Pregnancy-related weight in Nova Scotia, 2003-2013

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Pregnancy-related weight (mom)

pre-pregnancy BMI gestational weight gain

postpartum weight retention

Nova Scotia Atlee Perinatal Database

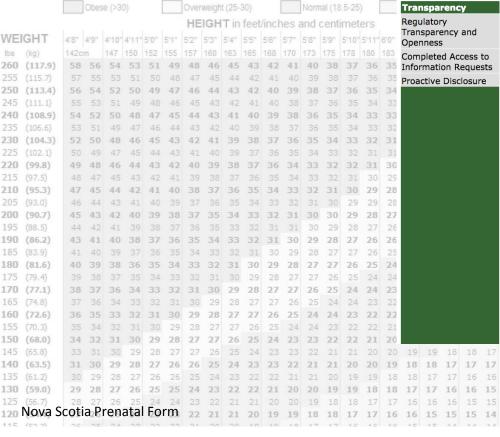
- province-wide since 1988
- pregnancy, labour, delivery, neonatal, postpartum
- pre-pregnancy weight and delivery weight recorded
- height on prenatal record since 2003

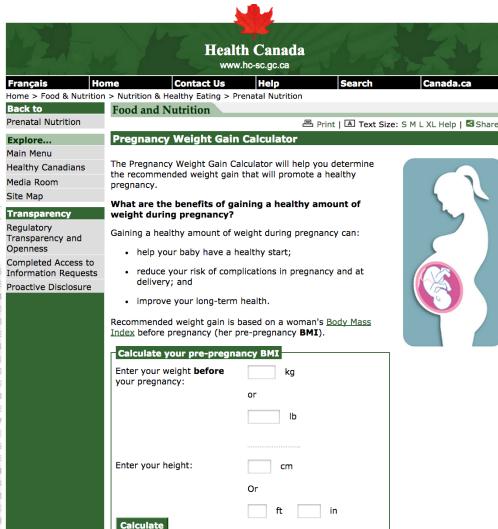
Reproductive Care Program of Nova Scotia	SCOTIA PRENAT	TAL RECORD 2	NO	VA SCOTIA										
Patient's Name:		EDD:												
PHYSICAL ASSESSMENT			Reproductive Care Program of Nova Scotia	A SC	COTIA F	PRENA	TAL R	ECORD 3	NOVA	SCOTIA				
Pre-preg wt	Height	BMI*	BP				11_112			21012				
Head and Neck		Heart		Patient's Name	e:				EDD:]		
Breast		Lunas		PROBLEM LIS	T/C	ARE PL	AN							
				Issue	PI	an (Follo	w-up/C	onsults)						
					_									
						_				PREN	ATAL \	/ISITS		
				Date (dd/mm/yyyy)	Wt	Jrine P/S	ВР	Gest (wks)	Fundal Height	Pres.	FHR	FM	Cigs (/day)	Next visit

Pre-pregnancy body mass index

BMI = $\frac{\text{weight (kg)}}{\text{height}^2 (m^2)}$

Body Mass Index (BMI) Chart for Adults





www.hc-sc.gc.ca/fn-an/nutrition/prenatal/bmi/index-eng.php

Pre-pregnancy body mass index

Category	BMI, kg/m ²			
underweight	<18.5			
normal weight	18.5 to 24.9			
overweight	25 to 29.9			
obese	30+			
I	30 to 34.9			
II	35 to 39.9			
III	40+			

Pre-pregnancy BMI Importance for maternal and child health

- gestational diabetes
- pre-eclampsia
- Caesarean delivery
- congenital anomalies
- fetal macrosomia
- preterm birth
- perinatal death
- child obesity

Pre-pregnancy BMI in Nova Scotia 2003-2013

Category	%	
underweight	3.9	
normal weight	48.5	
overweight	24.6	
obese	23.0	
1		12.6
II		6.3
III		4.1

Pre-pregnancy BMI compared to other areas

вмі	NS 2003-13	[NFLD ¹] 2001-7	PEI ² 2008	BC ³ 2007/8	CAN-MES ⁴ 2006-7	CHMS⁵ 2007-9	US⁵ 2004
underweight	3.9	3.0	4.4	5.7	6.1	5.0	5.2
normal weight	48.5	46.3	50.4	61.1	59.4	52.4	53.1
overweight	24.6	26.4	24.1	21.0	21.0	22.9	23.0
obese	23.0	20.0	21.1	12.2	13.5	19.7	18.7

