Assessment of Risk Factors

Care of overweight and obese patients should be nonjudgmental and without bias. Office staff need to be educated about the medical needs of overweight and obese patients. Optimum treatment requires a multispecialty team approach, and because obstetrician–gynecologists are in the prime position to screen for overweight and obesity and to manage treatment, they can potentially affect care most significantly. Ideally, all patients should be screened for overweight and obesity—include body mass index (BMI) (calculated as weight in kilograms divided by height in meters squared) and waist circumference whenever possible and at annual visits (see Waist Circumference Measurement Tool). Family and medical histories can be used to assess the patient’s

Although waist circumference and BMI are interrelated, waist circumference provides an independent prediction of risk over and above that of BMI. Waist circumference measurement is particularly useful in patients who are categorized as normal or overweight on the BMI scale. At BMIs ≥35, waist circumference has little added predictive power of disease risk beyond that of BMI. It is therefore not necessary to measure waist circumference in individuals with BMIs ≥35. Although the table denotes risk associated with obesity and waist circumference for women with a BMI ≥35, measurement of BMI alone is sufficient to determine risk in these women because waist circumference does not affect risk level. A high waist circumference is associated with an increased risk of type 2 diabetes, dyslipidemia, hypertension, and CVD in patients with a BMI between 25 and 34.9. For adult patients with a BMI between 25 and 34.9, sex-specific waist circumference cutoffs should be used in conjunction with BMI to identify increased disease risk.

Measuring Tape Position for Waist (Abdominal) Circumference

To measure waist circumference, locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin, and is parallel to the floor. The measurement is made at the end of a normal expiration.

Classification of Overweight and Obesity by BMI, Waist Circumference, and Associated Disease Risk*

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
<th>Obesity Class</th>
<th>Disease Risk† Relative to Normal Weight and Waist Circumference</th>
<th>Women ≤88 cm (&lt;35 in.)</th>
<th>Women &gt;88 cm (&gt;35 in.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
<td>Normal‡</td>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>18.5–24.9</td>
<td>Overweight</td>
<td>Increased</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0–29.9</td>
<td>Obesity</td>
<td>High</td>
<td>Very high</td>
<td>Very high</td>
</tr>
<tr>
<td>Obesity</td>
<td>30.0–34.9</td>
<td>Extreme obesity</td>
<td>Very high</td>
<td>Extremely high</td>
<td>Extremely high</td>
</tr>
<tr>
<td>Extreme obesity</td>
<td>≥35.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: BMI, body mass index; CVD, cardiovascular disease.

*Disease risk of type 2 diabetes, hypertension, and CVD.
†Although the table denotes risk associated with obesity and waist circumference for women with a BMI ≥35, measurement of BMI alone is sufficient to determine risk in these women because waist circumference does not affect risk level.
‡Increased waist circumference also can be a marker for increased risk even in individuals of normal weight.

risk of comorbidities associated with overweight and obesity. Consider substituting weight-neutral medications for those medications that can cause weight gain. Motivational interviewing will assess readiness and encourage positive change. Management includes continued planned visits for dietary and exercise counseling, medication for weight loss (depending upon level of health care provider comfort), or both. Useful ICD-10 codes for obesity comorbidities offer keys to proper reimbursement for care provided. Guidelines for dietary intervention, medication, and bariatric surgery that are common to all of the professional organizations for health care providers who treat overweight and obese patients should be understood, followed, and used as appropriate. Obstetrician–gynecologists should be comfortable functioning as part of a health care team. The tools suggested here have proved to be useful for obstetrician–gynecologists to help screen and treat overweight and obese patients. Numerous resources are available online and through the ACOG web site. Efforts are underway for ACOG to partner with all professional organizations that treat overweight and obese patients in order to reduce the morbidity and mortality associated with this disease, which is now reaching epidemic proportions.

Resources

- U.S. Preventive Services Task Force: Obesity in Adults: Screening and Management, June 2012
- Centers for Disease Control and Prevention
  - Adult Overweight and Obesity
  - Assessing Your Weight
- NHLBI: Risks of Overweight and Obese
- Patient forms and questionnaires that can be modified/adapted for use into clinical practice:
  - University of Michigan other various patient questionnaires
  - New patient screening form
- Printable Tools for Practice
  - Obesity Assessment Algorithm
  - Body Mass Index Table
  - Waist Circumference Tool