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Official Title: Feasibility Trial of a Lifestyle Intervention for Pregnant People with Gestational Diabetes

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Feasibility Trial of a Lifestyle Intervention for Pregnant People with Gestational Diabetes

Feasibility Trial Protocol Version 1.3

Funded by: Clinical Research and Innovation Seed Program (CRISP)

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Title:

Feasibility Trial of a Lifestyle Intervention for Pregnant People with Gestational Diabetes

Summary/Background:

Gestational diabetes mellitus, or GDM, affects 2-10% of pregnancies in the United States (CDC)[1]. Approximately 50% of patients with GDM will progress to develop Type 2 diabetes in their lifetime[1]. Patients must have immediate access to nutrient-rich food and ongoing education and support regarding healthy meal preparation. GDM, therefore, is a perfect window of opportunity for prevention of diabetes. The opportunity provided by a diagnosis of GDM can be utilized only if optimal medical and obstetric care and sustainable educational interventions are provided to patients who are pregnant with GDM.

The socioeconomic impact of GDM is significant. Dietary non-compliance and poor reliability of glucose monitoring increase adverse pregnancy outcomes[2,3]. Compared with pregnancies without GDM, women with GDM are more likely to have pregnancy complications, including antepartum hospitalization, cesarean delivery (50.3% vs 35.3%), and a longer length of stay during antepartum or delivery admissions[3-6]. Infants of mothers with GDM are more likely to suffer several adverse neonatal outcomes, including metabolic and hematologic disorders, respiratory distress, cardiac disorders, and neurologic impairment due to perinatal asphyxia and birth traumas, and higher rates of admission to the neonatal intensive care unit[7].

Optimal outcomes in patients who are pregnant with GDM require education and adoption of an ADA-specific diet, daily glucose monitoring and physical activity, and compliance with prenatal visits[3-6]. To improve pregnancy outcomes, patients must understand and adopt these interventions on a significantly accelerated pathway compared with patients who are not pregnant as, on average, patients with GDM will have 8 to 10 weeks before they deliver. Thus, to achieve these goals quickly, patients must have immediate access to nutrient-rich food and on-going education and support regarding healthy meal preparation, including portion sizes, frequency, and composition of healthy snacking. There are ongoing studies on subsidized healthy food prescription programs to assess meaningful changes in average blood glucose levels and other clinically relevant outcomes in type 2 diabetes[8], however similar trials have yet to be performed in patients with GDM.

Most previous exercise interventions for blood glucose control in patients who are pregnant with GDM have included supervised exercise sessions and thus are difficult to translate to the health care system[9-12]. Lifestyle interventions that promote self-efficacy with unsupervised exercise and evidence-based behavioral strategies (e.g., goal setting, monitoring, and feedback) and incorporate the use of physical activity tracking devices to support these strategies are needed.[13]

The Research Team

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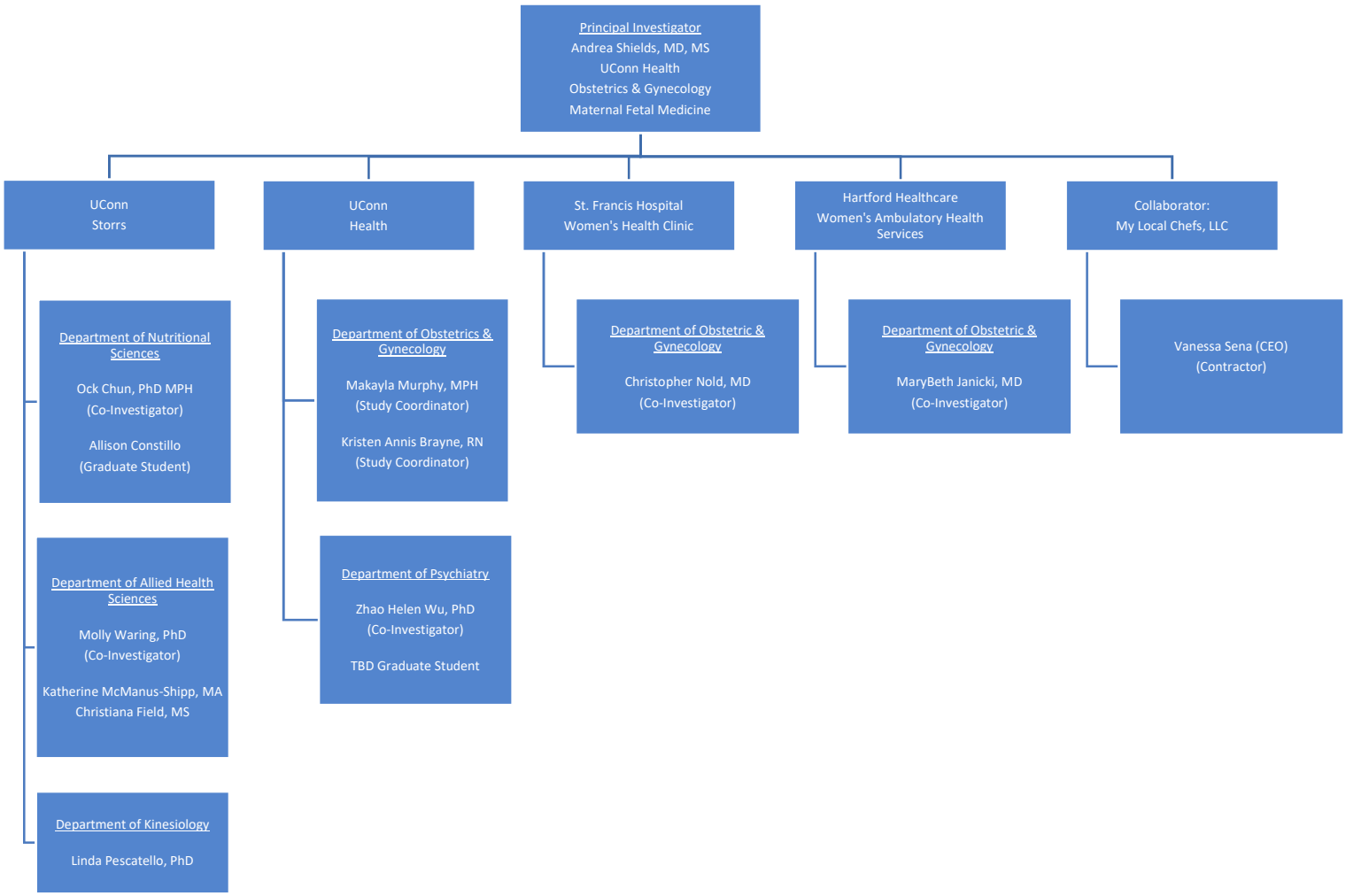