¹ Crane JM et al, JOGC, 2009

² PEI Reproductive Care Program, Perinatal Database Report, 2008

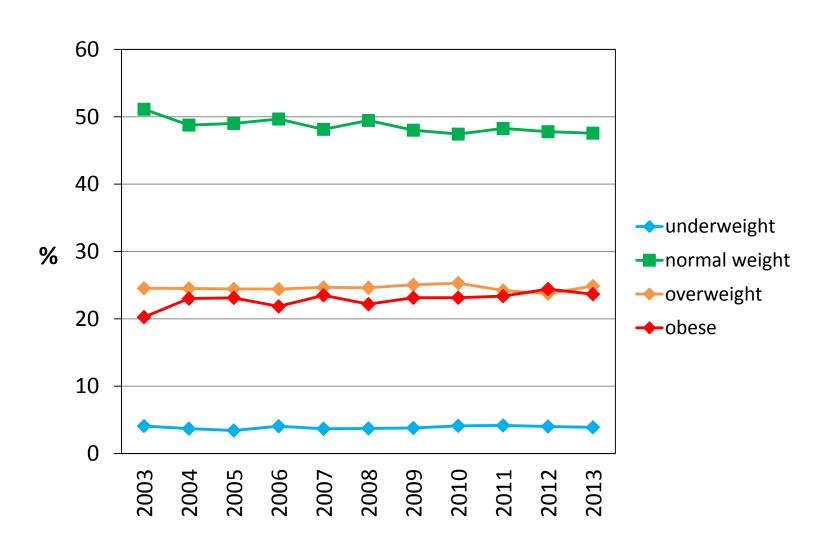
³ BC Perinatal Health Program, Perinatal Health Report, 2008

⁴ Kowal C et al, Matern Child Health J, 2011

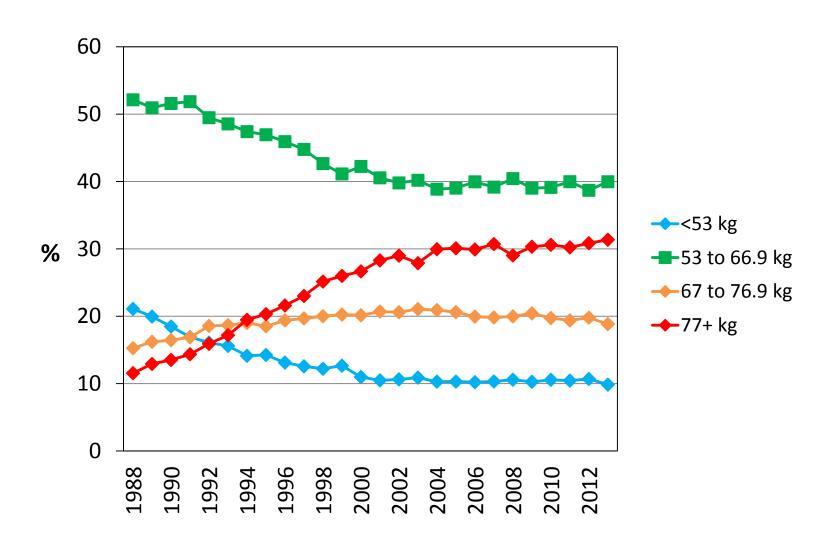
⁵ Women aged 18-39 y, Canadian Health Measures Survey, Statistics Canada

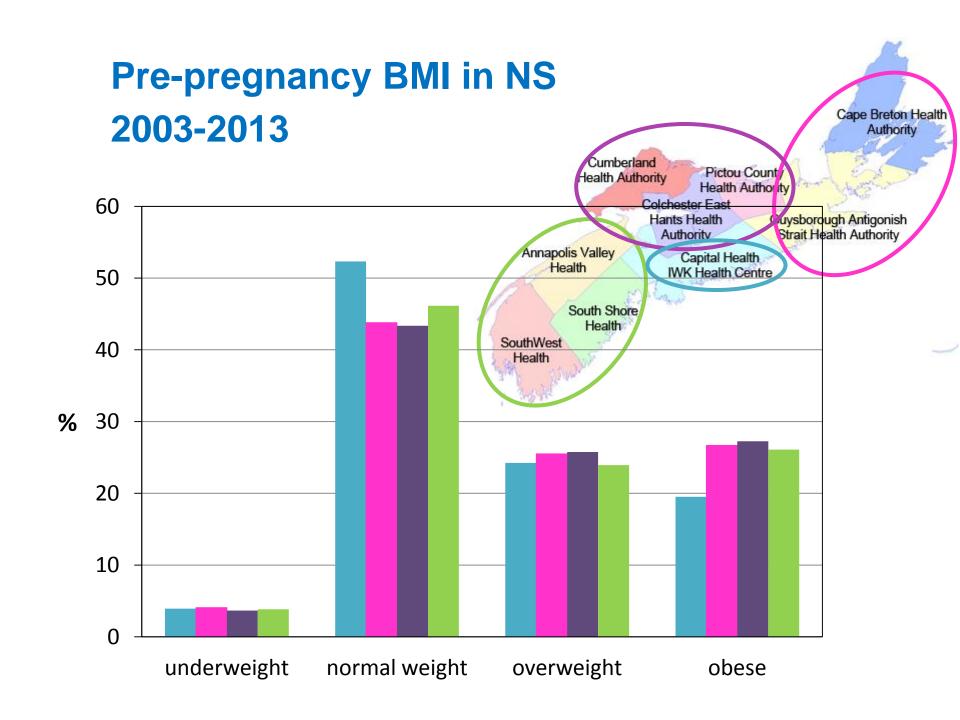
⁶ Chu SY et al, Matern Child Health J, 2009

