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Demographic Characteristics Associated with the Presence of Recalled and Measured Prepregnancy Weights

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Methods

Medical record review of 1,998 randomly selected pregnancies with deliveries between Jan 2007 and Dec 2012 who received prenatal care in faculty and resident clinic sites at UMMHC. Subjects’ paper prenatal chart and electronic record (Allscripts and QS prenatal EMR) were reviewed. Demographic data was abstracted for all available charts. Logistic regression models estimated odds ratio (OR) and 95% confidence intervals (CI’s). Adjusted models adjusted for age, BMI, race, marital status, gravidity, education and site of care.

Background and Objective

Gestational weight gain, outside a pre-pregnancy BMI-specific recommended range, is associated with poor obstetric outcomes. Our study examined demographic characteristics associated with the presence of recalled and measured prepregnancy weights in the prenatal medical record – weights needed by providers to make accurate recommendations and counsel.

Results

Overweight women had decreased odds of having a recalled weight compared to normal BMI women

Women with ≥4 years of college compared to those with ≤ high school diploma, and those receiving care in the faculty compared to the resident clinics had decreased odds of having a recalled weight available in the chart.

Among women with available recalled prepregnancy weight (n=1101), 390 (35.4%) also had a documented measured weight within one year of conception and 711 (64.6%) did not.

Women who were not married had decreased odds of having a measured weight, whereas those receiving care in the faculty compared to resident clinics had greater odds of having a measured weight within one year of conception available in their charts.

Conclusions

~25% had both recall weight and at least one weight measured within one year of conception in their medical records. Demographic parameters were associated with presence of recalled weight (prepregnancy BMI, education and site of care). Amongst those with recalled weight, demographics were also associated with presence of measured weight within one year of conception (marital status and site of care). This information can be used to help practitioners target women for which greater efforts are needed to provide accurate IOM-recommended BMI-specific gestational weight gain guidelines. This data may be utilized to discern patterns of health care access in this patient population.

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