Aims and Objectives:

This study will assess the feasibility of a community-based lifestyle intervention called Meals for Mom (M4M) for pregnant persons diagnosed with gestational diabetes (GDM). In previous work, we developed the intervention and received feedback from women living with gestational diabetes via focus groups (UCONN IRB # 23-190SSF-2.

The Specific Aim of this project is to conduct a pilot feasibility randomized clinical trial of Meals for Moms (M4M) program in patients diagnosed with gestational diabetes. Feasibility outcomes include recruitment, retention, intervention receipt, and program acceptability. We will also measure and describe clinical

outcomes (e.g., diet quality, average glucose values, need for insulin, Cesarean delivery and NICU admission) that will be primary outcomes of a subsequent efficacy trial.

Study Design:

The study has been designed to take place in two distinct phases: Phase 1 – Development of the Meals 4 Moms Program and Phase 2: Feasibility Randomized Control Trial (see enclosed grant proposal). We used feedback from the focus groups conducted in Phase 1 to inform the development of the intervention. This study protocol covers Phase 2 – the feasibility pilot trial.

Study participants will be invited to enroll in Phase 2 of the study after being diagnosed with gestational diabetes (up to 4 weeks after diagnosis). Their enrollment in the study will start after consent is obtained and continue until 1 week post-delivery. On average we anticipate study participation to be between 8-11 weeks for most participants. Study participants will be approached during a prenatal care visit to the Women's Health Clinic at UConn Health (UCHC), St. Francis Hospital (SFH), and Hartford Healthcare (HH) after being diagnosed with gestational diabetes mellitus (GDM).

Sample size and justification

We aim to randomize n=40 participants. We may need to consent up to 100 participants to achieve this target N randomized. We may need to randomize up to n=44 participants in the case that a participant drops out soon after randomization.

We plan to randomize 40 participants; using a randomized design, 20 will be assigned to receive the Usual GDM Care plus the Meals 4 Moms intervention (intervention condition) and 20 will be assigned to receive only "Usual GDM Care" (comparison condition).

Based on our previous experiences recruiting the target population, we anticipate that some individuals will consent to participate in the study, but then fail to complete the baseline procedures, decide they no longer want to participate, or delivery early, and thus not be eligible to be randomized.