Pre-pregnancy BMI in NS, 2003-2013

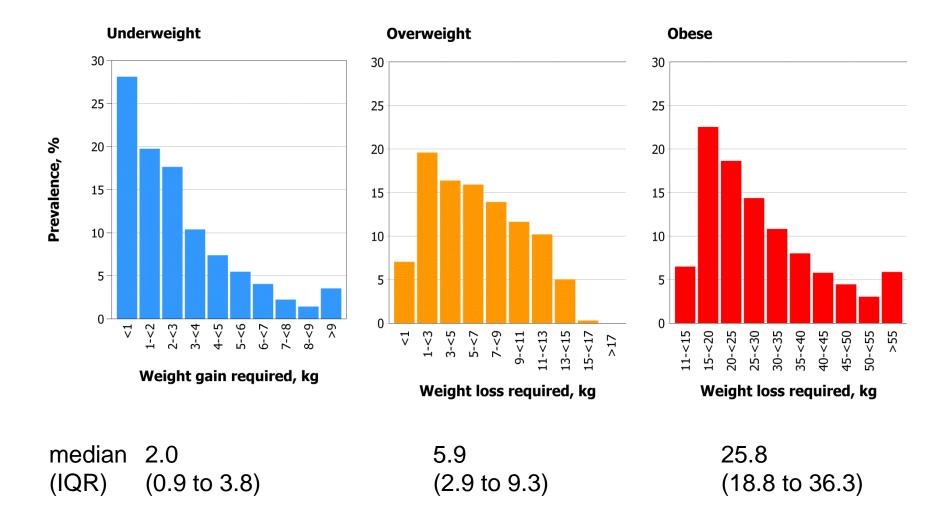


Pre-pregnancy weight in NS, 1988-2013





Weight change required to achieve a normal pre-pregnancy weight, NS 2003-2013



Pre-pregnancy BMI

SOGC guidelines:

- women should be encouraged to enter pregnancy with a BMI < 30 kg/m², and ideally < 25 kg/m²
- periodic health examinations ... offer ideal opportunities to raise the issue of weight loss before conception

management of obesity in pregnancy

- health care utilization
- staff training, specialized equipment

Society of Obstetricians & Gynecologists of Canada 2010 Obesity in Pregnancy, Clinical Practice Guideline 239

Gestational weight gain

GWG = delivery weight – pre-pregnancy weight

	Recommended
Category	IOM, Health Canada
underweight	12.5 to 18
normal weight	11.5 to 16
overweight	7 to 11.5
obese	5 to 9

Health Canada. Prenatal Nutrition Guidelines for Health Professionals: Gestational Weight Gain. Ottawa: 2010. Cat. No.: H164-109/3-2009E-PDF. www.hc-sc.gc.ca/fn-an/nutrition/prenatal/ewba-mbsa-eng.php

Gestational weight gain

Table 3. Pregnancy weight gain based on BMI

	BMI range	Suggested weight gain (kg)
Underweight	< 18.5	12.5 to 18
Normal weight	18.5 to 24.9	11.5 to 16
Overweight	25.0 to 29.9	7 to 11.5
Obese Class I	30.0 to 34.9	7
Obese Class II	35.0 to 39.9	7
Obese Class III	≥ 40.0	7

Society of Obstetricians & Gynecologists of Canada 2010 Obesity in Pregnancy, Clinical Practice Guideline 239

Inappropriate gestational weight gain (GWG) puts women and their children at risk

Inadequate GWG

- 1 preterm birth, low birth weight, infant mortality
- ☆ offspring obesity

Excessive GWG

- 1 gestational diabetes mellitus, pre-eclampsia
- 1 high birthweight/macrosomia, C-section
- 1 postpartum weight retention, maternal obesity
- ☆ offspring obesity

Gestational weight gain in Nova Scotia, 2003-13

Category	Recommended	BELOW	IN	ABOVE
underweight	12.5 to 18	22.0	39.5	38.5
normal weight	11.5 to 16	17.9	32.6	49.6
overweight	7 to 11.5	8.4	18.7	72.8
obese	5 to 9	18.3	19.0	62.7
all women		15.8	26.3	57.9

