

Pregnancy in Women with Obesity



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KEYWORDS

• Pregnancy • Maternal obesity • Morbid obesity • Complications

KEY POINTS

- Obesity complicates almost all aspects of pregnancy.
- Antepartum management of women with obesity is complicated by limitations of screening tools, increased risks to the fetus, and underlying maternal medical comorbidities.
- Obesity increases risk of abnormal labor, cesarean delivery, and postpartum complications.
- Care of women with obesity should include an empathic and patient-centered approach.

INTRODUCTION

Pregnancy in women with obesity is an important public health problem with short- and long-term implications for maternal and child health. During pregnancy, weight status is assessed using a woman's prepregnancy body mass index (BMI) whereby a BMI greater than or equal to 30 kg/m² is considered obese. There is an increasing prevalence of obesity among women in the United States. Notably, 37% of reproductive-age women are obese and 10% have morbid obesity (BMI \geq 40 kg/m²).¹ There is a significant racial disparity in the prevalence of obesity. More than half of reproductive-age black women are obese compared with one-third of reproductive-age white women (**Fig. 1**).¹ Given the growing prevalence of obesity in women, obstetric providers need to understand the risks associated with obesity in pregnancy and the unique aspects of antepartum and intrapartum management for women with obesity.

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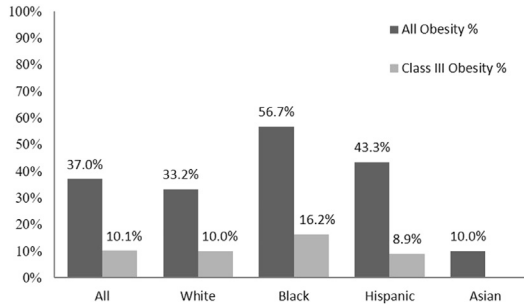


Fig. 1. Prevalence of obesity and class III obesity in women 20 to 39 years old in the United States by race, 2013 to 2014. Data not shown for class III obesity and Asian race because it only included two participants. (Data from Flegal KM, Kruszon-Moran D, Carroll MD, et al. Trends in obesity among adults in the United States, 2005 to 2014. *JAMA* 2016;315(21):2284–91.)

ANTEPARTUM MANAGEMENT OF PREGNANCY IN WOMEN WITH OBESITY

Counseling Women with Obesity

Ideally, women should achieve a normal weight before pregnancy to optimize maternal and neonatal outcomes.² Pregnancy is not a time for medical or surgical weight loss because of the potential negative consequences on the developing fetus. Women with obesity before pregnancy should be offered interventions aimed at assisting in long-term weight loss, as recommended by the US Preventative Task Force.³ However, currently there is little evidence on the effectiveness of preconception interventions for women with obesity.⁴

During pregnancy, counseling on nutrition, exercise, and weight gain should occur at each prenatal visit.⁵ In counseling women with obesity, it is important not to stigmatize obesity and instead treat it as a medical condition.⁶ Be aware of any personal bias, such as thinking of these women as “lazy” or “noncompliant,” which may influence the care provided to women with obesity.⁷ Women should never feel judged, because this can harm the physician-patient relationship.⁶ Motivational interviewing is a counseling style that has been shown to have an impact on behavior modification, including diet and physical activity.⁸ Through reflective listening, providers impart empathy while personalizing feedback and promoting self-efficacy and self-motivation within the woman.⁹

Social factors that contribute to unhealthy lifestyle choices for pregnant women with obesity should be considered when counseling women. Low socioeconomic status is a risk factor for obesity, particularly in women.¹⁰ Women with low socioeconomic status may be unable to access or afford healthy food. Furthermore, the neighborhood and environment may limit the ability to engage in regular physical activity,⁵ which has been shown to decrease the risk of pregnancy complications, including gestational diabetes and excess gestational weight gain (GWG).^{11–13} If a woman with obesity is otherwise healthy and without any contraindications to exercise, it is recommended that she spend at least 150 minutes per week engaging in low- to moderate-intensity physical activity.¹¹

Gestational Weight Gain

Prepregnancy BMI should be calculated at the initial prenatal visit for all women using reported prepregnancy weight or measured first trimester weight. Currently, GWG recommendations are based on the 2009 Institute of Medicine (IOM) guidelines

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