</p> <p><u>Weaknesses:</u> Low SEP and non-English speaking background groups underrepresented</p>                        |
| INFANT Extend | <p><u>Inclusion criteria:</u> Parents with English language literacy; first-time parent; child with no chronic illness</p> <p><u>% boys at baseline:</u> N/A</p> <p><u>Retention rate at follow-up:</u> N/A</p>   | <p><u>Outcomes assessed at:</u> 3 months, 9 months, 18 months, 3.5 years, 5 years</p> <p><u>Description of intervention:</u> Intervention focused on parental skills development around feeding, activity and nutrition delivered in existing social groups - the first-time parent groups, three monthly from child age of 3 months. Dose: 6 by 2 hours sessions plus message reinforcement via newsletters between sessions. Plus 8 newsletters post session 6.</p> <p><u>Study evaluation:</u> Process evaluation completed at each session, final outcomes pending.</p> <p><u>Strengths:</u> cluster RCT design; excellent recruitment and maintenance of the sample; high quality measures; excellent capacity for transfer to existing public health infrastructures.</p> <p><u>Weaknesses:</u> Non-English speaking background groups underrepresented</p> |
| POI           | <p><u>Inclusion criteria:</u> All expectant mothers of full-term babies born at Queen Mary hospital over an 18 month period were invited to participate, includes first time parents and those with previous children</p> <p><u>% boys at baseline:</u> ~50</p> <p><u>Retention rate at follow-up:</u> currently ~90%</p> | <p><u>Outcomes assessed at:</u> Multiple time points - main outcomes at 12 and 24 months</p> <p><u>Description of intervention:</u> Additional guidance and support to parents around issues in sleep (Sleep group), breastfeeding, feeding and physical activity (FAB), all interventions (Combo) or usual care (Control)</p> <p><u>Study evaluation:</u> Data collection still ongoing</p> <p><u>Strengths:</u> Addition of sleep intervention, high quality measures, good sample size and retention to date</p> <p><u>Weaknesses:</u> More disadvantaged groups under-represented</p>   |

| Name    | Sample characteristics  | Intervention components   |
|---------|---|---|
| BLISS   | <p><u>Inclusion criteria:</u><br/>All expectant mothers of full-term babies born at Queen Mary hospital over an 18 month period will be invited to participate. Includes first time parents and those with previous children<br/><u>% boys at baseline:</u><br/>Estimate 50%<br/><u>Retention rate at follow-up:</u><br/>Still underway</p>   | <p><u>Outcomes assessed at:</u><br/>Multiple time points - main outcomes at 12 and 24 months<br/><u>Description of intervention:</u> Intervention participants will receive lactation consultant assistance to extend exclusive breastfeeding to 6 months (home visits at 1 week, 1 and 3 months with additional support as required) followed by research nurse support at 5, 7 and 9 months of age to follow a baby-led introduction to solids (BLISS) style of feeding rather than parent-led spoon-feeding of purees<br/><u>Study evaluation:</u> 1 year intervention with 1 year follow-up<br/><u>Strengths:</u> Randomised controlled trial of a style of feeding that is very popular anecdotally, yet one we know almost nothing about<br/><u>Weaknesses:</u> Reasonably small sample size (although powered to detect all primary and secondary outcomes of interest)</p>  |
| NOURISH | <p><u>Inclusion criteria:</u> First-time mothers (<math>\geq 18</math> years old) who had delivered a healthy term infant (<math>&gt;35</math> weeks, <math>&gt;2500g</math>) + no documented history of domestic violence or intravenous drug use; no self reported eating or psychiatric disorder; facility with written and spoken English, and ability to attend group sessions.<br/><u>% boys at baseline:</u> 51%<br/><u>Retention rate at follow-up:</u> 77% at 18 month follow up (age 2 years)</p> | <p><u>Outcomes assessed at:</u> baseline (4 months), age 14 months, age 2 years, age 3.5-4 years, age 5 years<br/><u>Description of intervention:</u> The intervention was a comprehensive skills-based program that used a cognitive behavioural approach and focused on the feeding and parenting practices that mediate children's early feeding experiences. It commenced when the children were 4-6 months of age and comprised two modules of six fortnightly group sessions (10-15 mothers per group), each of 1-1.5 hours duration.<br/><u>Study evaluation:</u> Evaluation of primary and secondary outcomes at 18 month follow up in progress. Process evaluation (intervention modules) pending.<br/><u>Strengths:</u> cluster RCT design; excellent recruitment and maintenance of the sample; high quality measures; excellent capacity for transfer to existing public health infrastructures.<br/><u>Weaknesses:</u> Low SEP and non-English speaking background groups underrepresented</p> |