GWG compared to other areas

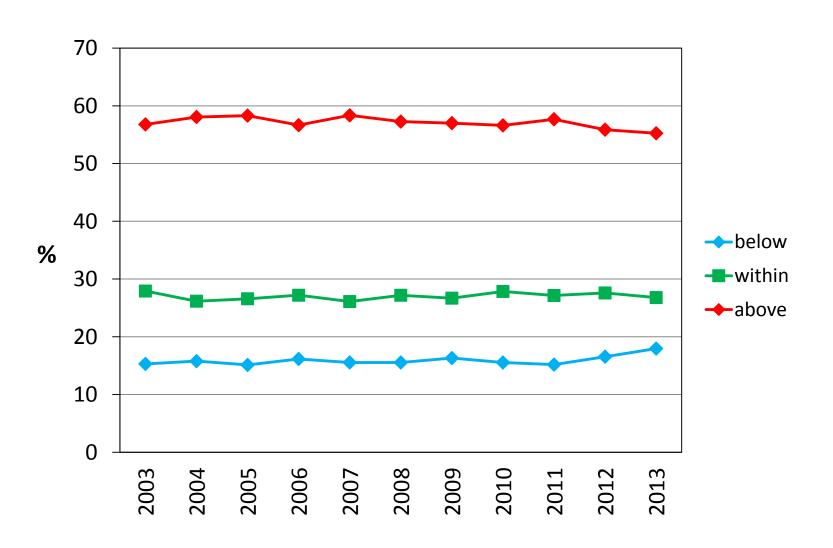
	NS	$[NFLD]^1$	CAN-MES ²	Florida ³
GWG	2003-13	2001-7	2006-7	2004-7
BELOW	15.8	17.1	18.7	20.2
WITHIN	26.3	30.6	32.6	28.6
ABOVE	57.9	52.3	48.7	51.2

