

## High Maternal Weight Gain

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### Definition/ cut-off value

Singleton Pregnancies:

**Pregnant Women** (current pregnancy), all trimesters, all weight groups:  
 $\geq 7$  lbs/mo (Actual value is 6.6 lbs/mo (3 kg.) rounded to 7 lbs for ease of use.)

**Breastfeeding or Non-Breastfeeding Women** (most recent pregnancy only):  
 total gestational weight gain exceeding the upper limit of the IOM's  
 recommended range based on Body Mass Index (BMI), as follows:

<u>Prepregnancy Weight Groups</u>	<u>Definition</u>	<u>Cut-off Value</u>
Underweight	BMI <19.8	>40 lbs
Normal Weight	BMI 19.8 to 26.0	>35 lbs
Overweight	BMI 26.1 to 29.0	>25 lbs
Obese	BMI $\geq$ 29.1	>15 lbs

Multifetal Pregnancies: there are no nationally recognized recommendations for upper limit for multifetal gestations at this time. Until further deliberation and definition by RISC is provided, States should use whatever they are currently using.

Note: Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)

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### Participant category and priority level

<b>Category</b>	<b>Priority</b>
Pregnant	I
Breastfeeding Women	I
Non-Breastfeeding Women	VI

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### Justification

Women with large gestational weight gains are at increased risk for delivering high birth weight infants, which can secondarily lead to complications such as: dysfunctional and prolonged labor, midforceps delivery, cesarean delivery, shoulder dystocia, meconium aspiration, clavicular fracture, brachia plexus injury, and asphyxia. Neonatal mortality begins to rise when birth weight is >

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**Justification (cont)** 4250g. (> 9 ½ lbs). Infants are at higher risk when birth weight is > 4000g. (> 9 lbs).

High gestational weight gains have been associated with pregnancy induced hypertension, preeclampsia and toxemia, although these associations need further study. One goal in the nutritional counseling provided to pregnant women by WIC is to achieve recommended weight gain by emphasizing food choices of high nutritional quality, particularly those foods high in folic acid and which are important in the prevention of neural tube defects.

Breastfeeding and Non-Breastfeeding women with extremely high weight gains during pregnancy may be at increased risk of subsequent obesity leading to other chronic health conditions. The WIC certifying authority (CA) is in an excellent position to remind participating women that limiting unnecessary calorie rich foods and participating in moderate and appropriate physical activity and exercise play a significant role in minimizing these risks.

The 1998 National, Heart, Lung and Blood Institute (NHLBI) Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, define weight classifications differently than the Institute of Medicine (IOM) in their 1990 report, Nutrition During Pregnancy. The IOM classifications were validated for pregnancy by Parker and Abrams and by Siega-Riz et al and others. Recommendations for weight gain during pregnancy therefore are based on the 1990 definitions of prepregnancy weight status. If future research shows that prenatal weight gain using the NHLBI definitions of adult weight status is safe for pregnancy and results in similar pregnancy outcomes, the definitions will be revised.

The IOM established prenatal weight gain recommendations based on prepregnancy BMI weight categories (i.e., low, normal, high, obese). As validated by Parker and Abrams, the IOM weight gain recommendations for each weight category are associated with healthy birth outcomes. The decision to use the IOM recommended BMI weight categories for pregnant adolescents as well as for adults is based on three factors.

- There are no established prepregnancy BMI cut-offs to define prepregnancy weight categories (with corresponding recommendations for prenatal weight gain) specific to adolescents.
- There is no research to support using the CDC issued BMI-for-age chart to define prepregnancy BMI weight categories for adolescents.
- It is consistent with the recommendations of the Expert Work Group on Maternal Weight.

It is recognized that both the IOM and the NHLBI BMI cut-offs for defining weight categories will classify some adolescents differently than the CDC BMI-for-age charts. For the purpose of WIC eligibility determination, the IOM and the NHLBI BMI cut-offs will be used for all women regardless of age. However, due to the lack of research on relevant BMI cut-offs for

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**Justification (cont)**

pregnant and postpartum adolescents, professionals should use all of the tools available to them to assess these applicants' anthropometric status and tailor nutrition counseling accordingly.

An upper limit on weight gain for multifetal pregnancies (twins, triplets, etc.) has not been definitively established. For twin gestations, the recommended range of maternal weight gain is 35-45 pounds with a gain of 1.5 pounds/week during the second and third trimester. Underweight women should gain at the higher end of the range and overweight women should gain at the lower end of the range. Four to six pounds should be gained in the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week through out the pregnancy.

For WIC eligibility determinations, multifetal pregnancies are considered a nutrition risk for WIC in and of themselves (Risk #335), aside from the weight gain issue. Education by the WIC nutritionist or paraprofessional should address a steady rate of gain that is higher than that of the singleton pregnancy.

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**Clarifications/  
Guidelines**

**Pregnant Participants:** Refers to all trimesters, all weight groups, and a weight gain of more than 7 pounds during any 30 day period. This weight gain should NOT be averaged, however, if it is obvious that the woman has gained more than 7 pounds in any 30-day period, document and assign the risk code. The participant needs to provide the weight gain information; verbal information is acceptable.

**Breastfeeding or Non-Breastfeeding Participants:** Weight gain refers only to TOTAL gestation weight gain during most recent pregnancy.

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