Supporting a Plus-Size Pregnancy: A Checklist for Healthcare Providers

Research shows that pregnant women who are overweight or obese may delay or avoid prenatal care because they are afraid of being shamed or judged by their providers. This checklist can help guide you in providing appropriate, respectful care for women who are overweight or obese who are pregnant or thinking about pregnancy.

Use this checklist to start a conversation with your patient at her initial visit and to keep her informed and engaged at later visits. Listen to her concerns, and avoid making assumptions about her current health. The goals are a healthy pregnancy, birth, and baby. Partnering with the mom-to-be makes reaching those goals possible.

This checklist is based on American College of Obstetricians and Gynecologists (ACOG) practice guidelines for managing obesity in pregnancy.

Facility and Equipment (Inpatient and Outpatient Settings)

☐ Ensure availability of appropriate birthing beds and monitoring/other equipment to care for plus-size patients (e.g., large chairs and wheelchairs, larger blood pressure cuffs).
☐ Assess appropriateness of gurneys and staffing plans and revise as needed (e.g., get motorized lifts for gurneys, increase staff to assist with moving the patient).
☐ Consider whether facility can accommodate larger equipment and additional staff needed to move larger patients safely, and suggest appropriate alternative location, if needed.

Questions to Start an Open, Nonjudgmental Conversation With Your Patients

The following questions were informed by ACOG Committee Opinion No. 763: Ethical Considerations for the Care of Patients With Obesity. [http://bit.ly/2OfhN8J]

☐ What does a healthy pregnancy look like for you?
☐ What are your concerns about your pregnancy?
☐ Tell me about your current lifestyle. Are you physically active? How would you describe your eating habits?
☐ What could you start or stop doing to help reach your goals?
☐ What might keep you from being successful?
☐ How can I support you during your pregnancy?
Body Mass Index (BMI) and Gestational Weight Gain

- Use BMI and weight gain recommendations to guide nutrition and physical activity counseling.

<table>
<thead>
<tr>
<th>Pre-pregnancy Weight Category</th>
<th>Body Mass Index, kg/m²</th>
<th>Recommended Range of Total Weight Gain, lb.</th>
<th>Recommended Rates of Weight Gain in the Second and Third Trimesters, lb. (Mean Range, lb./wk.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>25.0–29.9</td>
<td>15–25</td>
<td>0.6 (0.5–0.7)</td>
</tr>
<tr>
<td>Obese (includes all classes)</td>
<td>30 and greater</td>
<td>11–20</td>
<td>0.5 (0.4–0.6)</td>
</tr>
</tbody>
</table>

1 Calculations assume 1.1–4.4 lb. weight gain in the first trimester.


Testing and Procedures

- Counsel patients about the limitations of ultrasound screening for identifying structural anomalies.
- Consider early screening for glucose intolerance based on the patient’s risk factors and health history (e.g., previous gestational diabetes).
- Consider consulting with an anesthesia service, especially for patients with obstructive sleep apnea, in case the need for a surgical delivery arises.

Labor and Delivery

- Work with your patient to create a birthing plan, including pain management methods.
- Consider early epidural catheter placement, and discuss the risks and benefits with the patient.
- Consider allowing a longer first stage of labor before performing cesarean delivery for labor arrest.

Postpartum

- Consider behavioral interventions to improve both nutrition and physical activity, as combined efforts have been proven to improve postpartum weight loss better than physical activity alone.
- Continue counseling patient on nutrition and physical activity, especially before she begins planning another pregnancy.
- Work with your patient to create a breastfeeding plan and help her get lactation support/consultation, if needed.

Visit [https://nichd.nih.gov/Pregnancy4EveryBody](https://nichd.nih.gov/Pregnancy4EveryBody) for more information and resources.