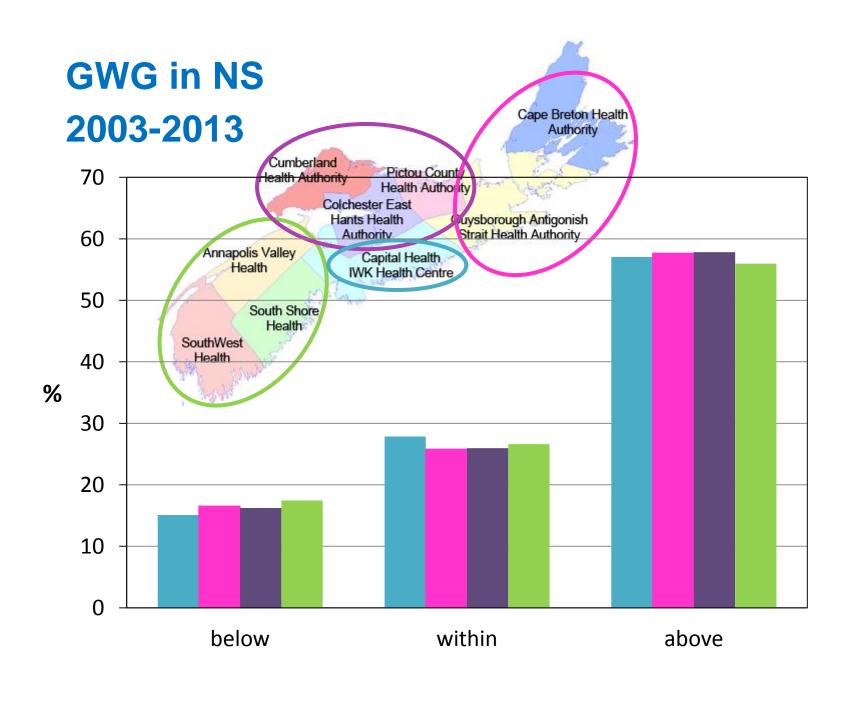
¹ Crane JM et al, JOGC, 2009

² Kowal C et al, Matern Child Health J, 2011

⁵ Park S et al., Matern Child Health J, 2010

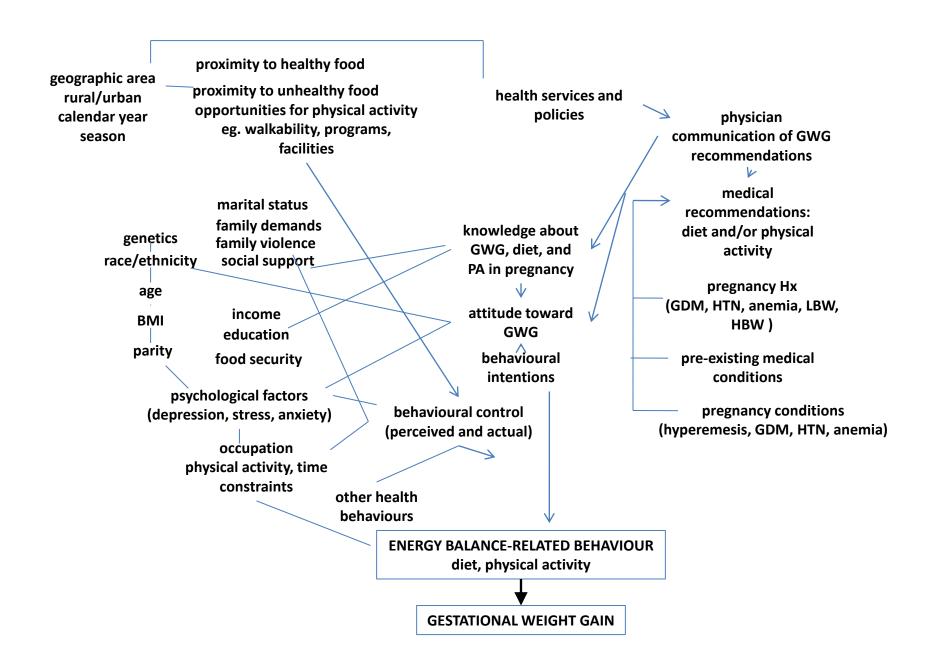
GWG in NS, 2003-2013





Identification of correlates of inappropriate GWG may help to:

- identify populations in need of intervention
- suggest potential causal mechanisms and points of intervention
- increase care provider awareness that women at risk may have other health needs



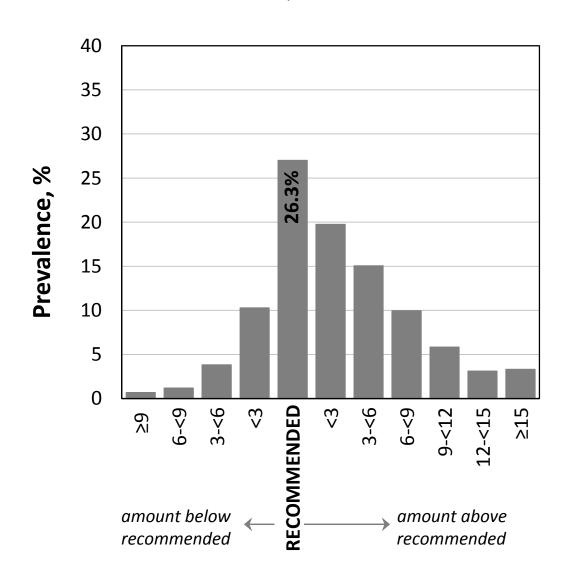
Correlates of GWG Nova Scotia, 2003-13

- pre-pregnancy BMI
- age, parity
- relationship status
- smoking
- depression
- pre-existing diabetes
- season
- sex of fetus

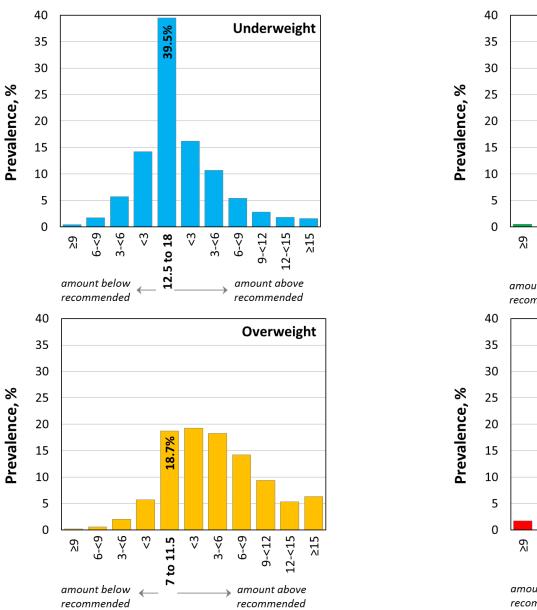
Correlates of GWG Nova Scotia, 2003-13

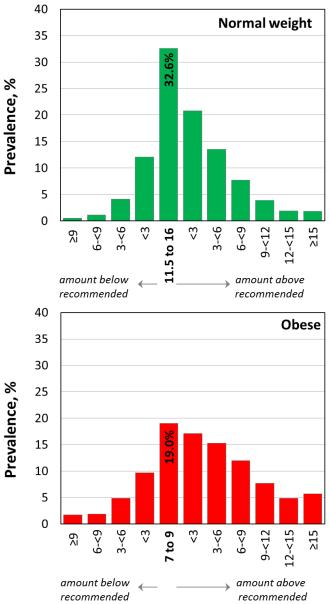
- previous pregnancy
 - gestational weight gain
 - interpregnancy interval
 - interpregnancy weight change

