

Improving Physician Counseling on Obesity in Pregnancy



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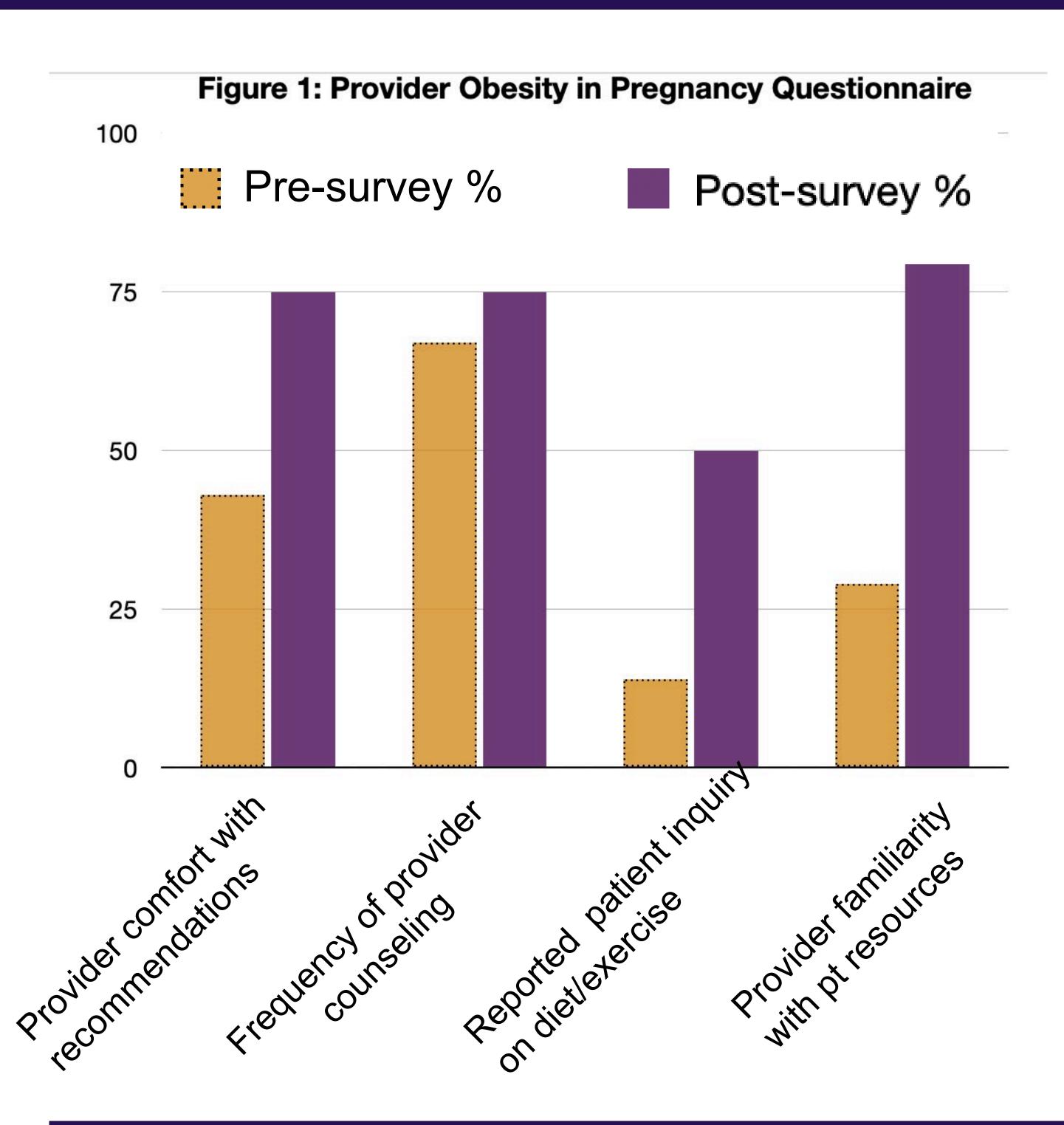
Introduction

- Nearly 40% of reproductive age women are considered obese based on body mass index (BMI).
- Specifically, in young socioeconomically disadvantaged women, obesity is linked to access to healthy and affordable foods as well as a safe and accessible exercise environment.
- Obesity in pregnancy increases the risk of both maternal and fetal complications such as preeclampsia, spontaneous abortion, preterm birth, stillbirth, increased risk of cesarean delivery, venous thrombosis, cardiac disease, gestational diabetes, and metabolic dysfunction long-term.
- As obstetricians, our goal is to educate patients on obesity in pregnancy by counseling on healthy diet, exercise, and appropriate weight gain per starting BMI.
- By implementing ACOG's standards, we hope to decrease the amount of weight gained by pregnant patients with obesity in South-Central Louisiana at Woman's Hospital.
- The aim of our project was to help improve the quantity and quality of provider counseling on obesity in pregnancy within our ambulatory clinic.

Methods

- We designed comprehensive, patient-centered educational fliers on obesity in pregnancy.
- Our handout includes information on ACOG's recommendations for weight gain according to BMI in pregnancy, healthy diet tips/portion sizes, as well as at-home exercise resources.
- Prior to administration of patient fliers, we conducted a pre-provider survey to assess each providers' comfort and knowledge with weight gain counseling in pregnancy.
- The patient fliers were then distributed at each initial obstetric visit and each patient's recommended weight gain goal was discussed with the patient.
- After 6 months, we used a post-intervention survey to compare provider comfort and knowledge on obesity in pregnancy counseling prior to intervention.

Results



Conclusion

- We found that implementing educational resources for patients increased the amount of provider counseling on obesity in pregnancy and improved patient interest in healthy diet and exercise.
- Although the intervention appeared to increase quantity of counseling, it is difficult to measure the quality or standardization of counseling. In order to decrease maternal and fetal risks of obesity in pregnancy, an integrated approach to counseling and management is vital.
- Future studies should consider investigating the relationship of obesity counseling interventions and objective data such as weight gained or pregnancy outcomes.

Intervention

TIPS FOR A HEALTHY PREGNANCY

Starting weight: ___ Weight gain goal: ___

What are the benefits of healthy eating and exercise?

- Decrease risk of gestational diabetes and preeclampsia.
- More likely to have a vaginal delivery versus c-section.
- · Faster postpartum recovery time.

What exercises are safe?

- Walking or stationary cycling
- Dancing and stretching
- Resistance training using dumbbells or elastic bands
- Water aerobics

Warning signs to stop exercise

- Vaginal bleeding or leakage of fluid
- Abdominal pain or regular contractions
- Muscle weakness and imbalance
- Chest pain

Example Workout Videos

- Goal is to exercise for 20-30 minutes daily, a few times a week!
- https://www.youtube.com/watch?
 v=LpGBasXCFk8

https://www.youtube.com/watch?

https://www.youtube.com/watch?
 v=xVA5lxenD-k

v=xq_BEEOf7GU

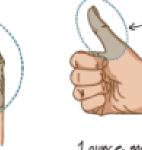


Meats and Beans 5.5 ounces

Food Group

Vegetables

Grains





Making healthier food

choices benefits your baby!

2nd and 3rd

Trimester

2 cups

3 cups

8 ounces

6.5 ounces

3 cups

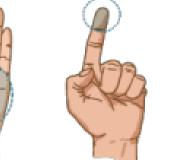
1st Trimester

2 cups

2.5 cups

6 ounces

3 cups





Try to eat a variety

green and orange

Eat more dark

vegetables!

Choose whole

grain or wheat

Choose low fats

and lean meats!

Go with low-fat

dairy products!

breads!

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