

What's up with maternal weights?

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Objectives

Thought partners will be able to:

- Describe maternal weight trends among Colorado women.
- Gain an understanding of current research on evidence-based interventions.
- Contribute to a list of Colorado resources.
- Offer ideas for potential collaborations and opportunities.

Overview

Colorado women are entering pregnancy at higher BMIs, increasing their morbidity risk and their infant's risk of becoming overweight in early childhood.

- On average, women retain 7-10 lbs per pregnancy over the life course.
- Prevalence of increased BMIs is significantly greater for some racial/ethnic groups.
- Lower income populations have fewer opportunities to engage in or have less access to healthy eating, active living environments.

Health risks

Pregnancy:

- Gestational Diabetes
- Hypertension
- Preeclampsia
- Cesarean deliveries

Postpartum:

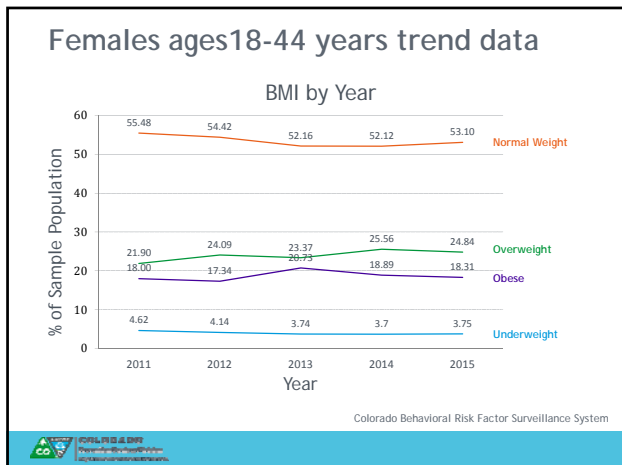
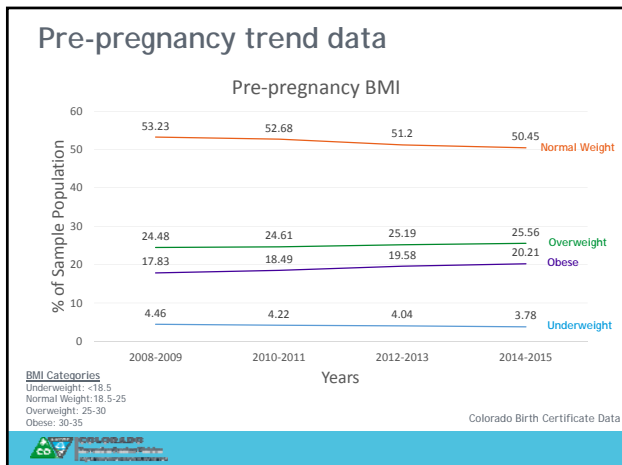
- Overweight and obese women are less likely to breastfeed*
- Lifelong obesity
- Cardiovascular disease
- Type 2 Diabetes
- Postpartum depression

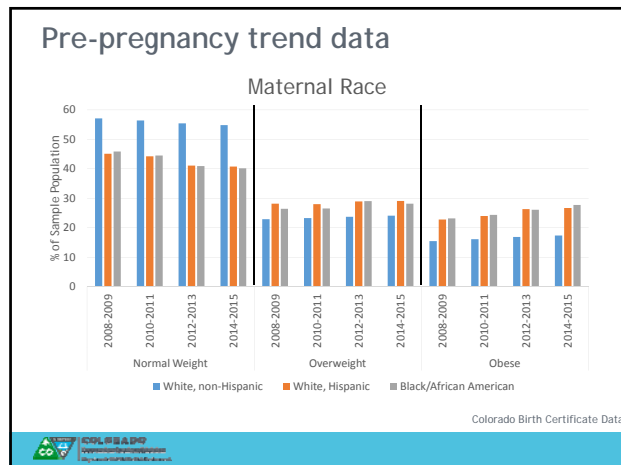
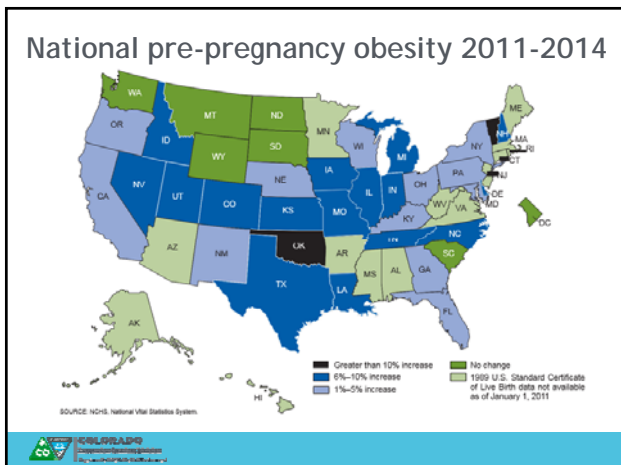
Infant:

