the pregnancy weight debate

How much weight should you gain for a healthy pregnancy? These days it depends who you ask, as new research is encouraging doctors to think about revising the current guidelines. *By Beth Howard*

When my mother was pregnant in the late 1950s and early '60s, her doctor warned her not to gain more than 15 pounds. He even threatened not to deliver her babies if she did. Mom managed to rein in her hunger, and my sister and I were born healthy, if a little scrawny, at around six pounds each.

Fast forward a few decades, and, boy, have times changed. When I conceived my daughter in 1999, my midwife took a look at my slim frame and practically ordered me to pile on the weight. Thirty pounds later, my daughter Zoe was born, tipping the scales at a robust 9 pounds, 5 ounces.

Of all the advice that obstetricians give their pregnant patients, nothing has flip-flopped as much as weight orders.

"In the old days, doctors didn't have as many strategies for dealing with big babies, and C-sections weren't as safe," says Emily Oken, M.D., MPH, assistant professor in the department of ambulatory care and prevention at Harvard Medical School in Boston. "They didn't have ultrasound so they couldn't track the baby's growth. The mom's weight was one thing they could monitor."

Concerned about the rates of babies born with a low birth weight, doctors later revised their dogma. For the past two decades, obstetricians have advised their normal-weight patients to gain 25 to 35 pounds. Underweight woman are expected to aim for more than 35 pounds, while overweight women are encouraged to gain only 15.

Now it looks like the pregnancy pound pendulum could be swinging back in the opposite direction. Spurred by new research, the Institute of Medicine (IOM) is expected to revise the guidelines doctors follow—most likely in a downward direction. And more and more obstetricians are scrutinizing the numbers when a mom-to-be steps up on the scale.

The big reason for the shift: America's growing girth. As the number of people who are overweight or obese has skyrocketed, so have pregnancy problems associated with excess weight.

"From the time I was a resident, moms have gotten heavier. They're gaining more weight during pregnancy and not taking it off between pregnancies," says Laura E. Riley, M.D., assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School in Boston, and author of *You and Your Baby: Healthy Eating During Pregnancy* (Meredith Books, 2006). "That has serious implications both for their health and the health of their babies."

In fact, studies show that bigger moms-to-be are 20 to 30 percent more likely to have pregnancy complications, such as pre-eclampsia, hypertension, and gestational diabetes. And the higher a woman's BMI (body mass index), the greater the risk for a cesarean delivery.

Equally worrisome are the risks to babies as a result of their mothers' excess weight gain. These include a greater risk of neural tube defects, and of being born premature or stillborn. Infants born to overweight women are also more likely to be overweight or obese themselves, perpetuating a vicious cycle. "Some research suggests that you're setting up these kids for a lifetime of problems," says Dr. Riley. "There seems to be some in utero programming that predisposes them for obesity and heart disease."

Today's weight standards may also make it hard to shed weight after pregnancy. Many women don't lose that weight after the fact," confirms Patrick M. Catalano, M.D., chair of reproductive biology at Cast Western Reserve University at Metro Health Medical Center in Cleveland, Ohio. "That means that with subsequent pregnancies, they're already starting behind the eight ball."

Meanwhile, some new data is raising doubts about the recommendations currently in place. Dr. Oken's research shows that women following the current advice ran almost four times the risk of having a child who was overweight at age 3, compared to women who gained less than the advised amount.

Similarly, a new study from Saint Louis University showed that overweight and obese women who gained 10 pounds or less had better birth outcomes. According to study author Raul Artal, M.D., professor and chair of the department of obstetrics and gynecology and women's health at Saint Louis University School of Medicine, the research suggests that women with the highest BMIs (30 and above) need not gain weight or can even lose weight during pregnancy without hurting themselves or their babies.

And Swedish research published in the journal *Obstetrics & Gynecology* last fall showed that the optimal weight gain during pregnancy is less than the IOM's—just 5 to 22 pounds for women who have a normal weight to start with. Mothers who stayed within this range had fewer pregnancy complications than those who exceeded it, and their babies were less likely to experience birth traumas and respiratory disorders.

Until the experts sift through all the data, however, Dr. Catalano says the current guidelines most likely offer women the best shot at a problem-free pregnancy and future good health—for themselves, and their children. "The first step is to stick to the guidelines we have," he says. "Forty percent of women are exceeding them." Moms-to-be need to talk to their own doctors or midwives about the optimal weight gain for them.

After pregnancy, women should make losing the baby weight a priority, so weight doesn't spiral out of control in subsequent pregnancies, experts say. Exercise and breastfeeding can help in that department, while also benefiting mothers and infants in other ways. "Pregnancy and postpartum is a time when women are able to maximize their health and have a lot of motivation to do so for their children," says Dr. Oken. "Sensible weight gain is in everybody's interest."