Subject Characteristics:

Phase 2:

Age: between 18-49 years old

Gender: Any gender identity

Ethnicity: Any

Inclusion Criteria:

- 18-49 years old
- Current singleton pregnancy
- GDM diagnosis between 24+0 and 31+6 weeks gestation, and no more than 4weeks from time of diagnosis at time of enrollment.
- Currently receiving gestational diabetes management at the UConn Health Maternal Fetal Clinic, St. Francis Hospital Women's Health clinic, Hartford Healthcare Women's Ambulatory Health Services (WAHS)
- Intends to deliver at either UConn Health, St. Francis Hospital or Hartford Healthcare
- Able to read and understand English well enough to participate in the study in English
- Daily access to the internet from smartphone, tablet computer, or laptop/desktop computer that they can use to participate in the study
- Medical clearance to participate from prenatal care provider including clearance to engage in physical activity
- Able to provide verbal or written consent for each component of the study procedures and data collection
- Currently lives within one of the following cities/towns in Connecticut to allow for meal delivery:

Avon	Barkhamsted	Berlin	Bloomfield
Bristol	Burlington	Canton	Cromwell
East Granby	East Hartford	East Windsor	Enfield
Farmington	Glastonbury	Granby	Hartland
Hartford	Manchester	Marlborough	New Britain
Newington	New Hartford	Plainville	Rocky Hill
Simsbury	South Windsor	Southington	Suffield
West Hartford	Wethersfield	Windsor	Windsor Locks

Exclusion Criteria:

- Unable or unwilling to give informed consent or communicate with study staff.
- Diabetes mellitus (Type I or Type II).
- GDM diagnosed prior to 24 weeks gestation or after 32+0 weeks gestation.
- Patient is scheduled for a preterm delivery for medical reasons (i.e., placenta accreta, prior classical incision) at time of eligibility screening or at any time prior to randomization.
- Concurrent participation in another research study providing intervention related to GDM, pregnancy, diet, and/or physical activity.
- Medical conditions that may result in the inability to tolerate solid foods (i.e., hyperemesis gravidarum).
- Medical condition which would prohibit participation as indicated by prenatal care provider providing medical clearance.
- Dietary restrictions that cannot be accommodated for during meal preparation.
- Currently does not live in one of the towns listed within the meal delivery area.
- Has plans to move to out of the meal delivery area between enrollment and expected pregnancy due date.

Study Procedures

Screening Procedures

Participants will be recruited from the UConn Health, St. Francis Hospital Maternal Fetal Medicine Clinics, and Hartford Healthcare Women's Ambulatory Health Services clinic. Study staff will educate each of the clinics Maternal Fetal Medicine (MFM) clinicians and clinical staff responsible for the care and management of the GDM patients about the study and the opportunity for patients to participate in the study. Clinicians or clinical staff will verbally provide details about participating in the feasibility study to the GDM patients during regularly scheduled clinic visits or phone calls. If the GDM patient indicates they are interested, the clinician or clinical staff member will obtain verbal permission from the GDM patient for a member of the research team to contact them to provide more information about the opportunity to participate or will provide them a recruitment flyer with information on how to contact the study team. Study staff will also post recruitment flyers in the appropriate clinic spaces at each of the recruitment sites (e.g., in the waiting room, examination rooms, and/or bathrooms). The recruitment flyer is enclosed. To track

recruitment and prevent duplicated efforts, a screening log will be maintained to track which GDM patients are approached by MFM clinicians or staff.

Research staff will call interested patients to screen them for eligibility. During this call, staff will obtain verbal permission from the patient to perform a chart review to confirm eligibility (i.e., current patient of UConn Health or St. Francis Hospital Maternal Fetal Medicine Clinic or Hartford Healthcare Women's Ambulatory Health Services clinic, singleton gestation, gestational age at GDM diagnosis, time since GDM diagnosis). Maternal Fetal Medicine Fellows overseeing patient's care at St. Francis Hospital clinic or Hartford Healthcare WAHS clinic will confirm eligibility for study participation. A partial HIPAA Waiver will be submitted for approval to the IRB for phone screening/chart review to determine eligibility. If participants are interested and eligible to participate, research staff will explain the study in more detail, including benefits and potential risks of participation.

Each participant screened for inclusion will be assigned a study identification number sequentially. The link between the study identification number and the patient's contact information will be stored in a password protected file only accessible to relevant study staff. The study identification will not be derived from or include any direct personal identifiers (e.g., name, birthdate, medical record number). The screening log will be password protected and housed on the Obstetrics & Gynecology network drive.

For eligible individuals who decline participation, study staff will keep a list of reasons why.

Consent Process

We request a partial waiver of consent to confirm eligibility screening (via medical chart review or with the referring St. Francis or Hartford Healthcare clinician or clinical staff) for participation in the feasibility study.

Once eligibility has been confirmed and a patient has been confirmed eligible to participate, study staff will conduct an informed consent discussion via phone or virtually using either WebEx or Zoom. A member of the study team will review the consent form with the participant, discuss the research process including why we randomize participants and why follow-up is important, discuss challenges and facilitators of participating in the Meals 4 Moms intervention, and answer any questions the patient has. Following this conversation, staff will email the eligible individual a link to the baseline survey in REDCap. Before proceeding to the survey, participants will review the consent form and provide consent electronically.

As part of the baseline survey, the participant will provide consent for a study team member to contact and obtain medical clearance from a member of the participant's prenatal care team. If medical clearance cannot be obtained within 2 weeks of eligibility screening, the study participant will be considered no longer eligible.

