

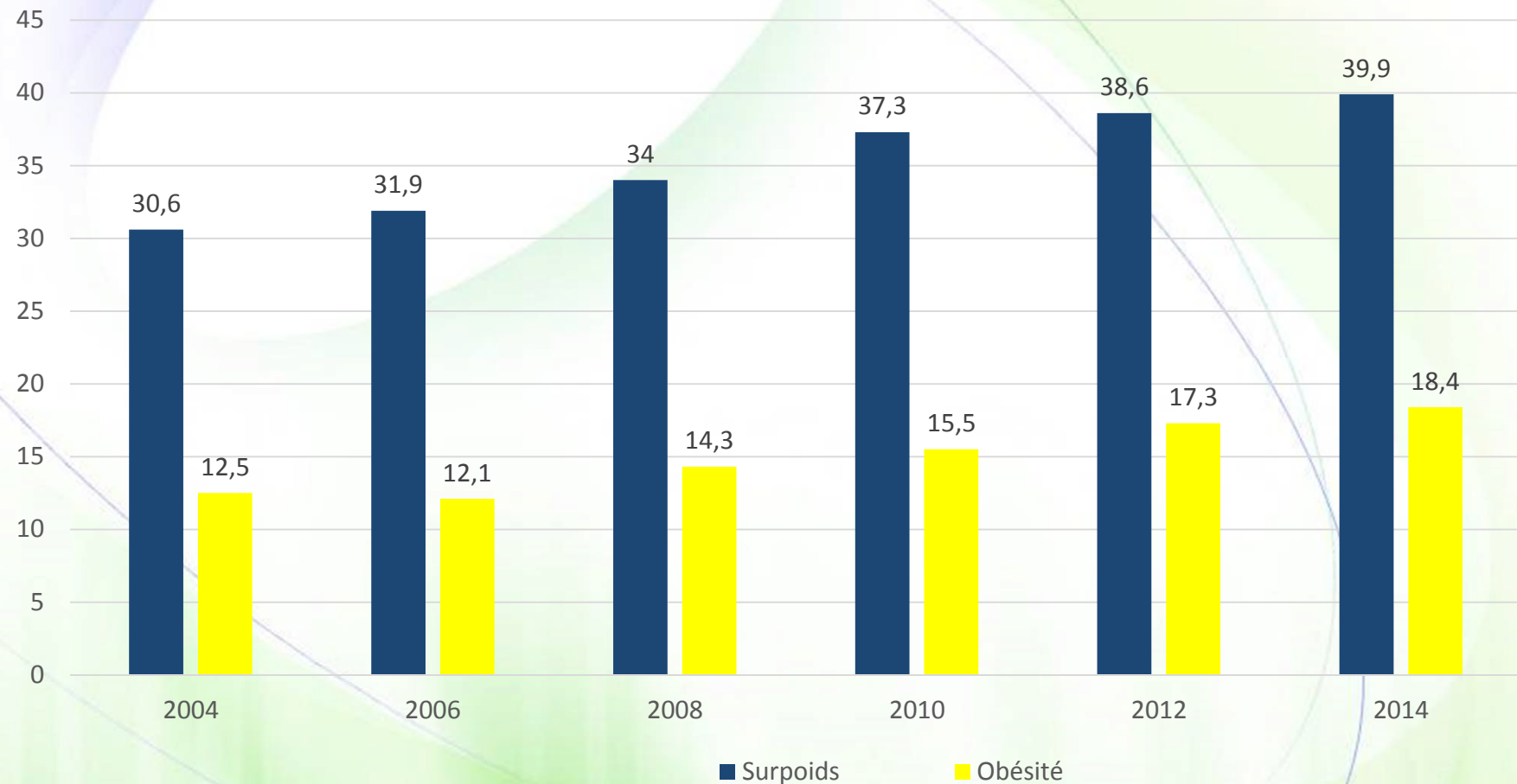


Prise de poids des femmes obèses pendant la grossesse: actualités

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Obésité maternelle: une situation préoccupante!



Données du relevé épidémiologique périnatal Sud-Réunion 2004-2014

Conséquences de l'obésité pour la mère et l'enfant

MATERNELLES

- Pré-éclampsie
- Hypertension gravidique
- Diabète gestationnel

OBSTETRIQUES

- Déclenchement
- Césarienne
- Hémorragies du post-partum
- Maladie thrombo-embolique

