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NEWS AND INFORMATION IMPORTANT TO YOU AND YOUR PRACTICE
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IMPORTANT NEWS: *See Dr. Hale's Executive Desk on page 2 for more information.*

How much weight patients should gain in pregnancy

WOMEN WHO GAIN THE RECOMMENDED NUMBER of pounds during pregnancy decrease the health risks to themselves and their baby. Armed with this fact, the Institute of Medicine released updated pregnancy weight gain guidelines in May and called for increased diet and exercise counseling.

The new guidelines were developed in the midst of a US overweight and obesity epidemic, the consequences of which ob-gyns deal with every day. Two-thirds of women of childbearing age are overweight, and almost one-third are obese, according to National Center for Health Statistics data collected in 1999–2004.

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what's different

BMIs shifted slightly to agree with the World Health Organization's definitions

Category names changed from "low," "normal," "high," and "obese"

Only the "obese" recommendation changed, previously recommending "at least 15 lbs" for obese women, with no maximum weight gain recommended

New IOM Recommendations for Total and Rate of Weight Gain during Pregnancy, by Prepregnancy BMI

Prepregnancy BMI	BMI* (kg/m²)	Total Weight Gain Range (lbs)	Rates of Weight Gain** 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5–24.9	25–35	1 (0.8–1)
Overweight	25.0–29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)

TABLE ADAPTED FROM IOM GUIDELINES

*To calculate BMI go to www.nhlbisupport.com/bmi
**Calculations assume a 0.5–2 kg (1.1–4.4 lbs) weight gain in the first trimester (based on Siega-Riz et al, 1994; Abrams et al, 1995; Carmichael et al, 1997)

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At the start of their pregnancy, one-fifth of women in the US are obese, a statistic that has jumped 70% in just the last decade, according to the IOM.

"The 1990 IOM guidelines were out of date—there has been a significant shift in the population because of the increased prevalence of overweight and obesity," said ACOG Fellow Patrick M. Catalano, MD, chair of the department of reproductive biology at Case Western Reserve University in Cleveland, who served on the IOM committee that updated the guidelines. "We tried to come up with recommendations that reasonably balanced the evidence and with safety as the bottom line."

The weight gain recommendations remain the same for most categories. However, the category names have changed, and each category's corresponding body mass index ranges has shifted slightly to be in line with the World Health Organization definitions (see chart on the front page).

The primary change is the recommendation for obese women, defined as those with a BMI of 30 or greater. The IOM recommends these women gain 11 to 20 pounds during pregnancy and doesn't differentiate between obesity classes 1, 2, and 3. The previous guidelines recommended "at least 15 pounds" but didn't include a maximum weight.

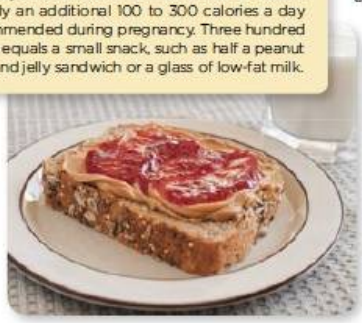
"People want to know why we weren't stricter on the obese recommendations—recommending less or no weight gain for class 2 or 3 obese patients, but there isn't the data to back it up," Dr. Catalano said.

Unlike the 1990 recommendations, the new guidelines take into account both maternal and birth outcomes, not just those for the baby, although there is a dearth of maternal outcomes data. Excess weight gain can lead to cesarean delivery and an increased chance that the woman will keep on the pounds after birth. This increases the chances for subsequent health problems for the woman, such as heart disease and diabetes.

The guidelines no longer provide different recommendations for short women and racial and ethnic groups. The IOM recommends that teenagers should follow the adult guidelines until more research can be done to determine whether special categories are needed. Women carrying twins were given provisional guidelines.

CALORIES DURING PREGNANCY

Women still joke about eating for two during pregnancy, but they need to recognize that that doesn't mean they should consume twice as much food. In fact, only an additional 100 to 300 calories a day is recommended during pregnancy. Three hundred calories equals a small snack, such as half a peanut butter and jelly sandwich or a glass of low-fat milk.



Getting the message out

Following the 1990 IOM guidelines, studies showed that a high proportion of women were either given no advice on how much weight to gain or were told to gain less or more weight than the guidelines called for. If clinicians don't adopt and promote the guidelines and patients go unaware, the guidelines won't do any good, the IOM said. The institute called on medical societies and federal health agencies to educate women about a healthy weight gain during pregnancy.

"It's important for obstetricians to know what a patient's starting BMI is and to make a recommendation based on that about the appropriate weight gain," said ACOG Fellow Laura E. Riley, MD, assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School. "These guidelines offer a good opportunity to ob-gyns to take the time to educate women about what's nutritious."

But, "it's not just the obstetrician in the room," Dr. Catalano said.

"The patient needs to hear about these guidelines from the entire community, from churches and school groups, government agencies. It's up to an obstetrician to be aware of the guidelines, to encourage patients, but we need the support of the community and government," Dr. Catalano said.

Planning for a pregnancy

Approximately half of all pregnancies in the US are unintended. Therefore, it's important to discuss reproductive health with all reproductive-age women, even those not seeking care specifically in anticipation of a planned pregnancy. Weight loss and a healthy lifestyle can be a part of those discussions.

"Ideally, you want women to be prepared for pregnancy and be at a normal weight," Dr. Riley said. "They should take the opportunity to get to a healthy weight before pregnancy. But obviously, this doesn't always happen."

"This underscores why preconception care is so important," Dr. Catalano said. "If you can get women to optimize their weight before they get pregnant—not only because it has an impact for the baby but for the long-term implications for the mother and the baby—it can have a real benefit for both the woman and child." ♀

info

- IOM report *Weight Gain During Pregnancy: Reexamining the Guidelines*: iom.edu/pregnancyweightgain
- ACOG Committee Opinions *Obesity in Pregnancy* (#315, September 2005, reaffirmed 2008); *The Role of the Obstetrician-Gynecologist in the Assessment and Management of Obesity* (#319, October 2005); and *The Importance of Preconception Care in the Continuum of Women's Health Care* (#313, September 2005, reaffirmed 2009): www.acog.org/member_access/lists/commopin.cfm
- Perinatal Outcomes in Nutritionally Monitored Obese Pregnant Women: A Randomized Clinical Trial; *Journal of the National Medical Association*, June 2009;101:569–77