Data Collection & Randomization

Data assessments at baseline will include an online survey (via REDCap), completion of dietary recalls, and obtaining medical clearance.

The baseline survey will include the following measures. A copy of the baseline survey is enclosed. Study staff will review baseline surveys within 48 hours of completion, including scoring the EPDS. See below for procedures for participants who endorse the self-harm item or report elevated depressive symptoms.

- Edinburgh postpartum depression screen (EPDS)[14]
- Newest Vital Sign (nutrition health literacy)[15]
- US HFSSM screening for household food insecurity[8]
- FIGO nutritional questionnaire[16]
- National Health and Nutrition Examination Survey (NHANES) Physical Activity (PAQ) – 2 questions specific to leisure and sedentary behaviors[17]
- Previous use of meal delivery services and digital tools for diet or weight loss
- Demographic, reproductive history, and clinical characteristics

At baseline, participants will also complete 3, 24-hour dietary recalls using the National Cancer Institute's (NCI) automated self-administered 24-hour dietary recall (ASA24™).[18] Participants will complete 3 recalls (2 weekdays, 1 weekend day) within 3 weeks of consent. Study staff will provide via email instructions to each participant will be receive a link to the ASA-24 (asa24.nci.nih.gov) along with a username and password that has been generated by the research staff. ASA-24 usernames and passwords will not contain individual identifiers. The usernames will be of alpha-numeric origin (for example, M4M001, M4M002) and not the participant's main study identifier. The passwords will be generated by the ASA-24 system. The study will keep a list of each participant's ASA24 username so we can link ASA24 data to participants' other study data. Participants will be instructed to remember their generated password. In the event a participant is unable to recall their password, they will be advised to reset their password using the ASA-24 system.

Medical clearance. Study staff will obtain medical clearance from the study participant's prenatal care specialist. If staff receive denial of clearance from the prenatal care specialist, they will halt baseline assessments with the potential participant, as denial of medical clearance is an exclusion criterion.

Randomization:

We will randomize 40 participants 1:1 to the Meals 4 Moms (M4M) and Usual Care (UC) conditions in randomly permuted blocks of size 4 and 6. Randomization will be stratified by site (UCHC vs SFH vs HH) and whether there are children currently living in the participant's home (0 children vs 1+ children) to balance any differences in clinical care and experiences changing diet due to family configuration, respectively. Randomization will be conducted via the randomization module in REDCap based on randomization tables created by Dr. Waring. A participant will only be randomized once they have completed all baseline assessments. Study participants will be informed which treatment condition they have been assigned to by a member of the research team.

Usual Care:

Usual care will consist of the current treatment care that is provided by the participant's prenatal care provider. Usual care consists of a special diet, monitoring of blood glucose levels and encouragement/guidance of increasing a participant's exercise.

Meals 4 Moms:

The Meals 4 Moms Program has been developed based on providing continued education and support with a focus on physical activity/fitness and nutrition.

The program is centered around providing a subsidized food prescription program designed to promote the consumption of nutritious GDM-specific meals. My Local Chefs (MLC), a local Connecticut-based small business, that will package and deliver nutrient-rich American Diabetes Association (ADA)-compliant weekly customizable prepared meals that contain locally sourced, culturally acceptable, nutritionally adequate foods and nutritionist-approved GDM-specific recipes that guide participants to make healthy meals at home.

Participants randomized to the M4M condition will receive an individualized URL link to the My Local Chefs website, where they will have access to a meal budget of $266 food credits per week. Participants will have the ability to customize their selection of meals and produce using this weekly food budget. Prepared meals will be delivered to the participant's home from their first order post-randomization until 1 week after the

participant delivers (on average, 8-11 weeks). Prepared meals will include the recipes, tips for meal preparation and education on nutrients that are being provided.

Additionally, the program will provide participants access to an online platform hosted by My Local Chefs where participants can access enhanced educational GDM-specific education on exercise, nutrition, and blood sugar glucose management. Bite size education will be delivered in a variety of different avenues including videos, podcasts, blog posts and other educational materials.

- Exercise education on the platform will include access to exercise videos that have been reviewed for safety by the study PI. Participants will initially meet virtually or over the phone with the study's exercise trainer to discuss their baseline exercise level and health status to recommend personalized fitness goals during pregnancy. The exercise trainer will make recommendations to which videos will be appropriate for the participant. Participation in the exercise videos will be unsupervised and based on each participants' baseline fitness level (e.g., Tier I [none to minimal daily exercise] and Tier II [moderate exercise). Participants will then meet with the exercise trainer to review their progress of incorporating exercise into their daily routine on a biweekly basis.

  Participants will be instructed to use Move Your Way® from the Office of Disease Prevention and Health Promotion, a free on-line customizable weekly physical activity planner to set exercise goals and track progress. Intervention participants will be provided with an activity tracker to monitor their daily physical activity and Wi-Fi scale to monitor gestational weight gain.

