

# Leveraging Opportunities for Postpartum Weight Interventions



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## KEYWORDS

• Postpartum • Weight • Interventions • Cardiovascular disease • Disparities

## KEY POINTS

- There are no established clinical guidelines for behavioral counseling for overweight or obese women in the postpartum period.
- Current evidence for the effectiveness of postpartum nutrition and physical activity interventions in African American women is limited, due to small numbers of African American participants and the lack of integration of theory-based behavioral components.
- Parallel to efficacy, additional research is needed in translating efficacious interventions into diverse practice settings.
- Conceptual frameworks, such as reach, efficacy and effectiveness, adoption, implementation, and maintenance (RE-AIM) and the Chronic Care Model, can help to facilitate the integration of weight loss (control) interventions into postpartum care.

Based on current estimates, more than 1.4 million overweight or obese women become pregnant each year in the United States.<sup>1-4</sup> Helping women to prepare for postpartum<sup>5,6</sup> and to achieve a healthy weight after delivery<sup>7</sup> continues to be an important challenge for clinicians within the current US model of care. The postpartum period is generally defined as the 6 to 8 week period after delivery. The interconception period refers to the time between pregnancies, including, but not restricted to, the postpartum period.<sup>8</sup> In many clinical trials and public health reports, the interconception period is referred to as the time frame from delivery to 12 to 18 months after the birth of an infant. Throughout this summary, the term postpartum is broadly used to include the standard 6 to 8 week postpartum period and the interconception period.

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## POSTPARTUM AS A CRITICAL PHASE OF A WOMAN'S LIFESPAN

The postpartum period may be a critical period for postpartum weight retention, long-term weight gain, and chronic obesity for young women.<sup>3,4</sup> Physiologic changes of childbirth and sedentary behaviors related to parenting contribute to weight retention and weight gain.<sup>9,10</sup> Compared with weight gain during other life intervals, excess weight retained after childbirth seems to be particularly harmful because postpartum weight accumulates centrally rather than peripherally, increasing the risk of developing the chronic disease.<sup>11,12</sup> Although it is well recognized that the time period after delivery represents a unique opportunity<sup>13</sup> to initiate weight management interventions or to continue interventions that began during pregnancy, there are relatively few opportunities for ongoing patient–clinician communication after delivery. Insurance coverage for postpartum or interconception care, including third-party payers and Medicaid, ends at 6 to 12 weeks after delivery. Most postpartum visits occur within a busy clinical practice and center on contraception, lactation, and resumption of the menstrual cycle. Recent estimates show that only 50% of women, independent of socioeconomic status or insurance, return for the postpartum visit,<sup>14</sup> therefore missing an important opportunity for patient–provider communication about important lifestyle modifications after delivery.

Achieving a healthy weight after delivery in women who were overweight or obese before pregnancy should be possible but will require the use of relevant, evidence-based lifestyle interventions.<sup>15,16</sup> Also, given the 1 brief postpartum visit, interventions will need to be widely disseminated to be deemed successful. This article summarizes the importance of interventions to promote postpartum weight loss among African American women, reviews the findings of a systematic review of current evidence on postpartum interventions and current clinical recommendations for postpartum counseling, briefly discusses potential frameworks for research focused on translating postpartum interventions into clinical and community settings, and summarizes current national initiatives on weight loss (control).

## OVERWEIGHT AND OBESITY IN AFRICAN AMERICAN WOMEN

Of the 20 million women currently with obesity in the United States, almost 5 million (15%) are African American.<sup>15</sup> African American women are twice as likely to develop gestational diabetes mellitus compared with their white counterparts. Although prenatal weight gain and postpartum weight retention are key factors in the development of obesity in the female population, there can be distinct racial or ethnic differences in the amount of weight retention and sociodemographic factors that affect postpartum weight retention.<sup>16</sup> Average prenatal weight gain in the United States is 12.6 kg with a range of 1.4 to 37 kg. Average weight gain for African Americans can be 2 to 3 times greater than that of white women. Further, there are differences in the pattern of weight gain among African American and white women.<sup>5</sup> The fat composition of weight gain varies among racial groups and is associated with higher risk for development of type 2 diabetes mellitus and hypertension. Whereas the national average for postpartum weight retention is 3.5 kg, the amount of weight retained can be 3- to 4-fold higher (17 kg) in certain populations, particularly African American and low-income women.<sup>6,7</sup> In a national, population-based study, Keppel and colleagues<sup>15</sup> found that 44% of white women retained 4 lb or more following childbirth compared with 63% of African American women. In the Coronary Artery Risk Development in Young Adults (CARDIA) study,<sup>8</sup> African American women in all parity groups retained twice as much weight as white women and had greater increases in the waist-to-hip ratio. Furthermore, there are racial differences in the factors affecting weight loss following

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