2014-04-30

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

Julie M. Tabroff  
*University of Massachusetts Medical School*

Jessica V. Masiero  
*University of Massachusetts Medical School*

Elizabeth Scannell  
*Mount Sinai Beth Israel*

*See next page for additional authors*

Follow this and additional works at: [https://escholarship.umassmed.edu/ssp](https://escholarship.umassmed.edu/ssp)

Part of the Clinical Epidemiology Commons, Epidemiology Commons, Maternal and Child Health Commons, Obstetrics and Gynecology Commons, and the Women's Health Commons

Repository Citation

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

Authors
Julie M. Tabroff, Jessica V. Masiero, Elizabeth Scannell, Katherine G. Leung, Molly E. Waring, and Tiffany A. Moore Simas

Keywords
Gestational weight gain, Prepregnancy weight, Body Mass Index (BMI)

Comments
Poster presented on Senior Scholars Program Poster Presentation Day at the University of Massachusetts Medical School, Worcester, MA, on April 30, 2014. Medical students Julie M. Tabroff and Jessica V. Masiero participated in this study as part of the Senior Scholars research program at the University of Massachusetts Medical School.

Rights and Permissions
Copyright is held by the author(s), with all rights reserved.
Demographic Characteristics Associated with the Presence of Recalled and Measured Prepregnancy Weights

Julie M. Tabroff MSIV¹, Jessica V. Masiero MSIV¹, Elizabeth Scannell, MD³a, Katherine Leung MS¹a, Molly E. Waring PhD¹b, Tiffany A. Moore Simas, MPH MEd¹ac, 2a

¹University of Massachusetts Medical School, ²UMass Memorial Health Care, Worcester, MA ³Mount Sinai Beth Israel, NY, NY, ⁴Obstetrics & Gynecology, ⁵Quantitative Health Sciences, ⁶Pediatrics

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.

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.

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.

Support for Dr. Waring provided by NIH grants KL2TR000160 and 1U01HL105268.