

# Health in Preconception, Pregnancy and Postpartum Global Alliance: International Network Preconception Research Priorities for the Prevention of Maternal Obesity and Related Pregnancy and Long-Term Complications

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## For which topic were research priorities identified?

preconception

## In which location was the research priority setting conducted?

international

## Why was it conducted at all?

Building on previous success in developing international and national alliances in Health in Preconception, Pregnancy and Postpartum (HiPPP) and polycystic ovary syndrome (PCOS), a leading endocrinologist, gynaecologist, and psychologist at the Monash Centre for Health Research and Implementation (MCHRI), Monash University, convened an international forum in Prato, Italy in September 2018. The forum was part of a strategy to improve stakeholder engagement in the field. It included a network panel with invited experts and consumers from across the globe to collectively work towards optimising preconception and pregnancy healthy lifestyle and prevent maternal obesity and related short- and long-term complications. Forum attendees formed the HiPPP Global Alliance.

## What was the objective?

to develop agreed upon international preconception priorities to address the global issue of poor lifestyles in reproductive aged women, specifically for the prevention of maternal obesity and related pregnancy clinical outcomes

## What was the outcome?

a list of 5 research topics

## How long did the research prioritization take?

No information provided.

## Which methods were used to identify research priorities?

Delphi

## How were the priorities for research identified exactly?

Step 1: research priority areas were developed based on a comprehensive systematic review of international and national clinical practice guidelines on preconception and pregnancy care and the WHO recommendations. Step 2: criteria for priority setting were defined: 9Ps priority setting framework created. Step 3: Delphi round 1: survey: participants were asked to rank 12 preconception priorities, participants were also able to suggest additional priorities that were not listed. Step 4: Delphi round 2: workshop with nominal group technique: small group discussions, groups considered whether any priorities could be consolidated, amalgamated, added, or removed, followed by facilitated whole group discussion to consolidate and integrate group inputs, consolidated list of priorities was agreed upon, participants were asked to rank the new list of priorities for preconception. Step 5: Delphi round 3: ranking scores were summed to create total score for each priority, participants were provided with round 2 ranking and asked to discuss priorities with reference to the 9Ps priority setting framework in small groups, final ranking was conducted. Step 6: achieving consensus: participants were asked to agree on number of top priorities, final group discussion identified specific gaps in research, practice and policy for preconception that would help address the identified priorities. Step 7: post workshop consultation and collaboration: priorities and gaps in research, practice and policy circulated electronically among participants for final consultation

## Which stakeholders took part?

Stakeholders of international standing in their respective fields with regards to preconception and pregnancy health. 20 participants from medicine, nursing, psychology, health economics, allied health, epidemiology, applied health services research, paediatrics, global health, as well as consumer advocates.

## How were stakeholders recruited?

Thirteen stakeholders of international standing in their respective fields with regards to preconception and pregnancy health were invited, representing geographic diversity and variations across clinical or academic disciplines. Two consumer representatives were also invited from established non-governmental women's health and consumer representative organizations. Six early career researchers with relevant expertise were also invited.

## Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the