



# PRECONCEPTION BMI, GESTATIONAL WEIGHT GAIN AND ITS FETO MATERNAL OUTCOME

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## INTRODUCTION

Preconception BMI and weight gain during pregnancy are important predictors of adverse pregnancy outcomes. The problems during pregnancy are not only related to low BMI but also with obesity. may become a major health problem in the future.

## MATERIAL AND METHODS

A prospective cohort study was done for a period of 1 year which included all pregnant women in their first trimester. Pre pregnancy weight was noted and they were categorized according to the WHO BMI. The selected women were then followed up till delivery and their Gestational weight gain (GWG) was calculated as the difference between the women's pre gestational weight and her weight at delivery, and further were categorised based on IOM (Institute of Medicine) recommended GWG and their association with fetomaternal outcomes were studied. Chi Square test was applied to find statistically significant association between groups based on fetomaternal outcomes.  $p < 0.05$  was considered to be statistically significant.

## RESULTS

63% of the study population were nullipara and 37% were multipara. 44.3 % of the subjects delivered at term and 34% delivered preterm and 21.7% delivered postdated. Women with inadequate pregnancy GWG had adverse outcomes like anemia(53.3%), oligohydramnios(38.9%), FGR babies (42.2%) , increased NICU admissions. Overweight and obese women and women who gained excessive weight during pregnancy, had a higher risk of developing adverse maternal outcomes like gestational diabetes(73%), pregnancy induced hypertension (60%), increased liquor volume(36%), increased rate of instrumental deliveries and cesarean sections, postpartum complications like post partum haemorrhage ,delayed wound healing (60%) and delivering LGA babies. Majority of the results were significant.

## CONCLUSION

Preconception BMI and gestational weight gain have a strong effect on maternal and neonatal outcomes. Women with inadequate pregnancy GWG, underweight, overweight and obese women all have adverse fetomaternal outcomes. A pregnant patient with extremes of BMI and GWG can develop adverse outcomes.

## REFERENCES

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