

Evaluation of Antepartum and Postpartum Remote Monitoring of Gestational Weight Gain in Low-Risk Pregnancy [1A]

DeNicola, Nathaniel, MD, MSHP; Ganju, Nihar, MD; Marko, Kathryn, MD, NCMP

Obstetrics & Gynecology: May 2018 - Volume 131 - Issue - p 9S

doi: 10.1097/AOG.0000000000002558

Friday, April 27, 2018: PDF Only

Abstract Author Information

INTRODUCTION: Gestational weight gain is an important marker of perinatal health. This study evaluates remote monitoring to track appropriate weight gain in low-risk pregnancies.

METHODS: 1058 low-risk pregnant women in 27 offices were enrolled in an integrated technology platform with a mobile application and digital blood pressure cuff and weight scale. Antepartum weight recordings were tabulated from 12–36 weeks gestation. Postpartum weight recordings were tabulated from 42–48 weeks gestation. Data was analyzed for mean weight gain during pregnancy and average interval between recordings.

RESULTS: Antepartum weight monitoring of 1058 women showed a mean gestational weight gain: 22.42 lbs for underweight women (n=218), 20.27 lbs for normal weight women (n=468), 16.36 lbs for overweight women (n=203), and 11.22 lbs for obese women (n=169). A total of 45450 weight readings were recorded, with an average interval between recordings of 3.5 days. Postpartum monitoring of 395 women showed a mean weight loss of 7.79 lbs. On average 50% of gestational weight gain was lost by 6 weeks postpartum. During the postpartum period a total of 6071 weight readings were recorded, with an average interval between recordings of 3.5 days.

CONCLUSION: Remote monitoring of gestational weight gain in low-risk pregnancy resulted in frequent recordings during the antepartum and postpartum period. In the future there is an opportunity for early intervention aided by connected platforms where deviations in recommend weight gain are identified. Adherence to weight monitoring highlights the ability to integrate this tool with high-risk care.

George Washington University School of Medicine and Health Sciences, Washington, DC

Financial Disclosure: The authors did not report any potential conflicts of interest.

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