Excessive pregnancy weight gain and substantial postpartum weight retention common in military health care beneficiaries

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Compared to their civilian counterparts, excessive pregnancy weight gain is more frequent among military health care beneficiaries, in particular active duty personnel, and is associated with costly maternal/neonatal

complications. Women in this sample with excessive pregnancy weight gain were also three times more likely to have substantial postpartum weight retention, according to a new study published in the journal *Obesity*.

Substantial weight retention at 12 months postpartum was also more common among military health care beneficiaries in this sample than previously documented in civilian samples. Postpartum weight retention is a key concern for the United States military because it impacts active duty women's ability to pass their fitness tests and is also associated with long-term maternal overweight and obesity.

"These results emphasize the importance of weight management before, during and after pregnancy for military populations, given the high health care costs of weight-related health complications affecting the mother and baby as well as the importance of maintaining fitness in the active duty population," said Rebecca Krukowski, Ph.D., professor, Department of Public Health Sciences, School of Medicine, University of Virginia, Charlottesville, Va. Krukowski is the corresponding author of the study.

Data for military health care beneficiaries were obtained from the Military Health System Data Repository. More than 48,000 women who had given birth in 2018 and 2019 were included. Researchers examined relationships among overweight and obesity, pregnancy weight gain, maternal and neonatal complications and substantial postpartum weight retention.

Pregnancy weight gain was determined by the amount of weight gained between a measured pre-pregnancy weight to a delivery weight. The amount of pregnancy weight gain was then compared to the national guidelines for pregnancy weight gain from the National Academy of Medicine.

For body mass index, women were classified into four categories: underweight, healthy, overweight, and obese, based on their pre-pregnancy weight and height. Substantial postpartum weight retention was defined as retention of at least 10 pounds at 12-months postpartum compared with pre-conception weight. Clinical outcomes potentially related to pregnancy weight gain and body mass index were abstracted from the maternal and neonatal health care records.

For maternal clinical outcomes, cases of preeclampsia, pregnancy-induced hypertension, gestational diabetes and cesarean delivery were identified. For neonatal outcomes, researchers identified infants who experienced intrauterine growth restriction, were small or large for gestational age, had low birth weight and had a neonatal intensive care unit admission.

Results showed that 75% of TRICARE beneficiaries had excessive pregnancy weight gain. Military spouses and other family members were less likely than active duty women to have excessive pregnancy weight gain. Those with excessive pregnancy weight gain and/or overweight or obesity were more likely to have maternal complications such as pregnancy-induced hypertension and cesarean delivery. The findings also showed that 42% of the military beneficiaries had substantial postpartum weight retention.

Additionally, women with excessive pregnancy weight gain were three times more likely to have substantial postpartum weight retention. Researchers add that pregnancy-related weight gain above the national guidelines and substantial postpartum weight retention may make it challenging to regain the required fitness levels for active duty women and for these women (who want to serve their country) to maintain their career in the military.

More information: Overweight/Obesity, Gestational Weight Gain,

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