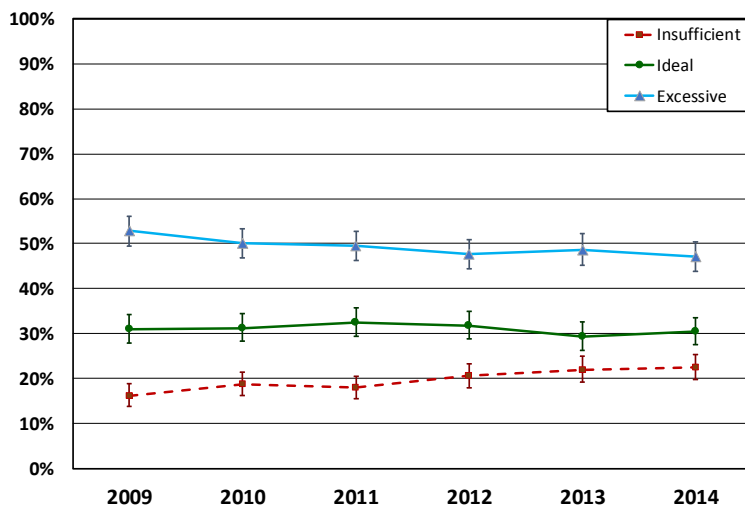


This is a report on the Vermont Pregnancy Risk Assessment Monitoring System (PRAMS), a survey conducted on a sample of Vermont women with live births since 2001. This report presents information about gestational weight gain (GWG) among Vermont resident mothers who delivered a full-term singleton infant in the years 2012 through 2014.

The amount of weight that a woman gains during pregnancy is important for a healthy pregnancy as well as the long-term health of the mother and her baby. The Institute of Medicine has specified GWG recommendations based on prepregnancy body mass index (BMI) categories to inform mothers of healthy weight gain ranges that can be used to classify a mother's GWG as insufficient, ideal, or excessive.¹

Gestational Weight Gain, 2009-2014



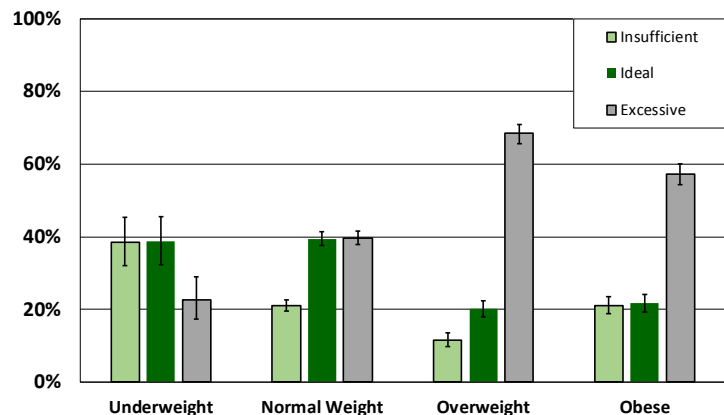
There has been no significant change in the prevalence of ideal weight gain among Vermont births. The ideal weight gain range was met in 30.4% (27.5%-33.5%) of 2014 Vermont births.

While the proportion of births to mothers who had gained a recommended amount of weight has remained the same, the other categories have shown small but significant changes. There has been a decrease in excessive gestational weight gain since 2009, and an increase in insufficient gestational weight gain.

Prepregnancy BMI is associated with gestational weight gain sufficiency.

Women with BMIs in the overweight and obese ranges were more likely to gain excessive amounts of gestational weight. Women in the underweight range were more likely to gain an insufficient amount of weight than those in all other ranges, and less likely to gain an excessive amount of weight. Women in the normal and underweight BMI ranges were more likely to gain an ideal amount of weight than those with BMIs in the overweight or obese ranges.

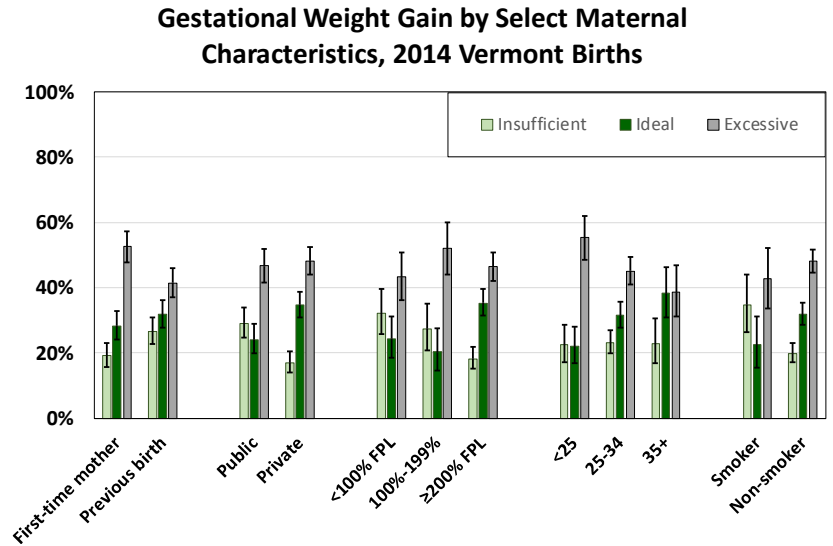
Gestational Weight Gain by Prepregnancy BMI 2014 Vermont Births



Other Factors Associated with Gestational Weight Gain

Several demographic factors were associated with significant differences in gestational weight gain for 2014 births.

