

# Pregnancy weight gain recommendations for overweight women

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Credit: AI-generated image ([disclaimer](#))

Most expectant mothers have normal, healthy pregnancies and babies, but the U.S. Centers for Disease Control and Prevention ranks being overweight or obese during pregnancy at nearly the same risk level as uncontrolled high blood pressure, diabetes, smoking, or drinking.

Danielle Symons Downs, professor of kinesiology and obstetrics and gynecology at Penn State, was asked to provide recommendations to clinicians regarding the management of obesity in pregnancy for a special issue of *Primary Care: Clinics in Office Practice*, published in March .

According to recent data, the average maternal weight at time of first pregnancy has increased by more than 20 percent since 1980, and nearly 25 percent of [women](#) weigh more than 200 pounds entering into their first pregnancy.

The Institute of Medicine recommends that overweight women gain 15 to 25 pounds and obese women gain 11 to 20 pounds. Nearly 60 percent of [overweight women](#) and 55 percent of obese women exceed these guidelines, which can lead to pregnancy complications, including gestational diabetes, heart disease, and cesarean delivery. In addition, overweight and obese women are more likely to exceed [weight gain](#) guidelines and keep additional weight on after the delivery.

Downs' recommendations are aimed at addressing this growing health concern. "Managing obesity in pregnancy is a difficult task because weight loss recommendations are not applicable for pregnant women," she said. "Overweight and obese women enter pregnancy with additional challenges and can feel incredibly discouraged when in they are also given such a small target for weight gain."

Currently, there are no consistent recommendations in published literature on how to manage obesity in pregnancy and prevent high pregnancy weight gain in overweight and [obese women](#). "Providers need to balance the risks of appropriate fetal growth with pregnancy complications and [maternal weight gain](#) to improve positive outcomes for both mother and child," Downs explained.

Another challenge pregnant women face is shortened prenatal visits to make up for declining insurance reimbursements. Because of the time crunch many medical professionals are facing, often the primary focus of the prenatal visit is on the unborn child. Downs said a different approach is needed, and her article highlights some key recommendations for clinicians when treating obese prenatal patients.

"Women are frustrated because they hear differing opinions. What they really need is advice tailored to their individual needs. Providers are equally frustrated because it's hard to provide this level of individual counseling in the context of clinical care," said Downs. "Prenatal visits for this group of women need to somehow include regular discussions on the maternal and fetal risks associated with obesity and high weight gain in pregnancy, plotting and tracking weight gain over the pregnancy, encouraging lifestyle changes such as increasing physical activity and eating healthy foods and counseling on appropriate weight gain, and encouraging appropriate weight loss before attempting a future pregnancy."

Downs is currently the principal investigator on a project called "Healthy Mom Zone" aimed at developing tailored interventions to manage gestational weight gain in overweight and obese pregnant women. The researchers are enrolling women early in [pregnancy](#) and following them through to delivery. Participants receive tailored education, use technology tools to monitor their weight, dietary intake, and physical activity, and get motivational support and feedback on a weekly basis.

"We are learning so much about women's needs and challenge, and how to motivate them to stay positive and effectively self-monitor. All of this information is critical to developing a program that can effectively and efficiently help them gain the right amount of weight," Downs explained.

In addition, Downs and other researchers will be partnering with Geisinger Medical Group in Danville, Pa. to implement some strategies to managing weight in the clinic. "Overweight and obese expectant mothers will work with nurses who will monitor their weight, make dietary and exercise recommendations, and provide additional counseling," said Downs. "We're currently not doing a great job with these women, and when they have additional pregnancies, it's a relentless cycle in terms of their [weight](#) and health. We should be in a better place and our goal is to find a way to get there."

**More information:** Danielle Symons Downs. Obesity in Special Populations, *Primary Care: Clinics in Office Practice* (2016). [DOI: 10.1016/j.pop.2015.09.003](https://doi.org/10.1016/j.pop.2015.09.003)

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