

Healthy Weight Management Guidelines Before, During and After Pregnancy

A Quick Reference Guide for Primary Care

(see www.icgp.ie/weightmanagement or www.hse.ie for additional online resources)

BODY WEIGHT AND CONCEPTION

- Women who have a BMI > 29.0kg/m² who are not ovulating should be informed that they are likely to take longer to conceive and losing weight is likely to increase their chance of conception
- Women should be informed that participating in regular physical activity and following dietary advice leads to more pregnancies than weight loss via dietary advice alone
- Women with a BMI < 19.0kg/m² and who have irregular menstruation or are not menstruating should be advised that increasing body weight is likely to improve their chance of conception

Source: NICE Clinical Guideline II Fertility: assessment and treatment for people with fertility problems. Feb. 2004.

PRE-PREGNANCY

- Height, Weight taken and Body Mass Index calculated on all women who are planning a pregnancy
- If BMI < 18.5kg/m² consider appropriate referral to dietician
- For women who are overweight advise a weight loss programme of 5 – 10% weight loss over a 3 – 6 month period before becoming pregnant consider referral to dietician
- Consider referral to commercial self-help and community organisations e.g. Weight Watchers and Unislim as well as the online resource www.safefood.eu/weight2live all of which are evidence based
- Once 5 – 10% weight loss is achieved encourage ongoing weight maintenance
- Use the Weight Management Treatment Algorithm to support health behaviour change and to discuss current eating habits and physical activity levels – see www.icgp.ie/weightmanagement
- Additional training for health professionals in achieving behaviour change in physical activity is available as an e learning module on <http://www.icgp-education.ie/physical-activity/>
- An oral glucose tolerance test (OGTT) is performed for women with a BMI > 30kg/m² and all women who have had Gestational Diabetes Mellitus (GDM) in a previous pregnancy or who have gained considerable weight since their previous post natal check
- Higher doses of folate (5mg) and Vitamin D (10ug) should be prescribed pre pregnancy for women of a BMI > 30.0kg/m²

There are certain life stages and events that can trigger weight gain, these include Pregnancy and child rearing

BODY WEIGHT AND ASSISTED REPRODUCTION

- BMI should ideally be in the range 19.0 – 30.0 kg/m² before commencing assisted reproduction
- Female BMI outside this range is likely to reduce the success of assisted reproduction procedures

Source: NICE Clinical Guideline II Fertility: assessment and treatment for people with fertility problems. Feb. 2004.

NATIONAL PHYSICAL ACTIVITY GUIDELINES

www.getirelandactive.ie

Suggest starting with **small, regular, planned** bouts of Physical Activity (10 minutes or more). Build to target time over months.

To lose weight

- Suggest 60 – 75 minutes of moderate intensity Physical Activity per day between 5 to 7 days a week (> 250 mins per week)

Weight maintenance

- Suggest 30 – 60 minutes moderate intensity Physical Activity between 5 to 7 days a week (>150 mins per week)
- 60 minutes of moderate or 30 minutes of vigorous activity per day
- This can be broken up into smaller bouts (e.g. 15 mins x 5)



BMI > 40 Grade III
- Severe Obesity
- High Risk
- Specialist Referral Indicated

BMI > 30 Obese or Very Obese
- Combination of Diet, physical activity, psychology + or - pharmacotherapy (pre or post pregnancy only)

BMI > 25-30 with co-morbidities
- Advise patient re health risks
- Highlight need for lifestyle change to revert to a healthy weight

BMI > 25 patient overweight or obese
- Assess readiness to change and proceed

Calculate BMI regularly and advise patient accordingly

BMI < 18.5 Refer if appropriate	BMI 18.5 – 25 Healthy Weight	BMI 25 – 30 Overweight	BMI 25 – 30 + Co-morbidities Overweight	BMI 30 – 35 Grade I Obesity	BMI 35 – 40 Grade II Very Obese	BMI > 40 Grade III Severe Obesity
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SOUTH ASIAN POPULATION REFERENCE POINTS

BMI Underweight (<18.5 kgs/m ²)	BMI Healthy weight (18.5 - 22.9 kgs/m ²)	BMI Over-weight (23.0 - 24.9 kgs/m ²)	BMI Obese (25.0 - 34.9 kgs/m ²)	BMI Very Obese (> 35 kgs/m ²)
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Source: Deurenberg P, YAP N, Van Staveren WA: Body Mass Index and % body fat: a meta analysis among different ethnic groups. *International Journal Obes Relat Metab Disord* 22:1164-1171. 1998
World Health Organisation: WHO Recommendations: Obesity: Preventing and Managing the Global Epidemic. Geneva. WHO, 2000. (Tech, no 894)

DURING PREGNANCY

- During the initial visit to confirm pregnancy height and weight should be taken and BMI recorded
- Discuss recommended weight gain (Institute of Medicine) Minimum weight gain advised up to 20 weeks, average weight gain of 1lb per week advised from 20 weeks to term. Weight should be recorded at each ante natal visit and at regular intervals
- Discuss eating habits and physical activity levels, suggest monitoring these using the food and exercise diaries see www.icgo.ie/weightmanagement
- Avoid 'dieting' to reduce weight in pregnancy but encourage healthy eating using the 'healthy eating in pregnancy booklet' www.healthpromotion.ie
- Advise that moderate intensity physical activity is beneficial. At least 30 minutes per day of moderate intensity activity is recommended. Recommend the site www.getirelandactive.ie for further advice and information about physical activity
- All women with a BMI > 30 should have an oral glucose tolerance test (OGTT) performed at 24-28 weeks in line with HSE / ICGP guidelines "A practical guide to integrated type 2 diabetes care" available at www.hse.ie
- A community ante natal class offered in early pregnancy through primary care teams which will advise on healthy eating, physical activity, breastfeeding and health behaviour change should be developed and offered where appropriate
- Encourage the mother to breastfeed her baby and enquire as to the support available from partner and family
- Assess psychological history if relevant – history of depression, anxiety or eating disorders see www.icgp.ie/weightmanagement for screening tools

BREASTFEEDING

A 15-30% reduction in adolescent and adult obesity rates has been found if any breastfeeding occurred in infancy compared with no breastfeeding. Children breastfed for 3 to 6 months have a 38% less risk of obesity at age 9. Breastfeeding for more than 6 months leads to a 51% reduction (McCrory and Layte, 2012)

POST PREGNANCY

- At the initial Public Health Nurse/GP visit, encourage maintenance of breastfeeding and reinforce benefits of breastfeeding for mother and child
- At the 6 week postnatal check consider measuring height and weight and calculate BMI. Advise woman with BMI > 25 to aim for a gradual 5 – 10% weight reduction using food and exercise diaries for monitoring her progress see www.icgp.ie/weightmanagement
- Encourage healthy eating and resumption of mild activities such as daily walking (see physical activity box)
- An oral glucose tolerance test (OGTT) should be taken for those women who had Gestational diabetes mellitus (GDM) at 6 – 12 weeks post partum followed by reinforcement of lifestyle change as appropriate
- Remind all mothers who have had GDM that they should attend for diabetic screening annually from now on