- Nutrition educational resources on the Meals 4 Moms platform will provide participants access to cooking demonstrations, nutritious recipes, featured meals of the week, podcasts and blog posts. Participants who access the platform will not be able to interact in a forum but can comment on blogposts and rate recipes.

Activity tracker and digital scale data:

Participants randomized to the M4M condition will be provided with and asked to wear a wearable activity tracker (e.g., a FitBit Inspire 2 or similar model) for the duration of their participation. Subjects randomized to the M4M condition will also be asked to weigh themselves daily using a Wi-Fi scale (e.g., Fitbit Aria Air Scale). Participants will be mailed their hardware within 2-3 days of randomization by study staff. The wearable activity

tracker and Wi-Fi scale will include instructions that detail how to download and use the activity tracker app, how to set up the activity tracker device, and how to wear and charge the device during the study. The instructions are included as an appendix. Study staff will offer additional support over the phone or via videoconference to set up the device and app if needed.

Participants will be asked to weigh themselves daily using the Wi-Fi scale. Activity trackers and scales will be either provided to the participant at a prenatal care visit or shipped to the participant's home address.

The activity tracker app will allow the activity tracker to automatically sync and download data into a secure database (Fitabase). Fitabase is a fully hosted, cloud-based software solution that implements robust industry standards to maintain secure databases and keep data private. M4M participants will be informed that their activity data will be downloaded to the Fitabase. No GPS or other location information is collected.

We expect that M4M participants will spend up to 5 minutes each day unplugging/plugging in their device from the charger and/or keeping track of dates and times when the activity tracker is not worn utilizing a provided tracking log. Participants are expected to wear the activity tracker device as often as possible (20-24 hours per day).

Every two weeks, the exercise trainer will access the Fitabase database to review the downloaded data for each participant.

- The exercise trainer will assess whether M4M participants are meeting the ACOG (American College of Obstetrics & Gynecology) guidelines for exercise in pregnancy. Current recommendations include at least 150 minutes a week/30 minutes exercise 5 times a week. The exercise trainer will suggest to the participant to utilize the additional, PI-approved exercise resources within the curated exercise video library to help increase the level of activity.
- The exercise trainer will also monitor the participant's weights obtained from the Wi-Fi scale. If a participant were to experience a 1.0 kg (2.2lbs) weight gain or any decrease in weight within a week, the exercise trainer will inform the study coordinator and/or PI who will contact the participant's prenatal care provider for appropriate follow-up and management.

Follow up data collection:

Post-intervention survey:

Following the intervention period, participants in both treatment conditions will complete a follow-up survey administered via REDCap. The follow-up surveys will be administered starting at 37 weeks' gestation and up to within 2 weeks following delivery, with a preference to assess 1 week prior to anticipated delivery date. The follow-up survey will include many of the measures asked at baseline, and to rate how acceptable they found their experience with the study. Participants randomized to the M4M condition will also be asked about their satisfaction with meals and acceptability of the intervention. A copy of the follow-up survey is enclosed.

Participants in both treatment conditions will also complete 3 24-hour dietary recalls via the ASA24 online system (2 weekdays and 1 weekend day) using a similar procedure as at baseline.

Post-intervention interview (M4M condition only)

Participants in the M4M condition will also complete a semi-structured interview via video conferencing software (WebEx or Zoom) with a member of the research team. A copy of the interview guide is enclosed. Interviews will be conducted virtually to prevent illness exposure (e.g., COVID-19) and to make participation more convenient for patients. We expect that each interview will take 30-45 minutes. We will record the interview to capture each participant's comments verbatim, and then transcribe interviews for analysis.

All efforts will be made to have each M4M participant complete an interview. The study staff will reschedule an interview up to 4 times before considering a participant incomplete. Study staff will attempt to remain in contact with via phone, text, or email with the participants.

Intervention website use data:

Working with the MLC web development team, the research team will obtain backend data from the intervention website and will link these data to participants' other study data using their email address. These data will include every action participant took to interact with the intervention website, such as logging in, viewing meals, ordering meals, viewing resources (e.g., recipes, exercise videos), and the date and time spent doing each action.

