111 Overweight (Women)

Definition/Cut-off Value

Overweight for women is defined as follows:

Category	Cut-off Value
Pregnant Women	Prepregnancy Body Mass Index (BMI) ≥ 25
Non-Breastfeeding Women	Prepregnancy Body Mass Index (BMI) ≥ 25
Breastfeeding Women less than 6 Months Postpartum	Prepregnancy Body Mass Index (BMI) ≥ 25
Breastfeeding Women 6 Months Postpartum or more	Current Body Mass Index (BMI) ≥ 25
Note: A BMI table is attached to assist in determining weight classifications. Also, until research supports the use of different BMI cut-offs for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility (1). (See Justification for a more detailed explanation.)	

Participant Category and Priority Level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III, IV, V or VI

Justification

Maternal overweight and obesity are associated with higher rates of cesarean delivery, gestational diabetes mellitus, preeclampsia and other pregnancy-induced hypertensive disorders, as well as postpartum anemia (2). Several studies have established an association between obesity and an increased risk for hypertension, dyslipidemia, diabetes mellitus, cholelithiasis, coronary heart disease, osteoarthritis, sleep apnea, stroke and certain cancers (1).

One goal of prenatal nutritional counseling is to achieve recommended weight gain during pregnancy. For the overweight woman, emphasis should be on selecting food choices of high nutritional quality and avoiding calorie-rich foods, thereby minimizing further risks associated with increased overweight and obesity.

The 2009 Institute of Medicine (IOM) report: *Weight Gain During Pregnancy: Reexamining the Guidelines* (1) updated the pregnancy weight categories to conform to the categories developed by the World Health Organization and adopted by the National Heart, Lung and Blood Institute in 1998 (3). The reexamination of the guidelines consisted of a review of the determinants of a wide range of short-and long-term

consequences of variation in weight gain during pregnancy for both the mother and her infant. The IOM prenatal weight gain recommendations based on prepregnancy weight status categories are associated with improved maternal and child health outcomes (1).

Included in the 2009 IOM guidelines is the recommendation that the BMI weight categories used for adult women be used for pregnant adolescents as well. More research is needed to determine whether special categories are needed for adolescents. It is recognized that the IOM 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 cut-offs will be used for all women regardless of age. However, due to the lack of research on relevant BMI cut-offs for 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.

Weight during the early postpartum period, when most WIC certifications occur, is very unstable. During the first 4-6 weeks fluid shifts and tissue changes cause fluctuations in weight. After 6 weeks, weight loss varies among women. Prepregnancy weight, amount of weight gain during pregnancy, race, age, parity and lactation all influence the rate of postpartum weight loss. By 6 months postpartum, body weight is more stable and should be close to the prepregnancy weight. In most cases, therefore, prepregnancy weight is a better indicator of weight status than postpartum weight in the first 6 months after delivery (4).

The percentage of adolescents who are overweight has increased rapidly and more than 60% of adults in the US are overweight. Due to the significant impact that overweight and obesity have on morbidity and mortality, it is imperative that every effort be made to identify individuals who are overweight and to assist them in achieving a more healthful weight. The WIC Program is in a position to play an important role in helping to reduce the prevalence of overweight not only by working with postpartum women on improving their own weight status, but also by helping them to see their role in assisting their children to learn healthful eating and physical activity behaviors.

References

1. Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines (Prepublication Copy). National Academy Press; Washington D.C.; 2009. www.nap.edu. Accessed June 2009.
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3. National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. NIH Publication No. 98-4083, 1998. www.nhlbi.nih.gov. Accessed June 2009.
4. Crowell DT. Weight changes in the postpartum period: a review of the literature. Journal of Nurse-Midwifery. Vol. 40, No. 5, September/October 1995; pgs 418-423.

Additional References

1. Naye, R.L. Maternal body weight and pregnancy outcome. American Journal Clinical Nutrition; 1990; 52:273-279.
2. Parker JD, Abrams B. Prenatal weight gain advice: an examination of the recent prenatal weight gain recommendations of the Institute of Medicine. Obstet Gynecol, 1992; 79:664-9.

3. Siega-Riz AM, Adair LS, Hobel CJ. Institute of Medicine maternal weight gain recommendations and pregnancy outcomes in a predominately Hispanic population. Obstet Gynecol, 1994; 84:565-73.

4. Suitor CW, editor. Maternal weight gain: a report of an expert work group. Arlington, Virginia: National Center for Education in Maternal and Child Health; 1997. Sponsored by Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

BMI Table for Determining Weight Classification for Women (1)

Height (Inches)	Underweight BMI < 18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI ≥ 30.0
58"	< 89 lbs	89-118 lbs	119-142 lbs	> 142 lbs
59"	< 92 lbs	92-123 lbs	124-147 lbs	> 147 lbs
60"	< 95 lbs	95-127 lbs	128-152 lbs	> 152 lbs
61"	< 98 lbs	98-131 lbs	132-157 lbs	> 157 lbs
62"	< 101 lbs	101-135 lbs	136-163 lbs	> 163 lbs
63"	< 105 lbs	105-140 lbs	141-168 lbs	> 168 lbs
64"	< 108 lbs	108-144 lbs	145-173 lbs	> 173 lbs
65"	< 111 lbs	111-149 lbs	150-179 lbs	> 179 lbs
66"	< 115 lbs	115-154 lbs	155-185 lbs	> 185 lbs
67"	< 118 lbs	118-158 lbs	159-190 lbs	> 190 lbs
68"	< 122 lbs	122-163 lbs	164-196 lbs	> 196 lbs
69"	< 125 lbs	125-168 lbs	169-202 lbs	> 202 lbs
70"	< 129 lbs	129-173 lbs	174-208 lbs	> 208 lbs
71"	< 133 lbs	133-178 lbs	179-214 lbs	> 214 lbs
72"	< 137 lbs	137-183 lbs	184-220 lbs	>220 lbs

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.