

Gestational Weight Gain by Obese Women and Maternal/Newborn Outcomes: A Systematic Review

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Search

- <u>Keywords</u>: obesity/obesity severity and gestational weight gain (GWG) and outcomes of pregnancy
- <u>Databases</u>: CINAHL, PubMed (Medline)
- English language: 2009-March 2012
- 66 articles retrieved: 12 retained
- All level II cohort studies

Literature Review

- Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement
- Covariates: maternal age, smoking, parity included in all study analyses except one
- WHO BMI classification
- 4 studies stratified results by obesity severity (Hinkle; Park; Blomberg; Bodnar)



Outcomes Assessed (Aggregate data for all obese women and by severity of obesity)

- GWG in obese women: Range and pooled results
- SGA^{10th} and SGA^{2SD}
- LGA
- Cesarean birth (CS)
- Postpartum weight retention (PPWR)

Results: *What is the range of GWG in obese women and does it vary with severity of obesity?*

- ◆ 15-27% gain within guideline
 ➢(IOM 2009; 5-9kg)
- 48-72% gain in excess of guideline
- Mean GWG (11.36 kg ± 7.71)
- GWG decreased as obesity severity increased
- Weight loss more common in obese women and with obesity severity
- Obese parous women gain less than nulliparous

Results: *What is the risk for SGA and LGA in obese women and does it vary by severity of obesity or GWG*

- Prevalence of SGA^{10th} : 4.3-9.6%
- SGA^{10th}:
 - 10% in primigravid women (Nohr; Beyerlein)
 - 14.3% in obese adolescents (Harper)
- SGA^{2SD}: \leq 2% in 2 studies (Hinkle, Bloomberg)

Results: *What is the risk for SGA and LGA in obese women and does it vary by severity of obesity or GWG*

- Prevalence of LGA^{10th}: 13.1 to 21%
 - 6.5% in obese adolescents (Harper)
- Severity of obesity significantly influenced the impact of GWG on risk for SGA and LGA
 - Risk for SGA decreased as obesity severity increased and inverse for LGA
 - Linear relationship was muted

Results: *sGA Risk and GWG*

- Obesity as one class (Blomberg; Harper; Vesco; Zilko)
 - Risk of SGA $\leq 10\%$ with ≤ 5.9 kg
 - Obese women not at risk even with weight loss (Beyerlein) in both nulliparous and multiparous women (Nohr)

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Results: SGA Risk and GWG

- By obesity class with <5kg GWG (Hinkle, Bodnar, Blomberg, Park)
 - Class I:
 - o SGA^{10th} >10%
 - o SGA^{2SD}: risk increased but prevalence <5%
 - Class II: Mixed results
 - o No risk of SGA^{10th} (Park); risk increased with 3.2kg (Bodnar) at 10% (Hinkle)
 - o No increase risk SGA^{2SD} (Hinkle); increased but prevalence <5% (Blomberg)

Results: SGA Risk and GWG

Class III:
 oNo risk for SGA with <5kg
 oWeight loss increased odds of SGA but prevalence <5%

Results: *LGA Risk and GWG*

- o LGA risk >10% with GWG 5-9 kg (Beyerlein; Bodnar; Ferraro; Hinkle; Vesco; Zilko)
- o LGA >10% with no GWG (Zilko) or low GWG (Nohr)
- o LGA <10% in class I women with < 5kg and 5-9kg GWG
- o LGA risk lowered by 23% (class I, II) and 27% with GWG <5kg (class III)
- o Weight loss and LGA <10% in class III (Blomberg; Park)

Results: *What are the risks for cesarean delivery and do these risks vary with obesity and GWG?*

- 4 studies
- Association b/t GWG and CS modest
- Highest increased risk when GWG >9kg
- Regardless of parity, GWG <5kg favors decreased risk
- Obesity severity affects risk with increases across all classes independent of GWG (Blomberg)
- Risk with GWG may be greatest in class I women

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Results: *What are the risks for PPWR do these risks vary with obesity and GWG?*

- 4 studies
- Evaluations from 6-24 months PP
- Linear
- GWG <5kg: 70-80% reduction in PPWR (Nohr et al., 2009)
- Overall: 44.7% of obese women had a PPWR ≥2.5kg at 12-24 months



Conclusions

- Pre-pregnant weight and GWG influence outcomes
- Risks increase with GWG > 5-9kg
- GWG Recommendations based on risk assessment for all outcomes
 - Class I: 5-9kg
 - Class II: < 5kg but not weight loss
 - Class III: < 5 kg and gestational <u>weight loss needs</u> <u>further evaluation</u>

References

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Thank you