Obésité Maternelle

FŒTALES/NEONATALES

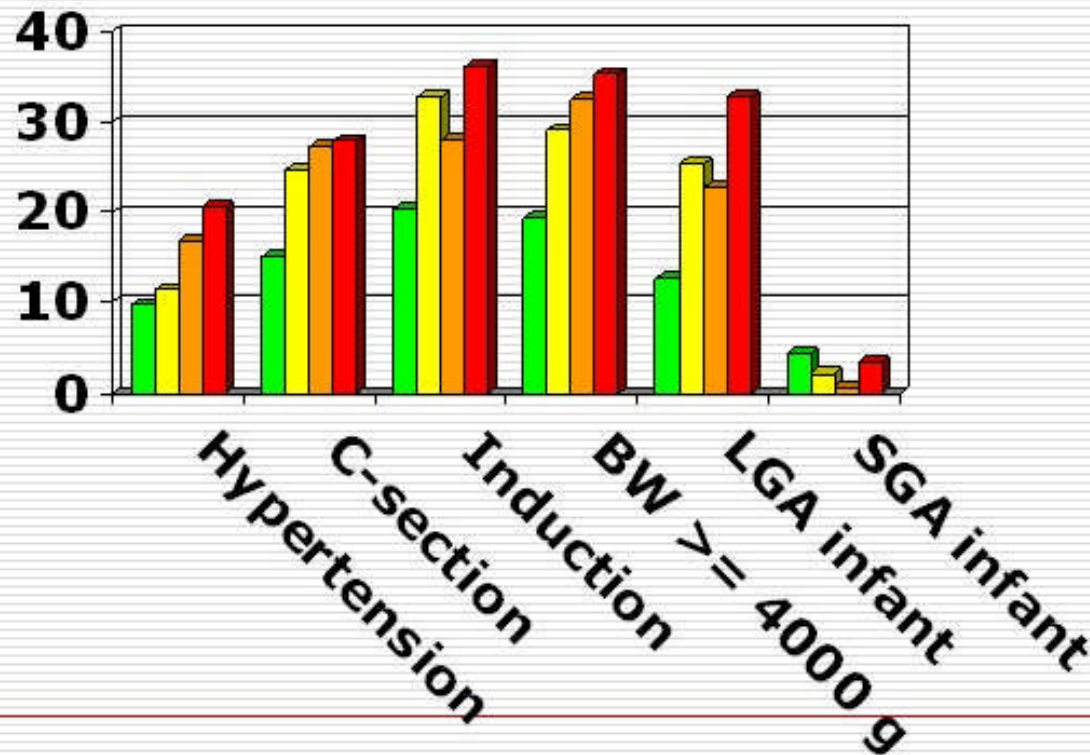
- Mort fœtale
- Macrosomie
- Dystocie épaules
- Admission réanimation néonatale



Conséquences de la prise de poids gestationnelle

Pregnancy outcome according to weight gain in 484 obese glucose tolerant women

■ < 5.0 kg ■ 5.0-9.9 kg ■ 10.0-14.5 kg ■ ≥ 15 kg



Recommandations de l'Institute of Medicine (IOM) 2009

	Prise de poids totale (kg)	Prise de poids par semaine (2 ^{ème} et 3 ^{ème} semestres g/semaine)
Poids normal (IMC 18.5-24.9)	11.5 - 16	420
Surpoids (IMC 25-29.9)	7 – 11.5	280
Obésité (≥ 30)	5 - 9	220

- SGA
- LGA
- Prématurité
- Césarienne
- Rétention pondérale post-partum
- Obésité de l'enfant

Surpoids	IMC 18,5- 24,9
Obésité Classe I	IMC 30-34,9
Obésité classe II	IMC 35-39,9
Obésité classe III	IMC ≥ 40

Plus grande sévérité chez les femmes avec obésité massive

Table 1 Summary of primary outcomes in studies of morbidly obese women compared with Class I obese women and Class I and II obese women, unadjusted results

Outcomes	Morbidly obese (BMI ≥ 40 kg m ⁻²) vs. Class I obese (BMI 30–34.9 kg m ⁻²)			Morbidly obese (BMI ≥ 40 kg m ⁻²) vs. Class I and II obese (BMI 30–39.9 kg m ⁻²)		
	Total N studies	Total N participants	Pooled unadjusted RR [95%CI]	Total N studies	Total N participants	Pooled unadjusted RR [95% CI]
PTB <37 weeks	10	295,103	1.31 [1.19, 1.43]	19	516,516	1.20 [1.13, 1.27]
PTB <37 weeks Spontaneous	3	131,822	1.08 [0.95, 1.22]	3	166,210	1.07 [0.94, 1.20]
PTB <37 weeks Medically Indicated	3	366,657	1.68 [1.51, 1.87]	3	462,242	1.60 [1.44, 1.78]
PTB <37 weeks PPRM	1	125,276	1.30 [1.12, 1.50]	1	157,953	1.25 [1.08, 1.45]
PTB <32 weeks	4	172,263	1.47 [1.04, 2.10]	4	218,261	1.40 [0.98, 2.01]
PTB <28 weeks	1	125,276	1.93 [1.45, 2.56]	1	157,953	1.81 [1.37, 2.39]
SGA <10%	6	227,026	0.89 [0.84, 0.93]	6	305,307	0.89 [0.85, 0.94]
LGA >90%	7	229,817	1.37 [1.29, 1.45]	7	309,051	1.30 [1.24, 1.36]

BMI, body mass index; CI, confidence interval; P , I squared; LGA, large-for-gestational age; N , number; NA, not applicable; PPRM, preterm premature rupture of membranes; PTB, preterm birth; RR, relative risk (calculated using random effects and inverse variance); SGA, small-for-gestational age. Bolding indicates statistically significant results.

