

Lifestyles and Weight Control During Pregnancy

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Short Communication

One of the main tools that midwives have had over the years has been their educational ability. The usefulness of a good health education has been more than demonstrated in the available literature [1]. It could be said that it is a resource at the service of the population and that it can modify lifestyles if it is used properly [2]. An important reason to think about the need to introduce weight control guidelines during pregnancy is that being overweight during pregnancy is a potentially modifiable risk, the work of [3]. examined the efficacy of a behavioral weight control intervention in pregnant women of about 13 weeks who were provided information about healthy nutrition and physical exercise, their results revealed that weight gain during pregnancy was decreased and postpartum weight [3]. Due to this, it seems to be advisable, as indicated by the work of [4]. to assess the weight of women at each gestational control visit, since pregnancy is a time of great receptivity on the part of users to modify health behaviors in general and related to inappropriate weight gain in particular. Although their conclusions register less favorable results in women who were obese or overweight prior to pregnancy [5]. There are other authors who show the need to promote good habits both nutritional and physical activity from the stages prior to pregnancy, that is, in women of reproductive age [6]. since the Obesity and excess weight prior to pregnancy are associated with the same adverse effects as weight gain during pregnancy. The promotion of physical exercise and the consumption of fruits and vegetables seemed to have the potential to reduce obesity rates, while bad habits, such as the consumption of sweets, were associated with an increase in body mass indexes (BMI).

Consequences of maternal overweight and obesity for women and newborns

In optimal conditions, pregnant women during pregnancy should not increase their weight above 10-12kg. However, today, a large percentage of women exceed that figure [7]. increasing

that weight excessively, with the consequent complications for pregnancy, childbirth and maternal- fetal health, both in the short and long term... Diabetes Mellitus, obesity or cardiovascular disease among others [8]. The development of some of these diseases, such as diabetes, imply obstetric risks that could be prevented with appropriate health interventions, mainly nutritional guidelines and physical exercise. The gestational weight gain and consequent elevation of the I index of M handle C orporal above the recommended values increase the risk of macrosomia fetal and with it the brachial palsy obstetric secondary to dystocia shoulder, leaving permanent sequelae newborns [9]. When maternal diabetes is also associated, the risk is over-elevated due to the special characteristics of these fetuses (trunk obesity). In any case, both maternal pathologies appear related in the literature to an increase in neonatal morbidity, hyperbilirubinemia , perinatal hypoxia, neonatal hypoglycemia and other obstetric traumas [10]. and with the increase in the incidence of cesarean sections. Another consequence of overweight and obesity in pregnant women is the increased risk of developing gestational hypertension that worsens morbidity and mortality, both maternal (hypertensive crisis, kidney failure , ...) and neonatal (intrauterine growth delay, worse placental perfusion, ...) If we analyze the postpartum period, we can observe that overweight and obesity also have consequences in the medium and long term, for example, the meta-analysis carried out by [11]. compared nine studies that related weight gain during pregnancy and postpartum weight retention. Their results associated both things in the long term, a fact that would increase the risk of developing metabolic disorders or obesity at later ages, with the consequences for the health of women that both diseases have [11]. The usefulness and benefits of education for health have been sufficiently demonstrated in several studies [12][13]. It is a good tool at the service of the population, as it is capable of producing changes in the lifestyles of people that increase their health.

The health problems caused by overweight in pregnant women are potentially modifiable through nutritional guidelines and adequate physical exercise. Guidelines, which, in turn, are not properly protocolized in pregnancy monitoring programs in most health systems [14]. Diabetes, hypertensive states of pregnancy, obesity and other metabolic disorders ... can reduce their incidence through obstetric monitoring programs that include information and nutritional monitoring actions, and both individual and collective sessions of physical exercise. It could also improve the results of health relating to the newly born, as the reduction of trauma of birth (dystocia shoulder, obstetrical brachial plexus palsy), fewer surgical and instrumental deliveries, lower adiposity neonatal ... As for mothers, proper weight monitoring could improve the perception of their postpartum body image, thus reducing both physical and psychological complications. According to the above, everything seems to indicate that nutritional education during pregnancy (which is the best tool to promote changes in lifestyles) provides numerous advantages for maternal and fetal health, which justify the need to implement it in different systems health facilities from both developed and developing countries. We should sensitize the population about its relevance in gestational control .

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