

Putting Prevention Into Practice

An Evidence-Based Approach

Behavioral Counseling Interventions for Healthy Weight and Weight Gain in Pregnancy

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Case Study

A 23-year-old patient, J.J., presents to confirm pregnancy after a positive home pregnancy test result. The first day of the patient's last menstrual period was seven weeks ago. J.J. has no concerns, and blood pressure is 118/78 mm Hg on examination. J.J.'s medical records show a body mass index of 29 kg per m² before the start of this pregnancy; J.J. has since gained 4 lb (1.81 kg). The rest of the patient's history and physical examination is unremarkable.

Case Study Questions

1. Based on the U.S. Preventive Services Task Force (USPSTF) recommendation, under which circumstance should physicians offer behavioral interventions to promote healthy weight gain and to prevent excess weight gain in pregnancy?

- ☐ A. Only pregnant patients with a personal history of being overweight or having obesity should receive this counseling.
- ☐ B. Only pregnant patients with a history of pre-eclampsia should receive this counseling.
- ☐ C. All pregnant patients should receive this counseling.
- ☐ D. Only pregnant patients with a history of gestational diabetes mellitus should receive this counseling.
- ☐ E. All patients planning or capable of pregnancy should receive this counseling.

2. According to the USPSTF recommendation, what is the recommended gestational weight gain for this patient, assuming that J.J. has a singleton pregnancy?

- ☐ A. 28 lb (12.7 kg) to 40 lb (18.14 kg).
- ☐ B. 25 lb (11.34 kg) to 35 lb (15.88 kg).
- ☐ C. 15 lb (6.8 kg) to 25 lb.
- ☐ D. 11 lb (4.99 kg) to 20 lb (9.07 kg).

3. According to the USPSTF recommendation, which of the following approaches to behavioral counseling interventions to promote healthy weight gain during pregnancy are correct for this patient?

- ☐ A. The patient does not need counseling because the body mass index does not exceed 30 kg per m².
- ☐ B. The patient should receive educational materials on healthy eating and ways to improve physical activity level.
- ☐ C. The patient should receive counseling on healthy eating and physical activity, with multiple contacts throughout the pregnancy.
- ☐ D. Counseling is optional because the patient is younger than 30 years and is, therefore, at low risk of complications.

Answers appear on the following page.

See related USPSTF Clinical Summary at <https://www.aafp.org/afp/2022/0200/od1>.

This PPI quiz is based on the recommendations of the USPSTF. More information is available in the USPSTF Recommendation Statement and supporting documents on the USPSTF website (<https://www.uspreventiveservicestaskforce.org>). The practice recommendations in this activity are available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-weight-and-weight-gain-during-pregnancy-behavioral-counseling-interventions>.

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A collection of Putting Prevention into Practice published in *AFP* is available at <https://www.aafp.org/afp/ppip>.

CME This clinical content conforms to AAFP criteria for CME. See CME Quiz on page 124.

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Answers

1. The correct answer is C. All pregnant people regardless of weight, medical history, or prior pregnancy should receive counseling on behavioral interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain. This is a grade B recommendation.¹ The prevalence of being overweight and having obesity is increasing among people of childbearing age and pregnant people. Effective behavioral counseling interventions to promote healthy weight gain in pregnancy are associated with decreased risk of gestational diabetes, emergency cesarean delivery, infant macrosomia, and large for gestational age infants.¹

2. The correct answer is C. The National Academy of Medicine (formerly known as the Institute of Medicine) recommendations for healthy gestational weight gain are 28 lb to 40 lb for the prepregnancy underweight category, 25 lb to 35 lb for the normal prepregnancy weight category, 15 lb to 25 lb for the prepregnancy overweight category, and 11 lb to 20 lb for the prepregnancy obese category.² Excess gestational weight gain is associated with adverse infant health outcomes and should be controlled.³ Excess weight at the beginning of pregnancy and excess gestational weight gain have been associated with adverse maternal and infant health outcomes such as a large for gestational age infant, cesarean delivery, or preterm birth.¹

3. The correct answers are B and C. The USPSTF does not limit its recommendation of behavioral counseling interventions based on body mass index or age; all pregnant people should be offered these services. Primary care physicians can deliver effective in-person behavioral counseling interventions or refer patients to behavioral counseling interventions in other settings. The most common types of effective behavioral counseling interventions included active or supervised exercise or counseling about diet and physical activity.³

The views expressed in this work are those of the authors and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the U.S. government.

References

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