Medical record abstraction:

Clinical outcomes will be abstracted from the electronic health record by study staff at UConn Health or Maternal Fetal Medicine Fellows at St. Francis Hospital and Hartford Healthcare Women's Ambulatory Health Services clinic. Data will be abstracted into a REDCap database. Data abstracted from the clinical record will include:

- Maternal characteristics (body mass index, age, gravidity, parity) and preexisting medical conditions (e.g., hypertension, thyroid disease) and medications taken to treat preexisting medical conditions.
- GDM management outcomes (weekly capillary blood sugar readings, use of insulin or other medications for glycemic control)
- Pregnancy outcomes (preterm delivery < 37 weeks, preeclampsia or other hypertensive disorders, fetal growth restriction, hemorrhage, transfusion, chorioamnionitis, cesarean delivery, wound infection, low Apgar score (<7 at 5 minutes), small for gestational age, meconium aspiration, large for gestational age, macrosomia, and total gestational weight gain
- Neonatal/infant outcomes include intrauterine fetal demise/stillbirth, fetal growth restriction, and macrosomia. Adverse newborn outcomes include high c-peptide values, birth trauma, hyperbilirubinemia, hypoglycemia, neonatal demise, low Apgar score (<7 at 5 minutes), small for gestational age, meconium aspiration, large for gestational age, NICU admission, IV glucose treatment, respiratory distress syndrome, necrotizing enterocolitis, intraventricular hemorrhage, neonatal infection, and neonatal micronutrient deficiencies. Identification of large for gestational age (via birth weight and ponderal indices) will be collected and will use growth standards that account for race and Hispanic ethnicity[21].

Feasibility Outcomes

Below we detail our feasibility outcomes, how they will be measured, benchmarks for assessing feasibility, and how we will use resulting information to inform the design of the efficacy trial.

Feasibility outcome	How measured	Benchmark	How information will inform design of efficacy trial
Recruitment	Recruitment rates will be calculated from the number of patients approached and reasons for ineligibility and	At least 75% of the patients screened as eligible should be recruited but the trial will not be feasible if recruitment uptake is 50% or less; we anticipate	We will compare yield from different recruitment approaches and finalize our approach for the efficacy trial based on the most effective and efficient approaches. We will examine whether any eligibility criteria are excluding an inordinate proportion of otherwise eligible women, and if so, reassess

	non-participation.	recruiting 4-5 participants per month	scientific and practical necessity of each eligibility criterion. If recruitment rates are lower than expected, we will adjust recruitment timelines or modify our recruitment strategy or consider a second clinical site.
Retention	Proportion of participants who complete any aspect of the follow-up assessment	≥80% retention in each arm with 65% or less retention indicating that the main trial is not feasible	If retention is lower than expected, we will explore reasons for drop-out and modify the protocol to address these challenges.
Receipt of intervention	Records of # meals ordered per week and # of produce bags ordered per week; Records of # of exercise sessions	≥80% food budget spent based on $266 per week ≥80% completed sessions with exercise trainer based on number of sessions eligible to complete	If compliance with meal ordering and completion of exercise sessions does not meet our targets, we will explore alternative strategies for increasing compliance with the interventions and modify the protocol to address these challenges. We will also describe engagement with other aspects of the intervention website using back-end data from the intervention website and qualitative feedback from post-intervention interviews with participants randomized to the M4M condition.
Intervention acceptability	Participants in both conditions will be asked if they would participate again if they	≥80% of participants indicate “likely” or “very likely” on	We will interview participants in the M4M condition who have completed the trial (after delivery) to understand feasibility and acceptability issues and use their feedback to modify study

	had GDM in the future and if they would recommend the program to a friend with GDM (5-item Likert scales of likelihood)[16-18]	both measures of acceptability	procedures or intervention materials before moving to a full-scale efficacy trial. We will also examine responses to addition questions assessing frequency of use of and ratings of helpfulness and relevance of other aspects of the M4M intervention.

Subject Compensation

Participants randomized to the UC condition will be compensated for their time to complete the baseline and follow-up assessments and the completion of ASA-24 dietary recall.

- UC participants will receive a $10 gift card (i.e., Amazon) for completion of the baseline assessments.
- UC participants will receive a $20 gift card (i.e., Amazon) for completion of follow-up assessments.
- UC participants will receive a $10 gift card (i.e., Amazon) for each completed ASA 24 diet recall at baseline and follow-up assessment timepoints. UC participants can receive up to $60 for completing all the ASA-24 diet recalls.
- UC participants will receive up to $90 in gift cards for their participation in the study.

Participants randomized to the M4M condition will be compensated for their time to complete the baseline and follow-up assessments and the completion of the ASA-24 dietary recall.

- M4M participants will receive a $10 gift card (i.e., Amazon) for completion of the baseline assessments and a $20 gift card for follow-up assessments. To receive the gift card at follow-up participants in the M4M condition must complete both the online survey and interview.
- M4M participants will receive a $10 gift card (i.e., Amazon) for each completed ASA 24 diet recall at baseline and follow up assessment timepoints. M4M participants will receive up to $90 in gift card reimbursement for their participation in the study.

M4Ms participants will also receive a weekly food budget of $266 per week to select GDM prepared meals and produce bags for up to 11 weeks (up to a total of $2926 food credits) and will be allowed to keep the activity tracker and Wi-Fi scale.

