



# JRM<sup>®</sup>

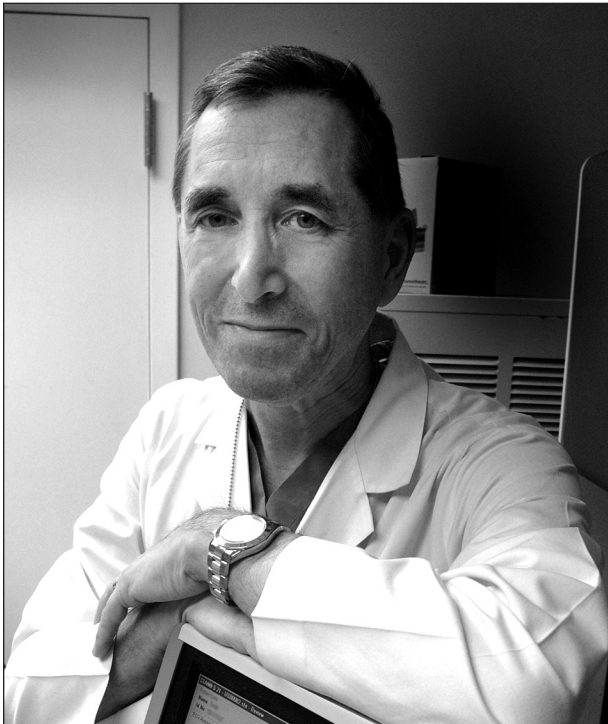
## The Journal of Reproductive Medicine<sup>®</sup>

Volume 63, No. 9-10/September-October 2018

## A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the September-October 2018 Editor-in-Chief's page. This editorial column will address an important clinical problem raised in one of the articles published in the current issue.



Lawrence D. Devoe, M.D., Editor-in-Chief

### *In This Issue*

- *Deviation from Gestational Weight Gain Guidelines in the Obese Gravida: An Adverse Impact on Maternal and Fetal Health*  
L. Street, M. S. Fore, O. Hostetter, K. H. Quinn, and J. M. Denney

The authors have conducted a retrospective cohort study that stratified patients according to their compliance with recommended Institute of Medicine (IOM) gestational weight gain guidelines. They found that failure to adhere to recommended gestational weight gain guidelines was an independent risk factor for increased cesarean delivery rate, particularly for obese gravidas, and excessive weight gain was also associated with excessive rates of fetal growth, another risk factor for cesarean delivery. Women who knew the recommended weight gain guidelines relevant to their body mass index (BMI) were more likely to gain appropriate amounts of weight during pregnancy.

### *Editorial Comment*

The IOM has been a standard-setting organization for decades and, in 1990, took aim at the issue of weight gain during pregnancy at the dawn of the obesity epidemic in the United States. While these recommendations were graduated for BMI, ranging from underweight to obese, the impact

on obstetric practice and subsequent pregnancy outcomes was quite modest, although a systematic review of studies<sup>1</sup> found the same associations between excessive weight gain, increased birthweight, and excessive fetal growth, as did this current study. The American College of Obstetricians and Gynecologists published a 2013 Committee Opinion (reaffirmed in 2018) on weight gain during pregnancy that referenced the new IOM guidelines that had been revised in 2009 and included twin gestations. Because there was no stratification of obesity, i.e., the same recommended weight gain range applied to the obese group as a whole, these recommendations have stirred controversy regarding how they should be applied to obstetric care.

Street and co-authors have provided some provisional data that knowledge of and adherence to IOM gestational weight gain guidelines could have an impact on the likelihood of achieving optimal weight gain during pregnancy. This study also redemonstrates what other studies have shown about the downsides of excessive gestational weight gain, particularly among obese gravidas, regarding both maternal and fetal outcomes. Concerns about weight gain during pregnancy also spill over into the postpartum and postnatal periods, with some evidence that excessive weight gain can lead to lifelong obesity for both mothers and their children.

Whether or not the IOM guidelines would make a real difference in the short-term and long-

term health of mothers would require rather large and prospective studies that are carefully designed with individualized nutritional counseling, patient lifestyle education and modification, and close monitoring of weight gain by obstetric care providers. Such studies are not only necessary but would provide definitive answers about the impact of the recommended gestational weight gain guidelines as they currently are written or raise the need to take another look at optimal weight gain ranges according to BMI. Lacking such data, it would be prudent for those providing prenatal services to be aware of the guidelines and to develop a comprehensive care plan in which dietary education and recommendations play an important role. While it would be nice for every obstetric office or clinic to have a qualified nutritionist on-site, this is not feasible. Fortunately, there are sample meal plans available for recommended daily caloric intake by trimester that could be given to patients as they initiate their prenatal care. We may be a far cry from the days when pregnant patients were actually hospitalized for excessive weight gain, but today's practitioners should certainly heed the box on the prenatal visit forms that documents the course of a patient's weight.

### Reference

1. Siega-Riz AM, Viswanathan M, Moos MK, et al: A systematic review of outcomes of maternal weight gain according to the Institute of Medicine recommendations: Birthweight, fetal growth, and postpartum weight retention. *Am J Obstet Gynecol* 2009;201:339.e1-14