



# Does BMI influence the impact of an educational video module on gestational weight gain?

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## Background

- Approximately 50% of women gain excessive weight during pregnancy, and another 20% of women do not gain enough
- Overweight and obese women have the highest prevalence of excessive gestational weight gain (GWG)
- GWG counseling must be improved: approximately one third of patients receive no counseling at all
- Lack of counseling is likely multifactorial

## Objectives

To determine if a video module impacts GWG differently for different BMI classifications.

## Study Design

- Prospective cohort study conducted from February-October 2019
- Patients were recruited from a large academic practice during the first trimester

### Control Cohort

First Trimester Visit  
1. Complete baseline GWG knowledge questionnaire  
2. Routine provider counseling.

4 Weeks Later

Repeat GWG knowledge questionnaire.

Delivery

Collect weight on delivery admission & delivery data.

### Video Cohort

First Trimester Visit  
1. Complete baseline GWG knowledge questionnaire  
2. Watch GWG video.

- Patients were stratified by their pre-pregnancy BMI.
- The percentage of patients who gained the appropriate amount of weight was calculated for each BMI class, in each group.

## Results

**Table 1. Demographics for participants in both the control and video cohorts.**

	Control Cohort n=79	Video Cohort n=76	p-value		Control Cohort n=79	Video Cohort n=76	p-value
<b>Race</b>			0.06	<b>Income (U.S. Dollars)</b>			0.725
Caucasian	44 (55.7)	51 (67.1)		<30k	16 (20.8)	11 (14.9)	
Black	4 (5.1)	10 (13.2)		30-50k	15 (19.5)	12 (16.2)	
Asian	7 (8.9)	3 (3.9)		50-80k	13 (16.9)	16 (21.6)	
Hispanic	20 (25.3)	11 (14.5)		80-100k	7 (9.1)	10 (13.5)	
Other	4 (5.1)	1 (1.3)	>100k	26 (33.8)	25 (33.8)		
<b>Education</b>			0.016	<b>Insurance</b>			0.206
<High school	5 (6.3)	2 (2.6)		None	1 (1.3)	0 (0)	
High school	32 (40.5)	15 (19.7)		Medicaid/Medicare	39 (49.4)	29 (38.2)	
College	22 (27.8)	33 (43.4)		Private	39 (49.4)	47 (61.8)	
Graduate school	20 (25.3)	26 (34.2)					
<b>Marital Status</b>			0.532	<b>Provider</b>			0.034
Single	28 (36.4)	24 (31.6)		Residents	15 (19)	4 (5)	
Married	49 (63.6)	52 (68.4)	General Obstetricians	22 (28)	16 (22)		
			Maternal-Fetal Medicine	14 (18)	18 (24)		
Pre-Pregnancy Weight (kg)	72.65±21.7	75.2±20.7	0.424	Certified Nurse Midwives	28 (35)	36 (49)	
Pre-Pregnancy BMI (kg/m <sup>2</sup> )	27.6±7.6	27.8±7.5	0.787				
Age (years)	30.4±5.2	31.9±4.5	0.065				

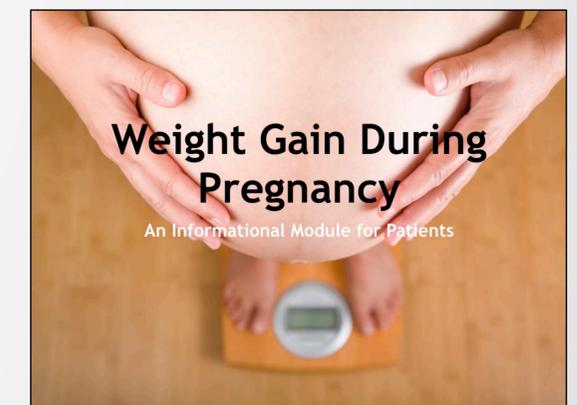
**Table 2. GWG stratified by BMI class, for the control and video cohorts.**

	Underweight (BMI <18.5kg/m <sup>2</sup> )	Normal Weight (BMI 18.5-24.9kg/m <sup>2</sup> )	Overweight (BMI 25.0-29.9kg/m <sup>2</sup> )	Obese (BMI >30.0kg/m <sup>2</sup> )	p-value
<b>Control Cohort: Gained Recommended Weight n (%)</b>	0 (0.0%)	13 (46.4%)	1 (8.3%)	4 (16.0%)	<b>0.007</b>
<b>Video Cohort: Gained Recommended Weight n (%)</b>	0 (0.0%)	7 (30.4%)	7 (30.4%)	3 (15.0%)	0.483

	Control Cohort (Overweight)	Video Cohort (Overweight)	p-value
<b>Gained Recommended Weight n (%)</b>	1 (8.3%)	7 (30.4%)	0.216
<b>Did Not Gain Recommended Weight n (%)</b>	11 (91.7%)	16 (69.6%)	

## Conclusion

- Use of a video module did not improve patient adherence to recommended GWG guidelines, regardless of their pre-pregnancy BMI.
- When looking at just overweight patients, there was a visible improvement in the percentage of patients who gained the recommended amount of weight in the video cohort.
- This improvement was not statistically significant.
- Video module may improve GWG outcomes in overweight patients, however a larger sample size is needed to further assess.



## References

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