Risks

Risks to Subjects

The possible risks of this study include a food-borne illness, injury while being physically active, episodes of hypoglycemia, possible discomfort from completing questionnaires, and breach of confidentiality. Study activities do not differ from typical everyday activities and risks of pregnant persons with GDM (e.g., eating meals prepared outside of their home such as from restaurants, interacting with others online, using a mobile app) and/or activities done or recommended clinically and in line with national recommendations for diet and exercise during the pregnancy (e.g., eating a ADA compliant diet, regular exercise, measurement of weight) and thus does not pose more than minimal risk/slight increase over minimal risk.

Protection against risks:

Physical Risks:

Meals will be prepared within commercial kitchens by chefs affiliated with My Local Chefs (MLC). The commercial kitchens have been inspected and certified in the prevention of the spread of food borne illnesses by the State of Connecticut Department of Public Health. Participants who receive prepared meals from MLC will be instructed to keep prepared meals refrigerated or freeze to prevent food born illness. Participants will also be provided instructions on how to appropriately reheat the meal for consumption.

Participants must have medical clearance from their prenatal care provider including confirming their ability to engage in physical activity. Medical conditions preventing the increase of physical activity will be exclusionary. We will obtain medical clearance from a member of each participant's prenatal care provider including clearance to participate in physical activity. Research staff will provide additional education about safely engaging in physical activity during pregnancy, and warning signs to watch for. Participants will be encouraged to listen to their bodies during exercise, and to stop exercising if they experience unexpected levels of discomfort or warning signs for physical activity during

pregnancy. Participants who experience discomfort will be asked to meet with their PCP /OBGYN prior to returning to physical activity.

Participants will be educated by study staff to measure their capillary blood sugar levels prior to exercise. If capillary glucose levels are below 70 mg/dl, participants will be instructed to consume an appropriate snack prior to exercising[22]). To take advantage of the hyperglycemic effect of food, it may be advantageous to exercise an hour after a meal[22]. It also may be important to consider taking insulin medication well before exercise to further reduce the risk of hypoglycemia.

Psychological Risks:

Participants will be reminded that they do not have to answer any questions they do not wish to in any of the baseline or follow-up assessments. All participant surveys will be completed via a secure web form via REDCap. Participants will be asked to answer some questions about their mood (i.e., depressive symptoms). If the study team finds that answers on the survey are concerning, we will ask the participant to consult with their primary care provider or obstetrician/gynecologist to discuss their symptoms. We also will encourage participants to talk to their prenatal care provider if they feel depressed or experience any unexpected mood changes at any point during the study. If study personnel finds that a participant reports they are a safety concern to themselves or someone else, study staff will need to release the participant's confidential information for emergency care purposes.

Additional efforts to protect participant confidentiality are described below.

Confidentiality Risks:

The informed consent discussion will occur virtually, either by phone or by using a secure virtual platform such as WebEx or Zoom. A member of the study team conducting the consent process will suggest that the participant utilize a room that provides privacy prior to conducting the virtual consent.

Research records will be labeled with a Participant ID, an assigned unique identifier. All contents of the research record will be labeled with the assigned ID. A complete record of

the subject's pertinent history and documentation of the clinical visits will be kept on digital case report forms which will be securely stored with REDCap.

For participants randomly assigned to the M4M intervention, information posted to the intervention website hosted by MLC, is subject to terms of use and privacy policy, including terms of use for their website and mobile application. We will instruct participants to review these terms and the privacy policy. Participants will be able to post comments to blog posts and rate recipes within the My Local Chefs platform. Participants will be able to send in questions about meals, meal prep, etc. that will be answered by MLC chefs. Participants location or contact information will not be posted on the platform. The MLC support community will be private and comments or reactions on website content (e.g., recipe post) made by participants will only be available to participants randomized to the M4M intervention.

We will also ask participants not to disclose that they are in a research study to protect confidentiality of other participants and not to share user posts on the MLC intervention website with others. MLC chefs and admins will log into their site daily to reply to participants and monitor content shared by participants.

Participants receiving the M4M intervention will be asked to download the free activity tracker (Fitbit) app as a tool to help participants track their physical activity. Information participants enter into the app or allow the app to access from their phone is subject to that company's terms of use and privacy policy. We will instruct participants to review these terms and the privacy policy carefully before choosing to download and use the app or use the website. During the study, if we become aware of any changes made to applicable privacy policies, we will notify participants by email promptly that this has occurred and will encourage them to review their privacy settings.

While not expected to be related to study participation, over the course of the study the research staff may become aware of depressive symptoms among our participants. The study assessment, the Edinburgh Postnatal Depression Scale (EPDS), is screen for depressive symptoms.[14]

- Women who score 12 or greater (suggestive of high risk of clinical depression) and score negative on the EPDS self-harm question (#10) will be contacted by a member of study team. The study team member will encourage the participant to contact their provider to discuss their symptoms and ask for verbal permission to contact the participant's prenatal care provider on their behalf. If study team member will inform

the prenatal care provide that the participant's EPDS score was suggestive for depression.

