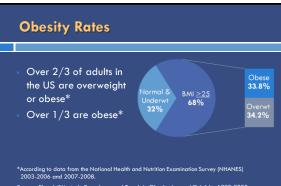




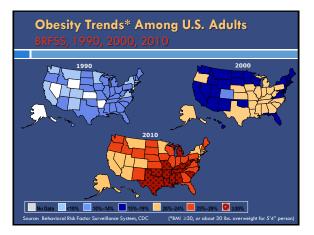
Weight Status based on BMI

Classifications for BMI				
	BMI (kg/m ²)			
Underweight	<18.5			
Normal weight	18.5-24.9			
Overweight	25-29.9			
Obesity (Class 1)	30-34.9			
Obesity (Class 2)	35-39.9			
Extreme Obesity (Class 3)	<u>></u> 40			

National Heart, Lung and Blood Institute (NHLBI), 1998 To estimate BMI, multiply the individual's weight (in pounds) by 703, then divide by the height (in inches) squared.



Source: Flegal, KM et al. Prevalence and Trends in Obesity Among US Adults, 1999-2008. Journal of the American Medical Association. 2010; 235-241.



Obesity Trends Among U.S. Adults Between 1990 and 2010

In 1990...

10 states had a prevalence of obesity less than 10% No state had a prevalence equal to or greater than 15%

By 2000...

No state had a prevalence of obesity less than 10% 23 states had a prevalence between 20–24% No state had a prevalence equal to or greater than 25%

In 2010...

No state had a prevalence of obesity less than 20% 36 states had a prevalence equal to or greater than 25% 12 states had a prevalence equal to or greater than 30%

*Among states participating in the Behavioral Risk Factor Surveillance System (BRFSS)

Obesity Trends Among Women

Women's weight at varying stages of life:

I. BEFORE pregnancy

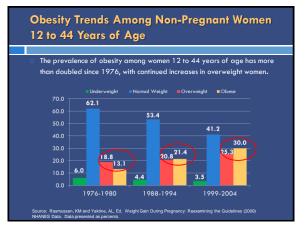
- II. DURING pregnancy
- III. AFTER pregnancy (postpartum)

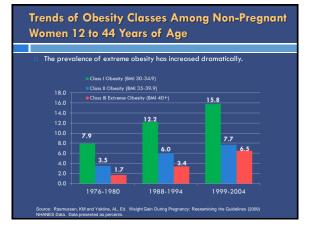


Obesity Trends Among Women

Women's weight at varying stages of life:

- I. BEFORE pregnancy
- II. DURING pregnancy
- III. AFTER pregnancy (postpartum)





Obesity (BMI 30+) Trends Among Non-Pregnant Women 12 to 44 Years of Age by Race







Non-Pregnant and Before Pregnancy Weight Status Among Women

Summary:

- Growing population of overweight and obese women, therefore, more women enter pregnancy overweight or obese.
- 1/5 of American women are obese at the start of pregnancy.



Overweight and obesity increased across multiple races/ethnicities, but higher in minority women.

Obesity Trends Among Women

Women's weight at varying stages of life:

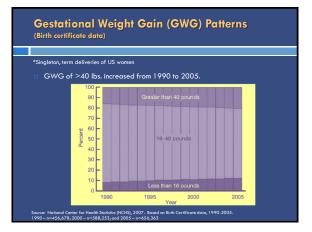
I. BEFORE pregnancy

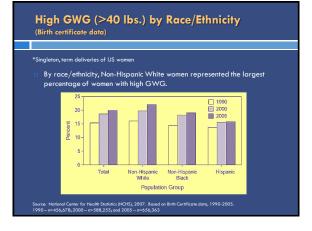
- II. DURING pregnancy
- III. AFTER pregnancy (postpartum)

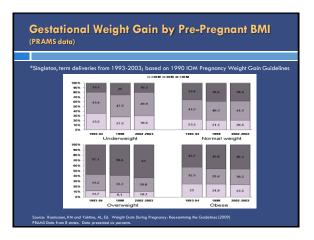
2009 IOM Pregnancy Weight Gain Guidelines

