



Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

The amount of weight a woman gains during her pregnancy (gestational weight gain [GWG]), which is related to her pre-pregnancy weight, is clinically important because it is correlated with fetal growth. Accordingly, the National Institute of Medicine (IM) for all Body Mass Index (BMI) groups has established recommended GWGs. (BMI is the ratio of an individual's weight divided by the square of her or his height.)

The 2000 California Women's Health Survey asked women to report their pre-pregnancy weight and height, GWG, and self-assessed appropriateness of GWG (with possible responses of too little, just right, and too much). Using information on pre-pregnancy weight and height, each respondent who had given birth within the prior five years (N = 537) was stratified to the appropriate BMI group. Next, her self-reported GWG during her most recent pregnancy was compared to the IM BMI-specific guideline to ascertain the IM BMI-specific appropriateness of GWG (low, appropriate, and high). This measure was then compared to the respondent's self-assessed appropriateness of GWG. Notably, there was a low level of agreement between women's IM BMI-specific appropriateness of GWG and their self-assessed appropriateness of GWG. Self-assessments by women of what is an appropriate GWG are poor, across all BMI groups.

More than half of women inaccurately self-assessed the appropriateness of their GWGs (not shown in chart).

Nearly nine in ten (87%) women whose GWG was below the IM BMI-specific appropriateness of GWG believed it was either just right or too much, while a similar proportion (88%) of women whose GWG was above the IM BMI-specific appropriateness of GWG believed it was either just right or too little.

Three in ten (31%) women whose GWG was within the IM BMI-specific appropriateness of GWG believed it was either too little or too much.

The National Institute of Child Health and Human Development has identified three maternal factors associated with birthing underdeveloped (i.e., low birthweight) babies, including diet and weight gain during pregnancy. Given that women's self-assessments of the appropriateness of their GWGs are largely at odds with the IM BMI-specific appropriateness of their GWGs, fostering an understanding by pregnant women of the recommended IM BMI-specific guidelines may assist them in modifying their behaviors during pregnancy. In doing so, these women may be more likely to gain adequate weight and give birth to normal birthweight babies.

HOW ACCURATE ARE WOMEN IN ASSESSING THEIR PREGNANCY WEIGHT GAINS? CALIFORNIA, 2000

Maternal and Child Health Branch, California Department of Health Services

Public Health Message:
Given that women's self-assessments of their gestational weight gain (GWG) are often at odds with the GWG ranges recommended by the National Institute of Medicine (IM), it is important that pregnant women know their proper pregnancy weight gain ranges and monitor their weight gains during their pregnancies.

How Accurate Are Women In Assessing Their Pregnancy Weight Gains? California 2000

IM BMI-Specific Appropriateness of GWG	Agreement of Self-Assessed Appropriateness of GWG		
	% Women Too Little	% Women Just Right	% Women Too Much
Low GWG	13.3	69.6	17.1
Appropriate GWG	3.2	68.8	28.1
High GWG	25.6	61.9	12.6

Percentages are row percentages and are rounded independently. Each row of three cells sums to approximately 100.0%, because of rounding.

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