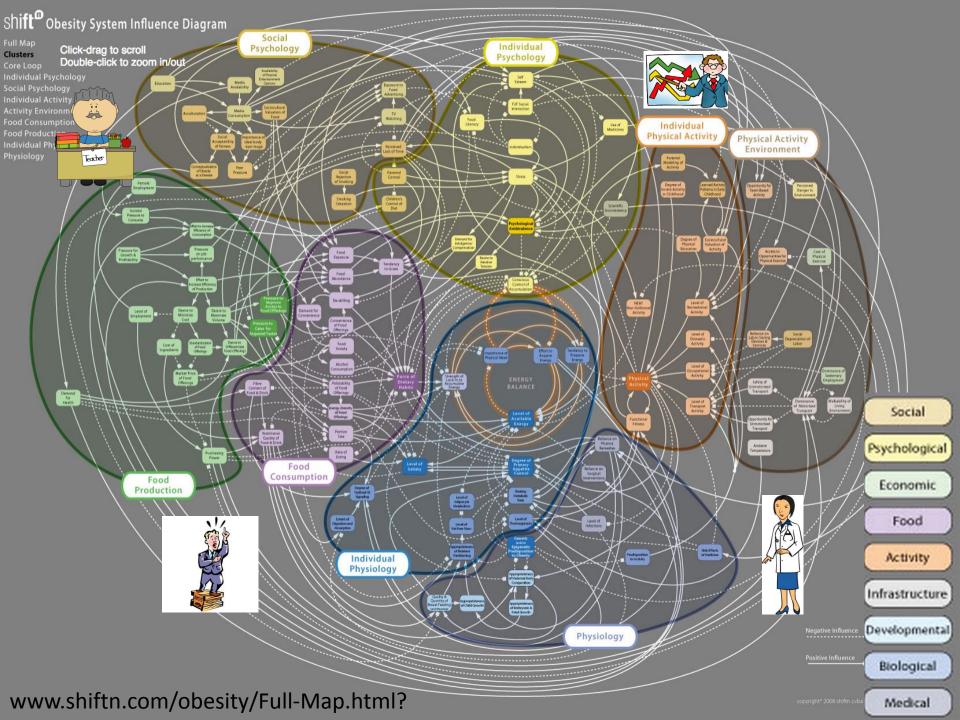
GWG in NS, 2003-2013

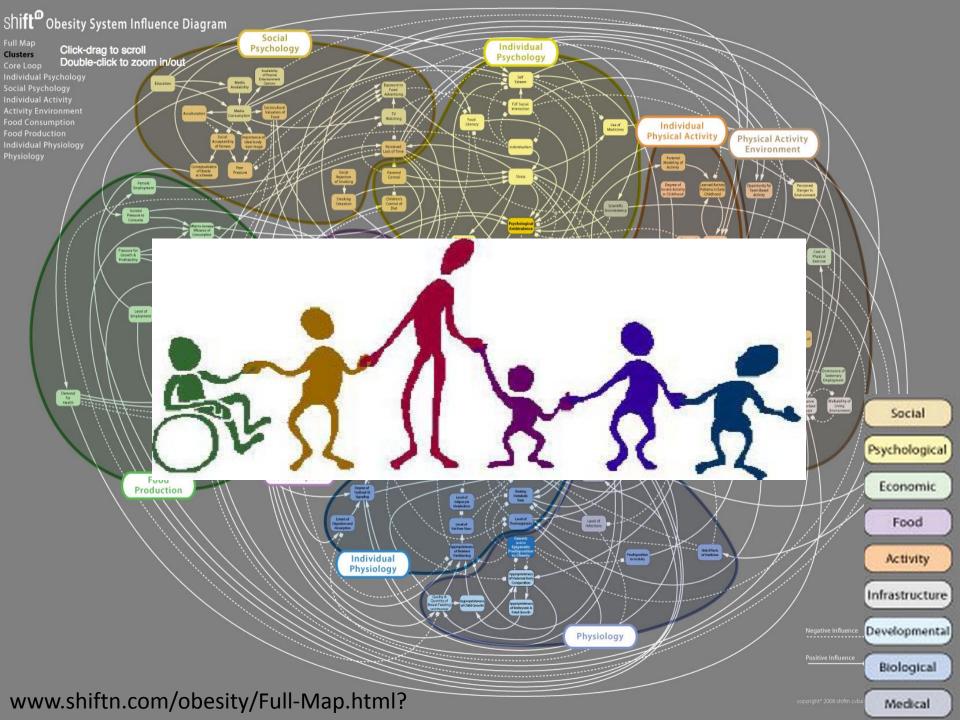


GWG in NS, 2003-2013

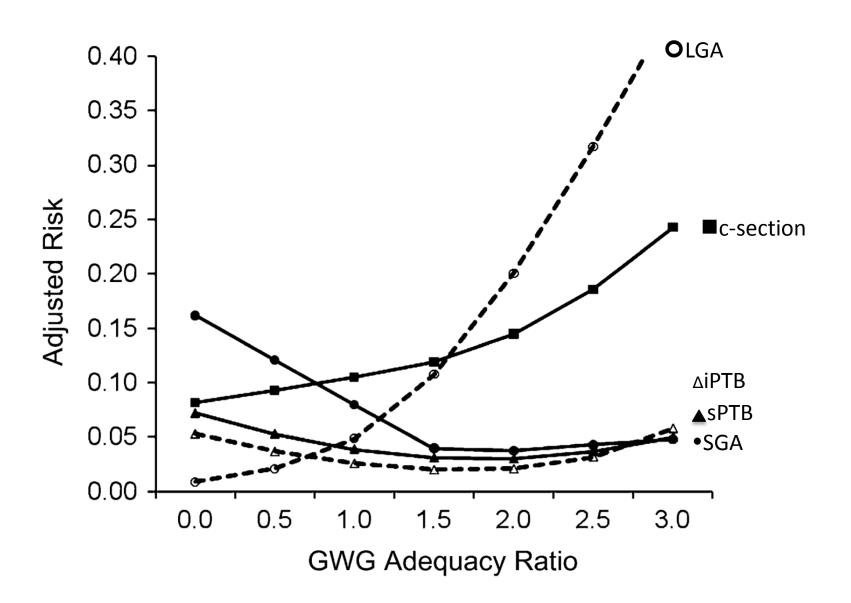