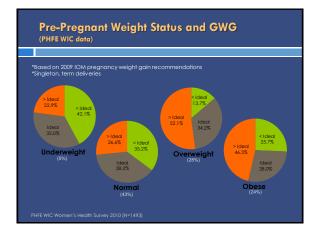
Prepregnancy BMI	BMI* (kg/m²) (WHO)	Total Weight Gain Range (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (Mean Range in Ibs/wk)
Underweight	<18.5	28-40	1 (1–1.3)
Normal weight	18.5-24.9	25–35	1 (0.8–1)
Overweight	25.0-29.9	15-25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11-20	0.5 (0.4–0.6)

+ To calculate BMI go to www.nhlbisupport.com/hmi/
* Calculations assume a 0.5-2 kg (1.1-4.4 lbs) weight gain in the first trimester (based or Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997)









GWG Among Pregnant Women

Summary:

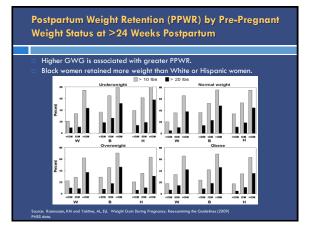
- Women are gaining more weight during their pregnancies than is recommended
- Overweight and obese pregnant women have the highest rate of excessive GWG

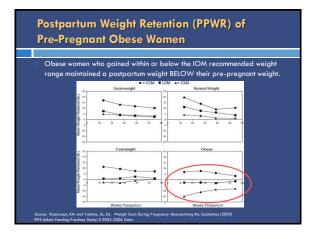


Obesity Trends Among Women

Women's weight at varying stages of life:

- I. BEFORE pregnancy
- II. DURING pregnancy
- III. AFTER pregnancy (postpartum)





PPWR Among Pregnant Women

Summary:

- $\hfill \,$ GWG will influence PPWR --- high GWG \rightarrow increased PPWR
- Women are likely to become pregnant again without taking
- off all of the weight gained in their previous pregnancy <u>PPWR will lead to obesity or worsen</u> a women's weight status



Obesity and Disease Risks

- Obesity is a risk factor for many chronic conditions and health problems:
 - Diabetes
 - Hypertension
 - High cholesterol
 - Stroke
 - Heart disease
 - Osteoarthritis
 - Menstrual irregularities
- Certain cancers (kidney, endometrial, colorectal, gallbladder, thyroid)
- Sleep apnea
- Non-alcoholic fatty liver disease
- Gallbladder disease

Obesity and Risks of Pregnancy Complications

 Obesity increases the risk of pregnancy complications which can include:

- Infertility
- Gestational diabetes
- Pre-eclampsia
- Miscarriage/fetal death
- Prolonged labor
- Caesarean delivery



Risks to Infant and Children

 Infants and children are adversely affected by maternal obesity

- Shoulder dystocia
- Macrosomia
- Possible birth defects
- Preterm birth
- Childhood obesity



The 4 R's of Maternal Obesity

- 🗆 Rates
- 🗆 Risks
- Recommendations
- Resources

Recommendations

- Women should work towards achieving and/or maintaining a healthy weight preconceptually/ interconceptually
- Discuss the importance of returning to pre-pregnant weight, then healthy weight (if overweight/obese)
- Requires a combination of a healthy diet, physical activity and behavior modification



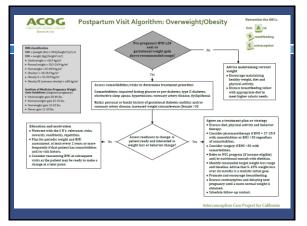
Recommendations

- Encourage and support (exclusive) breastfeeding
- Need to break the cycle of obesity by preventing/correcting maternal obesity to avoid childhood obesity



Recommendations for the Healthcare Provider

- Talk with women about their weight and weight status
- If a woman is overweight or obese, she needs to be aware of it and her risks
- Calculate her BMI
- Share what is a healthy weight range
- Monitor weight regularly
- If pregnant, discuss recommended weight gain range
 - Refer to WIC (if eligible)





Case Scenarios

- 8 week postpartum, breastfeeding mother is highly motivated to lose weight. She began her pregnancy with a BMI of 30 and gained 30 lbs. during her pregnancy. Receives Medi-Cal.
- ó week postpartum mother gained 45 lbs. during her pregnancy. She had a pre-pregnancy BMI of 24, was gestational diabetic and has ongoing health care coverage (insurance).

How would you serve these moms? What additional information would you obtain? What follow-up would you prescribe?

Contact Info

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