- Women who score positive on the EPDS suicide question (#10) will be considered at acute risk of injury or harm. In the unlikely event, the study PI or project manager will be contacted immediately, and the participant will be assessed for the need for immediate referral for psychiatric evaluation. Urgent evaluation will be arranged for the participant as indicated, and the participant's provider will be made aware of the situation. Staff will confirm participant's contact information prior to each study follow-up assessment including contact information for their prenatal care provider.

Participants will be made aware of this protocol in the original consent for the study. All referrals will be documented and reported to the study PI.

Protections Against Risks to Human Subjects: All adverse events (AE) that are serious, unexpected, and considered related to the study judged by the PI will require expedited reporting. All available information relevant to the evaluation of the serious adverse event (SAE) will be reported.

A SAE is any untoward medical occurrence or effect that at any dose:

- Results in death
- Is life-threatening
- Requires inpatient hospitalization or prolongation of existing hospitalization
- Results in persistent or significant disability/incapacity
- Is a congenital anomaly/birth defect

Fatal or life-threatening serious, unexpected, related cases occurring in clinical investigations qualify for very rapid reporting. The Institutional Review Board will be notified (e.g., by telephone, fax, or in writing) as soon as possible, but no later than 7 calendar days after first knowledge by the principal investigator that a case qualifies for expedited reporting, followed by a report that must be as complete as possible within 8 additional calendar days.

Serious cases that are unexpected and related and are not fatal or life-threatening, must be submitted as soon as possible but no later than 7 calendar days after first knowledge by the principal investigator that the case meets the minimum criteria for expedited reporting.

Inconveniences participants may experience include time spent to participate in the research. This includes time to complete study assessments, and, for women randomized to the M4M condition, time to learn and monitor activity and weight. We have planned study

procedures to minimize the time needed by only collecting data needed to achieve study aims.

Participants randomized to M4M intervention may receive a benefit of improved maternal, fetal, and neonatal outcomes, however since this is a research study this cannot be promised.

If a participant expresses upset about intervention during the study, research staff will contact the participant to discuss her concerns and work with the PI to resolve any issues. If a participant randomized to M4M intervention expresses upset with meals during the intervention period, we will give feedback to MLC for resolution. If participant expresses upset with weight gain or poor glucose control despite the intervention, we will encourage her to keep up with the healthy changes she made during the intervention or seek assistance from her prenatal care provider.

Benefits to Subjects

Participants may or may not benefit from participating in this feasibility pilot trial. Benefits that could occur are better glycemic control because of the lifestyle intervention for participants randomized to the M4M condition. Results from this research will help refine the delivery of this intervention with the intent of increasing the efficacy of the intervention.

Privacy of Subjects

This study is slightly above minimal risk. Participants will be provided a copy of the consent form that will describe the study and what is being asked of them if they decided to participate, how the information they share will be used, the risk and benefits of participating, their rights regarding opting out, and their private information will not be shared with anyone outside of the research project. In addition, the study team contact information of the Principal Investigator and the UConn Health Human Protection office will be provided to each participant.

During transcription of post-intervention interview audio recordings, participants' names will be replaced with their study ID number to permit linking of statements with de-identified survey data. Uniquely identifying statements (e.g., names of family members, locations) will be deidentified during transcription (e.g., replace husband's name with "[HUSBAND]"). After the transcripts have been checked for accuracy, the audio recordings will be deleted. Interview transcripts will be stored on a password-protected research drive accessible only to appropriate research staff. Study

team members not involved in the conduct or analysis of the interviews will not have access to the audio recordings or private identifiable information about participants.

Data from uninterested or ineligible potential participants: Contact information will be stored in a password protected file (REDCap project) with an indication that they are not eligible and reason(s) for ineligibility.

Confidentiality of Data

The study team will protect the confidentiality of the information participants provide. However, confidentiality cannot be guaranteed.

The following security protocols will also be applied to all data: physical protections - all data will be stored on secure servers behind firewalls (e.g., REDCap hosted by UCHC, password-protected UConn/UCHC drives such as OneDrive or InCHIP research drive). All hard copy files will be locked in secure cabinets; logical protections –data will be password protected and/or encrypted; and access protections – access will be granted to data on a need-to-know basis only. All records consisting of personal identifiers will be destroyed upon completion of the study by shredding of the hard paper copy, redacting the PHI/PII from the hard paper copy, and/or destruction of the electronic files. Only relevant study staff will have access to participant PHI/PII. Analytic datasets will not include PHI/PII. Interview recordings will be deleted after transcription.

Budget/Resources

Funding for the Meals 4 Moms study has been provided by the Clinical Research and Innovation Seed Program (CRISP).

Dissemination

We plan on disseminating study results via publication of scientific articles, presentation at scientific conferences, and/or dissemination to the public (e.g., social media posts, infographics for a general audience).

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