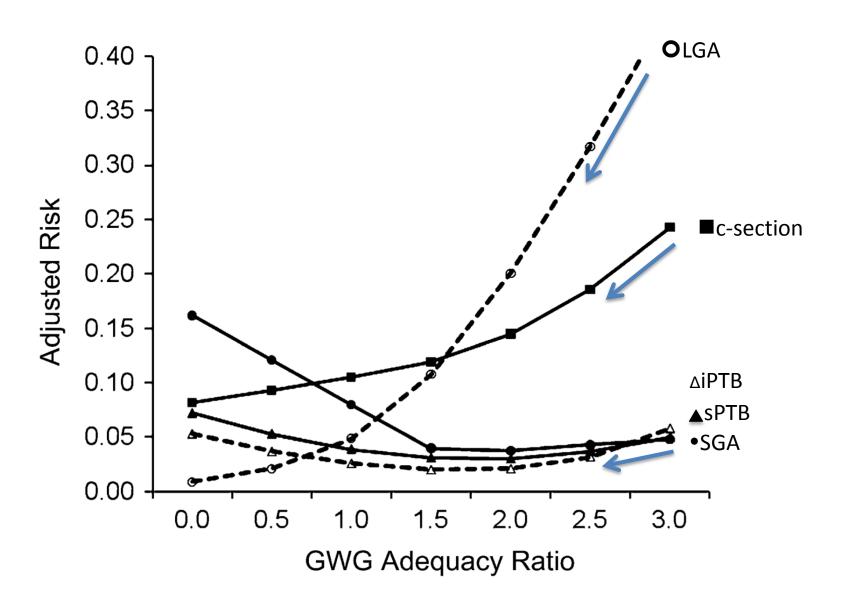


GWG: effect on outcomes



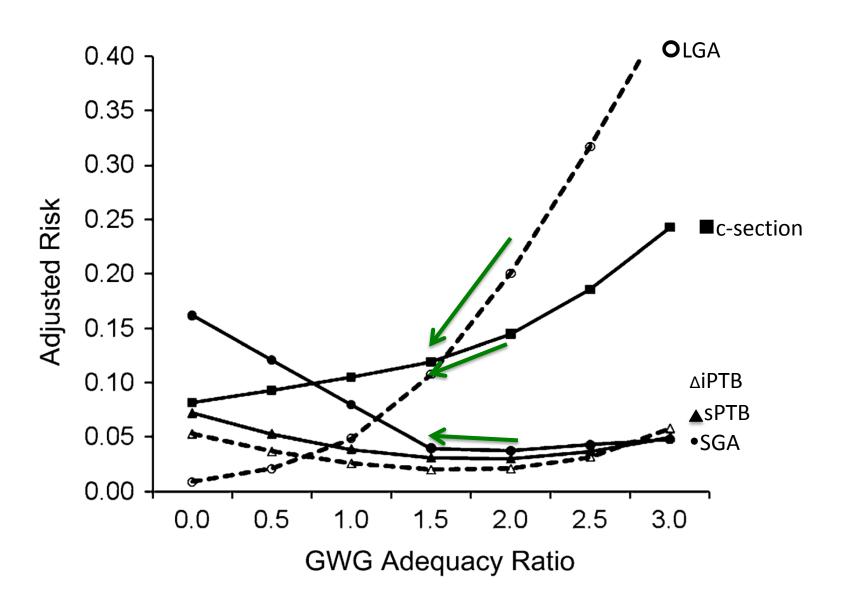
Bodnar LM et al, Am J Epidemiol 2011;174(2):136-46.

