

## Prevention and management of excessive gestational weight gain: a survey of overweight and obese pregnant women

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Certain life stages have been identified as critical periods during which more rapid weight gain is likely, including pregnancy<sup>(1)</sup>. Excess weight gain and failure to lose weight gained during pregnancy are significant predictors of long-term obesity<sup>(2–4)</sup>. Post-partum weight retention increases with greater gestational weight gain<sup>(5,6)</sup>. Increases in post-partum body weight are likely after first pregnancy<sup>(3)</sup>; however, increasing parity also elevates the risk of becoming overweight or obese<sup>(2,7)</sup>. Excessive gestational weight gain is associated with adverse infant and maternal outcomes<sup>(8,9)</sup>.

Pregnant women are potentially receptive to health care advice and may be motivated to implement lifestyle changes. However, it is unclear what views women hold about gestational weight gain, whether they would like advice/support to manage their weight and if so in what form they would prefer it delivered. The aim of the present survey was to determine newly pregnant women's views on: their current bodyweight, gestational weight gain, and the resources they might consider helpful in preventing excessive weight gain.

One hundred and forty-eight women attending their booking visit (wk 12 gestation) at 2 hospitals in Fife completed a short semi-structured questionnaire. Mean age was 29 (SD 5.9) years, mean BMI 31.6 (SD 5.4) kg/m<sup>2</sup>. It was a first pregnancy for 46% of women. Seventy-six percent felt dissatisfied with their current weight. Forty-one percent of women (61) were unconcerned about weight gain during this pregnancy, including 17 (28%) that had not lost weight gained in previous pregnancies. Sixty-two women (42%) did not want to gain too much weight and 20 (13%) were really worried about gaining too much weight. Of the 82 women concerned about weight gain 44 (54%) felt healthy eating leaflets would help avoid excessive weight gain. Advice on physical activity was considered helpful by 45% (37), access to sports/leisure facilities was favoured by 40% (33) women. Very few women, 10 (12%), indicated that group sessions on healthy eating would be beneficial. A similarly low proportion felt attending a clinic for individualised advice would be helpful (11 (13%)). 'Getting time off work' was frequently reported as a potential barrier to attending for advice (52%). Nearly all (92%) indicated that providing advice sessions nearer to their homes and/or at weekends/evenings would help them attend.

Many, already obese women, were unconcerned about weight gain during their pregnancy. This may reflect a lack of awareness of the potential implications of excessive gestational weight gain. This issue should be discussed with women routinely as part of antenatal care. Women concerned about weight gain seemed more interested in increasing physical activity than receiving targeted dietary advice. Physical activity may have been seen as easier to incorporate into daily life. The provision of dietary advice, if justified, would require sessions to be held out with work hours to facilitate attendance. These data can inform the design of future interventions/services to address the development and management of obesity in pregnancy.

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