OBESITY AND WEIGHT MANAGEMENT RESOURCES

American College of Obstetricians & Gynecologists
www.acog.org

American Obesity Association
www.obesity.org

American Heart Association
www.americanheart.org

Health Power for Minorities
www.healthpoweronline.com

National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov/about/oei/index.htm

Shape Up America
www.shapeup.org

USDA- Steps to a Healthier You
www.Mypyramid.gov

Weight-Control Information Network
http://win.niddk.nih.gov/index.htm

This pamphlet has been produced by the Safe Motherhood Initiative (SMI), a collaborative project between ACOG District II/New York and the New York State Department of Health. Established in 2001, the mission of the Initiative is to help prevent pregnancy-related deaths through improved understanding of the causes and risk factors for maternal mortality.

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2025 1/08

Managing Maternal Obesity: Suggestions for the Prevention of Maternal Morbidity and Mortality

American College of Obstetricians and Gynecologists, District II/NY

WEIGHT CONTROL AND PREGNANCY [1]

Preconceptional Weight Control

1 Address your patient's chief complaints first, independent of weight.

2 Calculate and discuss the meaning of her body mass index.

3 Open the discussion. For example: "Could we talk about your weight?" or "I'm concerned about your weight" or "What are your thoughts about your weight?"

4 Assess if your patient wants to control her weight at this time. Ask about her goals, what changes she is willing to make, and what help she needs from you.

5 Set a weight goal. A 5-10% reduction of body weight over six months is reasonable.

6 Prescribe healthy eating and physical activity behaviors.

7 Schedule a follow-up visit with your patient. Note her progress and praise any successes. Work with her to address and understand roadblocks to weight loss if unsuccessful. Review goals and adjust if appropriate.

Weight Gain During Pregnancy [2]

Weight loss is not recommended during pregnancy, even for those who are overweight or obese. Prenatal weight gain should follow the Institute of Medicine (IOM) guidelines:

- 25-35 lbs. for women of normal weight
- 15-25 lbs. for overweight women
- 15 lbs. for obese women

Nutrition consultation is an integral part of managing obese patients, and should be offered to all women in addition to exercise recommendations.

Bariatric Surgical Procedures [2]

Pregnant women or women planning a pregnancy, who have undergone bariatric surgery, require special attention and counseling:

- Advise patients before bariatric surgery, both gastric bypass and banding, that they are at higher risk of becoming pregnant after surgery, due to increased fertility following weight loss.
- Advise patients to delay pregnancy following surgery for 12-18 months due to the rapid weight loss occurring during this period.
- With a general surgeon, monitor pregnant patients with gastric banding because band adjustment may be needed.
- Evaluate patients for nutritional deficiencies including iron, vitamin B_{12}, folate, and calcium.

EXERCISE AND PREGNANCY

In the absence of medical or obstetric complications, **30 minutes or more** of moderate exercise on most days of the week is recommended. Physical activity in morbidly obese women (BMI >35) reduces the risk of certain diseases such as gestational diabetes.[2] However, exercise during pregnancy is contraindicated if certain conditions exist or new symptoms arise. [3]

Warning Signs to Stop Physical Activity: [3]

- Vaginal bleeding
- Dyspnea prior to exertion
- Dizziness
- Headache
- Chest pain
- Muscle weakness
- Calf pain or swelling (rule out thrombophlebitis)
- Preterm contractions
- Decreased fetal movement
- Amniotic fluid leakage

ACOG RECOMMENDATIONS FOR OBSTETRIC MANAGEMENT OF OBESE WOMEN [2]

- Counsel preconceptionally, if possible.
- Provide specific information concerning the maternal and fetal risks of obesity in pregnancy.
- Consider screening for gestational diabetes upon presentation or in the first trimester, and repeat screening later in pregnancy if results are initially negative.
- Assess and possibly recommend vitamin B_{12}, folate, iron, and calcium supplements for women who have undergone bariatric surgery.
- Consult an anesthesiologist early enough to address higher risk of complications.
- Consider risk of thromboembolism for each patient. Consider use of prophylactic heparin; or graduated compression stockings with sequential compression devices (SCD's), hydration, and early mobilization during and after cesarean delivery.
- Continue counseling on nutrition and exercise after delivery and, if necessary, refer patient to weight loss specialist before attempting another pregnancy.

Endnotes:

1 National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Weight-Control Information Network. Talking with Patients about Weight Loss: Tips for Primary Care Professionals. NIH Publication No. 05-5634, November 2005.

2 Obesity in pregnancy. ACOG Committee Opinion No. 315. American College of Obstetricians and Gynecologist. Obstet Gynecol 2005; 106: 671-5.

3 Exercise during pregnancy and the postpartum period. ACOG Committee Opinion No. 267. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;99: 171-173.