



Achieving a Healthy Weight in the Postpartum Patient

Background and Definition

- Overweight and obesity are based on categories of body mass index (BMI). *Overweight* is defined as a BMI of 25–29.9; *obesity* is defined as a BMI of 30 or greater.
- Approximately 65% of reproductive-aged women are overweight or obese at the time of pregnancy and are at risk of postpartum weight retention and chronic obesity.
- Risk factors for overweight and obesity include a sedentary lifestyle, high caloric dietary intake, family history, genetics, and individual metabolism.
- *Healthy weight loss* is defined as a weight loss of 1–2 pounds per week.
- Regular physical activity during an uncomplicated pregnancy and the postpartum period can improve cardio-respiratory fitness and reduce the risk and downstream health consequences (eg, heart disease, diabetes) of overweight and obesity.
- Postpartum women should follow the national guidelines for physical activity, which is 150 minutes of moderate exercise each week. Recommendations include a target of 20–30 minutes of exercise on most days of the week.

Diagnostic Evaluation

- The diagnosis of overweight or obesity is made by measuring the patient's height and weight. The BMI can then be calculated by entering the height and weight (English or Spanish) into the National Heart Lung and Blood Institute BMI calculator app (https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm).
- For practices using the electronic health record, the height and weight of a patient can be entered into the system, which will automatically calculate the BMI.

Assessment and Counseling

A key objective of the postpartum visit is to provide lifestyle recommendations that promote maternal health for long-term reduction in the risk of chronic obesity and its downstream sequelae of diabetes and cardiovascular disease. Such recommendations will also result in improved health in the interpregnancy period, if further childbearing is desired.

- At the postpartum visit, measure height and weight and calculate the BMI as outlined in diagnostic evaluation.
- Counsel women that the combination of healthy dietary intake and exercise can help them reduce postpartum weight retention and achieve and maintain a healthy weight.
- Assess the patient's readiness for exercise and write an exercise regimen for the woman to begin an exercise program using tools from the Exercise Is Medicine® Guide.

- Exercise Is Medicine® is a global initiative developed by the American Medical Association. http://www.exerciseismedicine.org/assets/page_documents/EIM%20Public%20Presentation_2016_07_07.pdf. The guide provides flyers for office practices to promote exercise, a brief physical activity readiness survey, and a first-step physical activity prescription for those patients beginning a new exercise program or resuming the exercise routines they had followed before pregnancy.
- Exercise routines can begin or resume gradually after a pregnancy based on the presence or absence of medical or surgical complications related to delivery.
- After an uncomplicated vaginal delivery, counsel patients that they can begin or resume an exercise program (eg, walking, jogging, strength conditioning) as soon as they feel able to engage in such activities. Women should not be discouraged from resuming physical activity before the 6-week postpartum visit.
- Pelvic floor exercises can be initiated to reduce symptoms of urinary incontinence in the postpartum period because urinary incontinence related to delivery can be a barrier to engaging in physical activities.
- In the absence of postoperative complications, counsel women that they can resume full physical activity in the 4–6 weeks after a cesarean delivery. Before that time, women are able to be physically active (eg, walking, stretching).
- Women who are lactating may have special concerns about the effects of dietary intake and physical activity on milk production and the ability to sustain successful breastfeeding for the desired time period.
 - Because of the additional energy expenditure for breastfeeding, counsel lactating women to increase their healthy caloric intake by 500 calories per day.
 - Current studies support the benefits of exercise in the postpartum period without adverse effects on milk production.
- Assess the patient's depression symptoms using a validated instrument (see Depression). Postpartum depression can be a barrier to healthy eating and regular exercise.
- Assess the patient's dietary intake and provide initial anticipatory guidance to patients about steps to improve her eating habits and begin an exercise program. The National Heart Lung and Blood Institute-supported booklet, *Aiming for a Healthy Weight*, (<https://catalog.nhlbi.nih.gov/sites/default/files/publicationfiles/14-7415.pdf>) [log in required] is a valuable resource for clinicians to use to provide initial guidance to patients.
- Refer women to a registered dietitian nutritionist who can take a detailed dietary history and provide a nutritional plan that promotes a healthy weight but is also tailored to the patient's specific needs and food preferences.
- The American College of Obstetricians and Gynecologists developed an **Obesity toolkit** that provides information about multiple aspects of obesity care, **coding guidance**, as well as links to additional resources to help patients reduce the effects of obesity.

Additional Efforts in Counseling

- If available, refer to a behavioral medicine expert who can provide ongoing counseling.
- Gather and share information on community and local venues that promote healthy lifestyle behaviors, including the local YMCA, churches, or other social groups.

Resources

American College of Obstetricians and Gynecologists Clinical Guidelines

- ❖ Challenges for Overweight and Obese Women. Committee Opinion No. 591. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:726–30.
Discusses how ob-gyns can help women overcome the barriers they face when adopting a healthy lifestyle. It concludes that physicians must address individual behaviors and the community environment to reduce obesity rates.
- ❖ Physical activity and exercise during pregnancy and the postpartum period. Committee Opinion No. 650. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126:e135–42.
Discussion on the role of obstetrician–gynecologists in evaluating women with medical or obstetric complications before making recommendations on physical activity participation during pregnancy.
- ❖ Weight gain during pregnancy. Committee Opinion No. 548. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121:210–2.
Recommends that ob-gyns follow the guidelines issued by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (previously known as the Institute of Medicine) regarding gestational weight gain. Ob-gyns should determine a woman’s body mass index during the first visit and discuss the need to limit exercise weight gain during pregnancy.

Health Care Provider Resources for Patient Care

- ❖ Lu MC, Kotelchuck M, Culhane JF, Hobel CJ, Klerman LV, Thorp JM Jr. Preconception care between pregnancies: the content of internatal care. *Matern Child Health J* 2006;10:S107–22.
Identifies core components of internatal care, which includes exercise and nutrition.
- ❖ National Lipid Association. Heart-healthy eating DASH style: advice from the National Lipid Association clinician’s lifestyle modification toolbox. Available at: https://www.lipid.org/sites/default/files/heart_healthy_eating_dash_style_final_1.pdf. Retrieved March 1, 2018.

Health Care Provider Resources for Advocacy

- ❖ Centers for Disease Control and Prevention. Overweight and obesity. Atlanta (GA): CDC; 2017. Available at: <https://www.cdc.gov/obesity/>. Retrieved March 1, 2018.

Patient Resources

- ❖ Centers for Disease Control and Prevention. Healthy weight. Atlanta (GA): CDC; 2017. Available at: <https://www.cdc.gov/healthyweight/index.html>. Retrieved March 1, 2018.
An online resource that outlines the benefits of achieving a healthy weight and includes links to physical activity trackers and dietary trackers.
- ❖ County of Los Angeles Public Health Maternal, Child and Adolescent Health. Welcome to a healthier you! Text LAMOMS to 55000. Available at: <http://publichealth.lacounty.gov/LAmoms/LAMOM.htm>. Retrieved March 7, 2018.
A program to help new mothers get to a healthy weight.

- ❖ National Heart, Lung, and Blood Institute. Calculate your body mass index. Available at: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm. Retrieved March 1, 2018.

For more information on Postpartum Depression, see the section on Postpartum Depression.

For more information on Obesity-related issues, see the section on Long-term Follow-Up From Pregnancy Complications.