- Increased mortality risk
- Prematurity
- Stillbirth
- Congenital abnormalities
- Macrosomia

Child:

- Associated with excessive growth from birth to 3 years old
- Lifelong chronic diseases

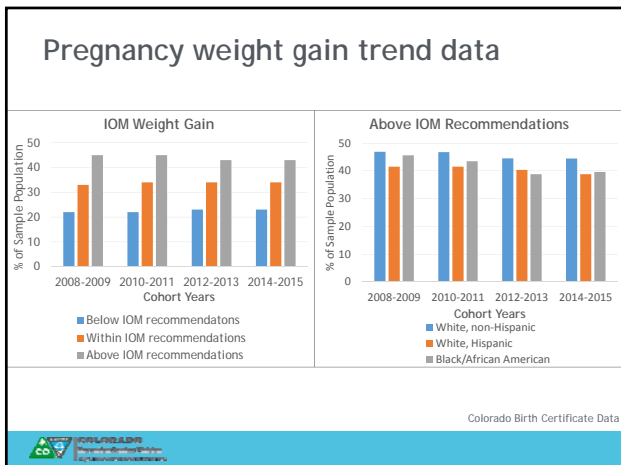
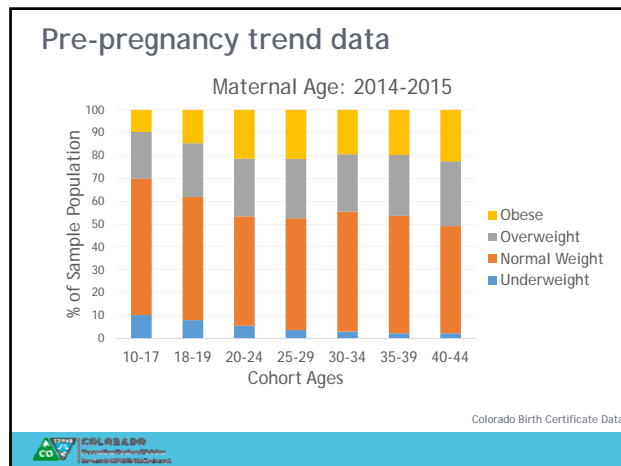




Rates of change from 2008-2015

	Normal Weight	Overweight	Obese
White, non-Hispanic	-4%	5.1%	12.1%
White, Hispanic	-9.6%	3.3%	17.3%
Black/African American	-12.4%	6.5%	19.5%

