

Table S7: Description of ‘other’ interventions aimed at preventing excessive gestational weight gain (other than diet, physical activity, lifestyle and eHealth).

First author	Setting and date	Population	Intervention	GWG ^a and GWG measure	Quality ^b
Bechtel-Blackwell ¹²⁷	United States	African American, 13-18 years old, primiparous. Sample: 60 (30 int, 30 con) Final analyses: 22 int, 24 con	Three, 20 minute group sessions regarding nutrition needs specific to stage of pregnancy and nutrition assessment using computer assisted self-interviewing. Duration: 22-24 weeks	Trimester 1: Int:1.5 ; Con:2.8 ^c $p < 0.01$ Trimester 2: Int:6.6; Con:6.8 ^c $p > 0.05$ Trimester 3: Int:6.9; Con:5.6 ^c $p < 0.01$ GWG: Per trimester	Random: High AC: High Blinding: Unclear Data: High SR: Unclear Other: Unclear
Brownfoot ³⁰	Melbourne, Australia Jan 2010 – Nov 2012	Singleton pregnancy, < 21 weeks gestation, antenatal care through hospital clinic. Excluded: <18 years, >45 years, medical comorbidities, substance abuse, inability to speak English. Sample: 782 (386 int, 396 con) Final analyses: 369 int, 372 con	Women were weighed at each antenatal visit. All clinic rooms had the IOM guidelines displayed and clinicians were encouraged to discuss appropriate GWG with patients. Duration: 22 weeks	Int: 0.54±0.28 ^d Con: 0.53±0.24 ^d $p = 0.63$ GWG: Baseline - final visit	Random: Unclear AC: Low Blinding: Unclear Data: Low SR: Low Other: Low
Daley ¹²²	United Kingdom Apr 2012 – Dec 2012	Singleton pregnancy, > 18 years old, BMI 18-29.9kg/m ² . Excluded: Obesity, pregnancy complications. Sample: 76 (40 int, 36 con) Final analyses: 34 int, 34 con	A midwife-led intervention as part of usual antenatal care. Women were weighed at each appointment and weights were plotted on GWG chart. Women were also given a weight record chart and asked to monitor their own progress between visits. Duration: 26-28 weeks	Int: 12.0±4.5 Con: 12.1±5.9 <i>Significance not reported</i> GWG: Baseline - 38 weeks	Random: Unclear AC: Unclear Blinding: Unclear Data: Low SR: Unclear Other: Low
Herrera-Perdigon ¹²⁶	Philadelphia, United States Jan 1992 - Jan 1996	High-risk pregnancy (Pre-GDM, GDM, HTN). Excluded: < 18 years, risk of pre-term labour, multiple pregnancy. Sample: 77 Final analyses: 29 int, 38 con	Usual physician-led care was modified to so half prenatal visits were with a nurse at home. Visits with physician or nurse were every 1-2 weeks. Advice regarding nutrition and lifestyle provided. Duration: 17 weeks	Int: 11.8±8.5 Con: 14.2±10.3 $p = 0.91$ GWG: Pre-pregnancy - delivery	Random: Unclear AC: Low Blinding: Unclear Data: Low SR: Unclear Other: Unclear
Jeffries ¹²³	Melbourne, Australia Jul 2007 – May 2008	Singleton pregnancy, 18-45 years old. Excluded: pre-existing diabetes, non-English speaking Sample: 286 (148 int, 138 con) Final analyses: 125 int, 138 con	Education regarding GWG guidelines. Women’s weights were recorded at 16, 20, 24, 28, 30, 32 and 34 weeks. Duration: 25 weeks	Int: 10.7±4.2 Con: 11.5±4.0 $p = 0.42$ GWG: Baseline - 36 weeks	Random: Low AC: Low Blinding: Unclear Data: Low SR: Unclear Other: Low

Quinlivan ¹²⁴	Melbourne, Australia	Singleton pregnancy, overweight or obese. Excluded: foetal abnormalities, wanted to relinquish infant after birth, unable to attend clinic, non-English speaking. Sample: 132 (67 int, 65 con) Final analyses: 63 int, 61 con	An intervention with four key aspects: a) Continuity of care, b) Assessing weight gain at each antenatal visit, c) Dietary intervention by a food technologist at each antenatal visit, d) Psychological assessment and intervention if indicated Duration: 30 weeks	Int: 7.0±5.2 Con: 13.8±5.2 $p < 0.01$ GWG: Baseline - delivery	Random: Low AC: Low Blinding: Unclear Data: Unclear SR: Unclear Other: Unclear
Santamaria ¹²⁵	Italy Jan 2012 – Jul 2013	Singleton pregnancy, pre-pregnancy BMI >25 and <30, first trimester fasting plasma glucose <126mg/dl and or random glycaemia <200mg/dl, Caucasian. Excluded: Previous GDM, pre-GDM, corticosteroids. Sample: 220 (110 int, 110 con) Final analyses: 95 int, 102 con	2g myo-inositol + 200ug folic acid twice/day. Duration: 12 weeks	Int: 6.2±3.2 Con: 7.5±4.0 $p = 0.07$ GWG: Baseline – Oral glucose tolerance test.	Random: Low AC: Low Blinding: Unclear Data: Low SR: Unclear Other: Unclear
Syngelaki ²⁹	London, United Kingdom Oct 2010 – Jun 2013	Singleton pregnancy, 12-18 weeks gestation, BMI >35kg/m ² . Excluded: <18 years old, major foetal defect detected, history of GDM, kidney, heart or liver failure, hyperemesis gravidarum, prescribed metformin before screening, sensitivity to metformin. Sample: 450 (225 int, 225 con) Final analysis: 202 int, 198 con	Metformin was initiated at an initial dose of 1g per day and increased 0.5g per week to a maximum dose of 3g per day in week five. Both control and intervention groups received advice regarding healthy eating and low-GI foods, and were encouraged to exercise 30 mins per day. Duration: 25 weeks	Int: 4.6 (1.3-7.2) ^e Con: 6.3 (2.9-9.2) ^e $p < 0.001$ GWG: Randomization - delivery	Random: Low AC: Low Blinding: Low Data: Unclear SR: Unclear Other: Unclear

^aGestational weight gain (kg): mean (standard deviation) unless otherwise stated.

^bBased on Cochrane Collaboration Risk of Bias. Random = Randomization; AC = Allocation concealment; Blinding = Blinding of participants, personal and outcome; Data = Incomplete data; SR = Selective reporting; Other = Other bias.

^cGWG per trimester (SD not reported).

^dWeekly rate of GWG (kg/week).

^eGWG (kg) median and interquartile range.

Other acronyms and abbreviations in alphabetical order: BMI = body mass index, Con = control group, GI = glycemic index, GWG = gestational weight gain, HTN = hypertension, Int = intervention group, IOM = Institute of Medicine, NR = Not reported, PA = Physical Activity.