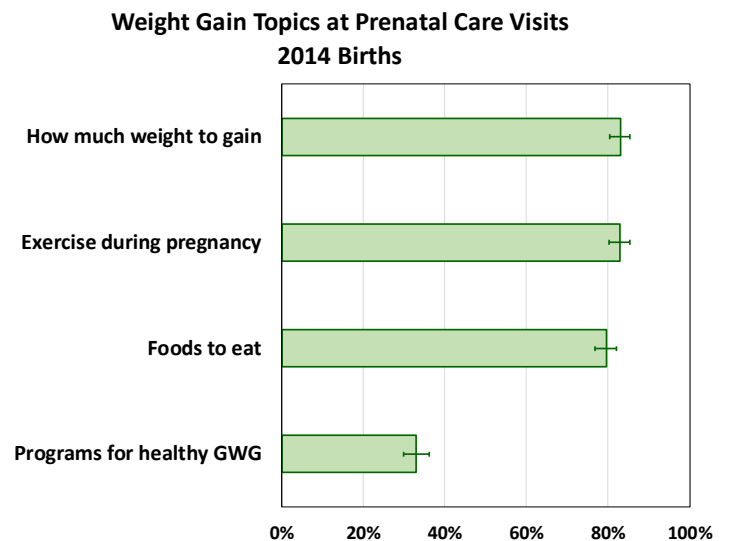
Younger mothers and first-time mothers were more likely to gain an excessive amount of gestational weight. Lower-income mothers, women who had public insurance for prenatal care, and cigarette smokers were more likely to have gained insufficient weight. Non-smokers, older mothers, mothers with higher household incomes, and mothers with private health insurance were more likely to have gained an ideal amount of weight.



Healthcare Worker Discussions on Gestational Weight Gain, 2014 Vermont Births

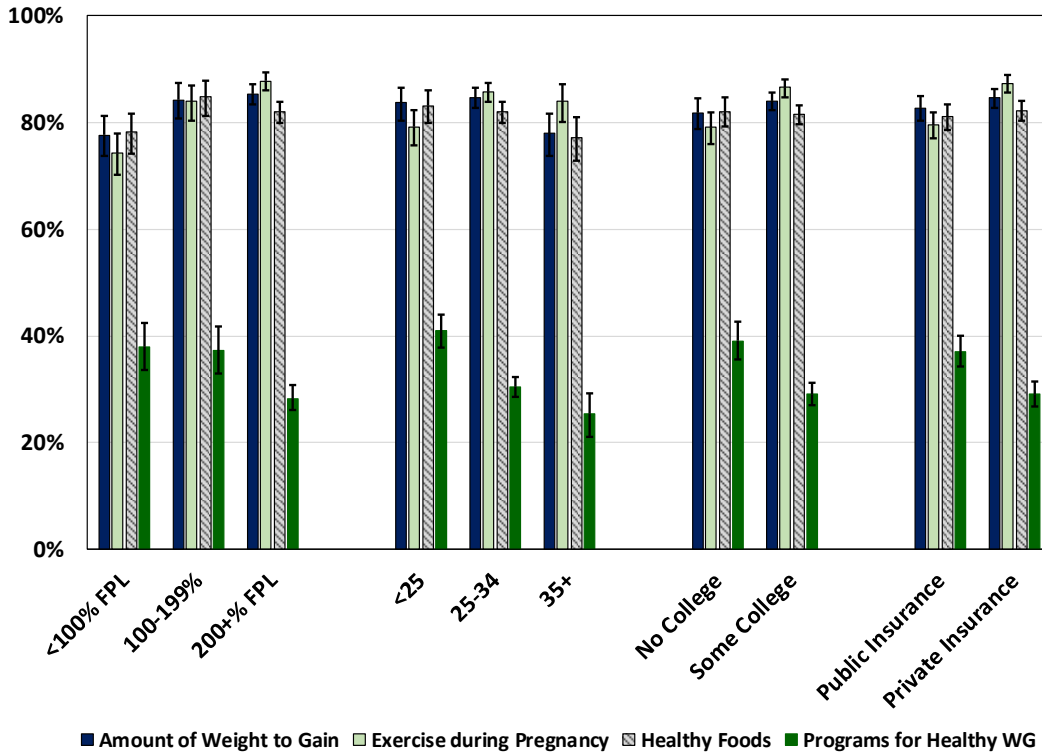
The version of the PRAMS questionnaire that began in 2012 includes four questions about discussions with healthcare workers related to healthy gestational weight gain. None of these questions were significantly associated with ideal, insufficient, or excessive gestational weight gain.

Around 80% of Vermonters who gave birth in 2014 had a conversation with a healthcare worker about how much weight to gain during pregnancy, exercise during pregnancy, and healthy food to eat during pregnancy. Around one in three had a conversation about specific programs for healthy gestational weight gain.



When births in the years 2012 through 2014 are included, there are demographic differences in the prevalence of these healthcare worker conversations that can be identified as statistically significant. (See graphic, next page.) Women with lower household incomes, younger mothers, women without any college education and mothers with public insurance were more likely to have a conversation about programs for healthy weight gain.

Differences in Healthcare Worker GWG Conversations, 2012-2014 Births



Information on weight gained and preconception weight used in this data brief were derived from the birth record. The following PRAMS questionnaire items on healthcare worker advice were also used:

During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check **No** if no one talked to you about it or **Yes** if someone did.

- How much weight I should gain during my pregnancy

During your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each one, check **No** if no one talked to you about it or **Yes** if someone did.

- Foods that are good to eat during pregnancy
- Exercise during pregnancy
- Programs or resources to help me gain the right amount of weight during pregnancy

UVM statistics intern Andrew Sparks and Vermont PRAMS completed this data brief. Questions or comments about this report, or requests for further data, may be sent to John Davy at john.davy@vermont.gov or (802) 863-7661. More information about Vermont PRAMS can be found at <http://www.healthvermont.gov/PRAMS>.

ⁱ <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.pdf>