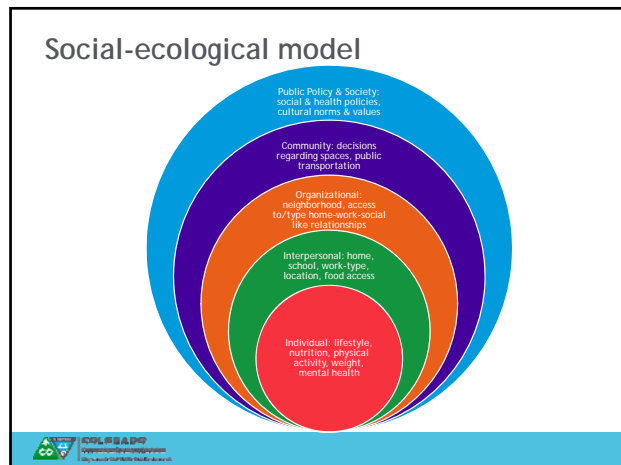
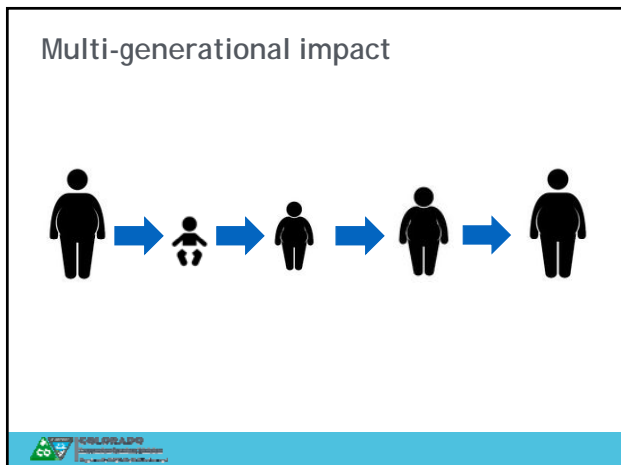
Colorado Birth Certificate Data



Rates of change from 2008-2015

	Below IOM	Within IOM	Above IOM
White, non-Hispanic	7.3%	3.0%	-5.2%
White, Hispanic	2.6%	1.4%	-2.8%
Black/African American	20.2%	3.5%	-13.2%

Colorado Birth Certificate Data



Likely effective vs less effective

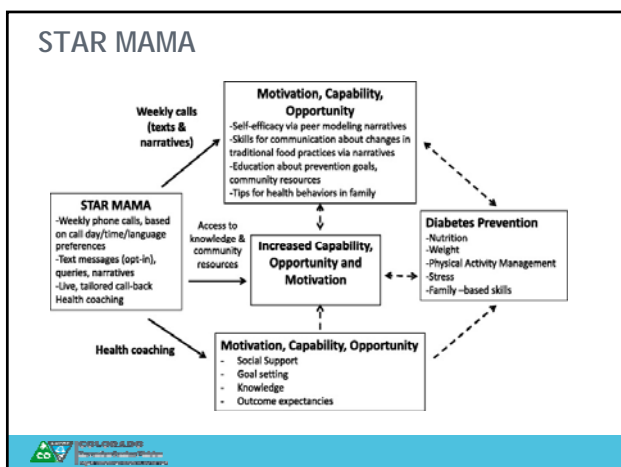
Changes in diet in combination with physical activity	VS	Diet alone
Support groups	VS	Individual 1:1
Recruitment at health care institutions	VS	Library, worksite, supermarket, etc.
Self-evaluation: self monitoring (e.g., diet recall, weighing), evaluation and reinforcement	VS	No accountability

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Likely effective vs less effective

Setting dietary goals, consistent monitoring, self-monitoring and consistent physical activity	VS	Inconsistent monitoring and follow-up
Technology-based components: Self-monitoring , counselor feedback and communication, social support , use of a structured program and use of an individually tailored program	VS	Limited use of technology or dated technology
Community-based , family-interventions	VS	Excluding family and community
Individualized counseling and follow-up beyond 6-weeks postpartum visit	VS	No follow-up beyond 6-weeks postpartum

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Example models

California WIC

Overweight Obese

Postpartum Weight Loss - Choose Health LA
<https://www.choosehealthla.com/moms/>

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Colorado programs

Large group discussion

What efforts do you know of in your community (organization, local, state)?

What, if anything, surprises you that you've heard?

- ### Small group brainstorming
1. What other information would you like to know to explore this issue?
 2. How could stakeholders partner to address the issue of rising maternal weights?
 3. What role might your organization or you individually take on this issue?
 4. Who is missing at this meeting that we could reach out to?

Next steps

Survey to assess interest and explore opportunities in:

- Partnering
- Investing
- Taking a lead

Thank You!

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Early Childhood Obesity Prevention
9 Ways to Grow Healthy Colorado Kids