Almost 36% of the US population are obese
Preconception screening is essential
Educational resources are needed for providers & obese patients
HIT can be helpful
Lack of knowledge
Miscarriage
Lack of skill
Difficulty in delivery of macrosomic infants
Hypertensive diseases of pregnancy
Gestational diabetes mellitus
Thromboembolism
Integration of clinical interventions is imperative
Late term fetal demise
Lack of appropriate sized equipment
Unnecessary costs
Continual support, encouragement & education is vital
Macrosomia
A need for education & training of OB providers
Complications during delivery
Delayed healing
Congenital anomalies
Resource utilization
Possible Negative Outcomes for Mother and Baby
• Miscarriage
• Congenital anomalies-including neural tube defects
• Gestational diabetes mellitus
• Thromboembolism
• Macrosomia
• Hypertensive diseases of pregnancy
• Late term fetal demise
• Complications during delivery and postpartum

Methods
Design: Descriptive
Population: Obstetrical healthcare providers who practice a minimum of 8 hours/week in a large teaching medical center in Brooklyn, NY
Sample: Convenience sample (N=41)
Voluntary participation
Subjects were offered no incentives to participate
IRB approval was obtained
Questionnaire: Nutrition for Obstetric Patients Clinician Questionnaire
Consent obtained from participants and questionnaire distributed to them
Data collected at three Ob/GYN grand round conferences
Data entered into SPSS 18 for analysis
Descriptive Statistics were used to analyze the data
Minimum and maximum weight gain were analyzed using a one sample t test
Five interventions for the clinical integration of the 2009 IOM Guidelines for Weight Gain in Pregnancy reported as being used by providers were analyzed

Results
Minimum Weight Gain during pregnancy for obese women (used one sample t test)
(M=12.53, SD=6.82), t(40)=1.43, p=.16 Test Value=.006
• No statistical significance was found between the 2009 IOM guidelines and the OB-HCP recommendations for minimum weight gain
Maximum Weight Gain during pregnancy for obese women (used one sample t test)
(M=24.47, SD=8.83), t(3.24)=40, p=.006 Test Value=.006
• A statistical significance of +4.47 lbs was found between the 2009 IOM Guidelines and the OB-HCP recommendations for maximum weight gain

Implications for Practice
• A need for education & training of OB-HCP exists
• Educational resources are needed for providers & obese patients
• Preconception screening is essential
• Integration of clinical interventions is imperative
• HIT can be helpful
• Continual support, encouragement & education is vital

Conclusions
• For minimum weight gain recommendations for obese pregnant women, no significant difference was noted between the 2009 IOM Guidelines and the obstetrical providers
• For maximum weight gain recommendations, a significant difference of 4.47 lbs was found between the participants and the 2009 IOM Guidelines.
• Clinical intervention most frequently reported as almost always implemented was “discuss her diet” (15/36.6%)
• Clinical intervention most frequently reported as almost never implemented was “refer to a nutritionist/dietician” (13/31.7%)
• Obstetrical providers “recommending a specific range of weight gain during pregnancy” almost always was less than 30% (12/29.3%)