

Overweight pregnant women not getting proper weight-gain advice

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Overweight women are not receiving proper advice on healthy weight gains or appropriate exercise levels during their pregnancies, according to Penn State College of Medicine researchers.

"[Excessive weight gain](#) during pregnancy is associated with weight retention after delivery and is a positive predictor of obesity after pregnancy," Dr. Cynthia Chuang, associate professor of medicine and public health sciences said. "Excessive gestational weight is particularly concerning for [overweight](#) and [obese women](#) given their already increased risk for [pregnancy complications](#)."

Overweight is defined as having a [body mass index](#) (BMI) of 25-29, and obese as more than 29.

Guidelines for [weight gain](#) are based on the weight of the woman at the start of pregnancy. [Women](#) of a normal weight are advised to gain 25 to 35 pounds, [overweight women](#) are advised to gain 15 to 25 pounds, and obese women are advised to gain less than 20 pounds.

Researchers interviewed 24 women after the birth of their first child: 12 overweight and 12 obese. All 12 of the overweight women exceeded the recommended pregnancy weight gain, and nine of the obese did.

[Healthcare providers](#) advised 12 of the 24 to gain too much weight, using the guidelines for normal weight women instead of the appropriate weight guideline. Providers did not discuss weight gain with nine of the 24, gave nonspecific advice to one, and advised an appropriate weight gain to only two. While most women did not receive specific advice on weight gain at the start of pregnancy, all had their weight monitored during [doctor visits](#).

"Women received little, if any, feedback regarding whether their weight gain during pregnancy was healthy or not," Chuang said. "Some women who

received their care at obstetrical group practices and were seen by different providers in the same practice even received conflicting advice."

For example, one overweight woman gained 30 pounds during her pregnancy, but reported her obstetrician expressed concern when she had gained only 10 pounds by the end of the second trimester. Recommendations are that obese women gain 11 to 20 pounds during pregnancy.

Researchers reported their findings in a recent edition of *Women's Health Issues*.

"Women may believe that their healthcare provider is not concerned with excessive weight since they are not being counseled," Chuang said. "Some may believe that their provider will alert them if they are gaining too much weight."

Women find information on weight gain from sources including books, the Internet, magazines, family and friends who are mothers.

"Yet, few women value these sources as much as they value the opinion of their providers," Chuang said. "This suggests that provider advice on weight gain and physical activity during pregnancy would be well-received."

For exercise during pregnancy, providers gave advice to only 10 of 24 women in the study. However the advice was often initiated by the patient, was limited to the initial prenatal visit or was given through written handouts.

None of the women in the study were told to increase their activity, four were advised to continue their activity and 10 were told to limit their activity. None were told how long to exercise, or that the intensity of the exercise should be moderate to vigorous. Stretching and walking were the typical exercises suggested.

Women were told not to exercise more intensely than before pregnancy because most women were not exercising before pregnancy.

"This advice was interpreted to mean that they should not exercise at all," Chuang said.

"Unfortunately, this is in conflict with the federal physical activity guidelines that recommend 150 minutes per week of moderate intensity exercise in healthy pregnant women, even in previously inactive women."

The reasons why women are not being given proper [advice](#) are unclear, said the researchers, who noted that providers may find it awkward to acknowledge that a patient is overweight and do not want to cause embarrassment. Some doctors may also not calculate a pre-[pregnancy](#) BMI to better advise their patients.

Providers need tools to address weight gain and [exercise levels](#), the researchers said. Office-based tools like BMI calculators may help to identify patients as overweight and obese to provide appropriate preconception counseling and accurate weight gain targets. It may also be beneficial to offer educational materials prior to a first prenatal visit.

Provided by Pennsylvania State University

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