

<b>PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN</b>
<b>HIGH RISK.....No</b>

## RISK DESCRIPTION:

**DEFINITION FOR PREGNANT WOMEN:** High maternal weight gain is defined as:

1. A high rate of gain such that in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters:
  - Underweight women gain more than 1.3 pounds per week
  - Normal weight women gain more than 1 pound per week
  - Overweight women gain more than 0.7 pounds per week
  - Obese women gain more than 0.6 pounds per weekOR
2. A pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category on an Institute of Medicine (IOM)-based weight gain grid.

**DEFINITION FOR BREASTFEEDING AND DELIVERED WOMEN:** Weight gain for most recent pregnancy exceeded the upper limit of the Institute of Medicine's recommended weight gain as follows:

- Underweight (BMI <18.5) > 40 lbs.
- Normal weight (BMI 18.5-24.9) > 35 lbs.
- Overweight (BMI 25.0-29.9) > 25 lbs.
- Obese (BMI ≥30) > 20 lbs.

Note: This risk is relevant only for singleton pregnancies for all participant categories.

## ASK ABOUT:

- Knowledge and attitudes regarding weight gain
- Prenatal health care provider's weight gain recommendations
- Common problems of pregnancy affecting appetite and intake (nausea, vomiting, heartburn) and her coping strategies
- Physical activity level
- Appetite, typical meal and snack pattern, beverage intake pattern
- Medical conditions including pica, depression, and history of disordered eating
- Access to prenatal care and whether she has been keeping her appointments
- Household and family environment including financial and emotional stresses, attitude and acceptance about the pregnancy, domestic abuse or assault from partner

## NUTRITION COUNSELING/EDUCATION TOPICS:

- Pregnant Women:
  - Excessive weight gain can lead to pregnancy complications such as prolonged labor, gestational diabetes, Cesarean sections, and high birth weight infants who have increased risk for problems during delivery. It also contributes to postpartum weight retention and subsequent maternal obesity.
  - Several epidemiological studies show that high maternal weight gain is associated with childhood obesity as measured by BMI.
  - High maternal weight gain may be associated with glucose abnormalities and gestational hypertensive disorders but the evidence is inconclusive.
  - Review appropriate weight gain goal using the prenatal weight gain chart.
  - Review the basics of a healthy pregnancy diet using MyPyramid as the foundation. Make appropriate suggestions including:
    - Eat moderate portions.
    - Include plenty of fresh fruits and vegetables.
    - Decrease intake of fried foods, high-fat foods and empty-calorie foods and drinks such as candies, pastries, cake, fruit drinks, punch, soft drinks, etc.
    - Use low fat cooking methods and limit the amount of added fat.
    - Drink fat-free or low fat milk (1%).
    - Increase physical activity (with physician's approval). Suggest moderate activities or exercises such as taking a daily walk.
  
- Breastfeeding and Delivered Women:
  - If weight loss is needed, discuss losing weight at a slow, healthy rate (1-2 lbs/week). It took 9 months to gain the weight, so encourage her to allow time to lose it.
  - Offer encouragement to set reasonable goals for reaching a healthy weight. Losing weight can help her to feel better, take better care of her baby, and reduce her risk for diabetes, high blood pressure, and heart disease.
  - Returning to a healthy weight is also important for future pregnancies. Women who are overweight during pregnancy and delivery have more complications. Overweight and obese women are at higher risk of having children with major birth defects including spina bifida and anencephaly.
  - Emphasize that the best plan is to eat healthy foods and to increase her physical activity level.
  - Review a healthy diet based on her breastfeeding status using MyPyramid as the foundation. Make appropriate suggestions including:
    - Eat moderate portions.
    - Include plenty of fresh fruits and vegetables.
    - Decrease intake of fried foods, high-fat foods and empty-calorie foods and drinks such as candies, pastries, cake, fruit drinks, punch, soft drinks, etc.
    - Use low fat cooking methods and limit the amount of added fat.
    - Drink fat-free or low fat milk (1%).

### **NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):**

- Increase physical activity (with physician's approval). Suggest moderate activities or exercises such as taking a daily walk with the baby.
- Identify healthy foods that she likes to have on hand for quick and easy meals and snacks.

### **POSSIBLE REFERRALS:**

- If she had a sudden weight gain that appears to be the result of fluid accumulation, refer her to her primary care provider for further evaluation. Excess weight gain due to fluid retention could be a sign of more serious problems such as Pregnancy Induced Hypertension (PIH).
- If she is not receiving prenatal care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If the household and family situation is so stressful that it affects her ability to care for herself and make appropriate feeding decisions, refer her to the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) or a social services agency.