GWG: effect on outcomes



Bodnar LM et al, Am J Epidemiol 2011;174(2):136-46.

GWG: effect on outcomes



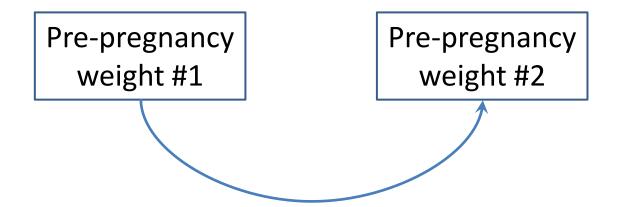
Bodnar LM et al, Am J Epidemiol 2011;174(2):136-46.

Postpartum weight retention

PPWR = postpartum weight – pre-pregnancy weight

- no standard definition (e.g., postpartum weight when?)
- postpartum weight is not routinely measured and/or recorded in population-based databases

Interpregnancy weight change



postpartum weight retention
+
"regular" age-related weight gain

Interpregnancy weight change

Prepregnancy BMI	Loss >1 kg	Stable ± 1 kg	Gain >1-<5 kg	Gain ≥5 kg
underweight	11%	21%	33%	35%
normal weight	21%	22%	29%	27%
overweight	27%	14%	23%	35%
obese	34%	12%	23%	35%
all women	25%	18%	26%	31%

median 2.3 interquartile range -0.9 to 6.8

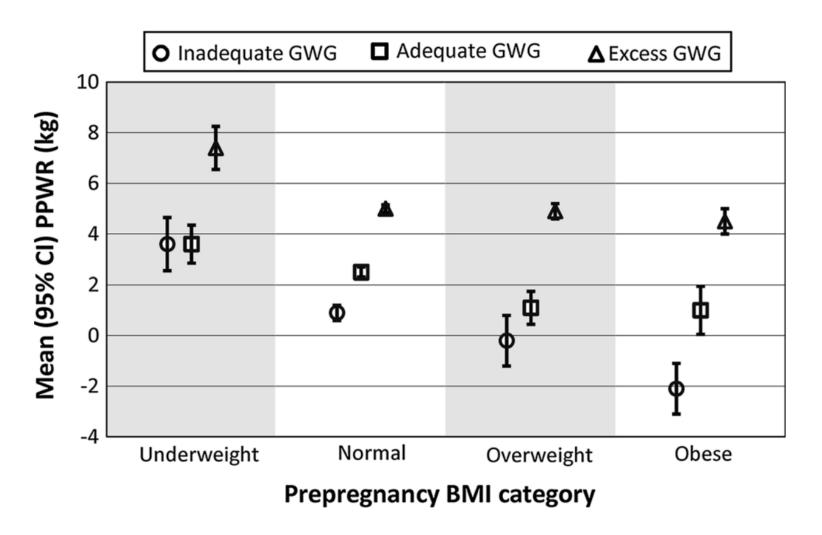
Impact of GWG on maternal long term weight

Weight gain according to GWG in 1st pregnancy

GWG, kg	Adjusted* mean weight gain, kg	(95% CI)
<10	6.1	(4.8-7.4)
10-<15	7.4	(6.6-8.2)
15-<20	9.9	(9.1-10.7)
≥20	13.2	(12.0-14.4)

Adjusted for years between pregnancy and weight measurement, maternal age, maternal pre-pregnancy BMI; p = 0.026

Impact of GWG on interpregnancy weight change



Postpartum weight retention

- impacts outcomes in subsequent pregnancies
- influences maternal long term weight and associated chronic diseases
- intervention may have a double-barreled effect:

weight retention reduction

+

adoption of healthful behaviours

family health

TAKE HOME POINTS

PRE-PREGNANCY BMI

- many NS women do not enter pregnancy at an ideal weight (3.9% underweight, 24.6% overweight, 23.0% obese)
- among overweight or obese women, the amount of weight loss needed to achieve an ideal BMI can be substantial
- even incremental advances toward an ideal BMI will have a large impact on perinatal health

TAKE HOME POINTS

GESTATIONAL WEIGHT GAIN

- most women have guideline-discordant GWG (15.8% below, 57.9% above)
- there are no absolute indicators of which women will gain too much; the prevalence is high among all groups of women
- among women with excess GWG, half exceeded the recommendations by at least 4.8 kg
- even incremental advances toward recommended GWG will have beneficial effects on perinatal outcomes

TAKE HOME POINTS

POSTPARTUM WEIGHT RETENTION

- median interpregnancy weight gain
 2.3 kg (interquartile range: -0.9 to 6.8)
- influenced strongly by GWG
- influences maternal short and long term health
- may be a beneficial focus of intervention

Thank you

Reproductive Care Program: esp. John Fahey

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