Méta-analyse

A la Réunion

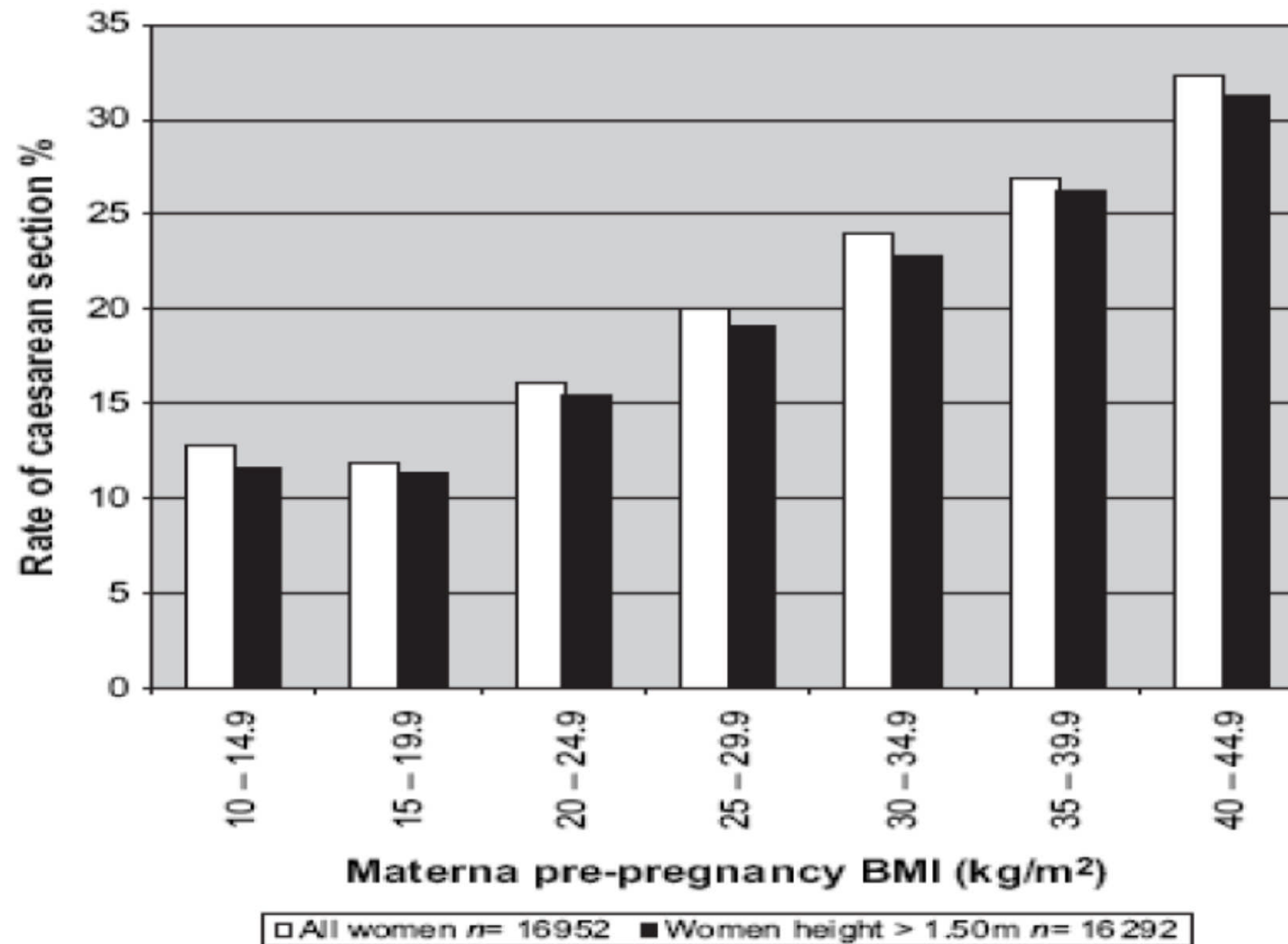


Figure 1. Caesarean section rate and pre-pregnancy maternal BMI.

Comparaison obésité classe III versus classes I et II

- 691 ♀ obèses classe III/ 5426 ♀ obèses classes I & II
- Plus d'HTA gravidique (OR 1,44 p= 0,01)
- Plus de diabète gestationnel (OR 1,44 p= 0,001)
- Plus de déclenchement (OR 1,57 p=0,001)
- Plus de césarienne (OR 1,32 p= 0,002)
- PN plus élevé (3278g versus 3199g p= 0,001)

13% des femmes enceintes déclarent vouloir perdre du poids

Characteristic	n ^a	Trying to lose weight (n = 191)			Trying to maintain weight (n = 861)		
		% ^b	Unadjusted OR (95% CI) ^c	Adjusted OR (95% CI) ^d	% ^b	Unadjusted OR (95% CI) ^c	Adjusted OR (95% CI) ^d
Body mass index (kg/m²)							
<18.5	48	10.5	1.51 (0.41–5.55)	0.57 (0.11–2.96)	9.2	0.21 (0.09–0.52)	0.18 (0.06–0.48)
18.5–24.9	1,116	5.3	Reference	Reference	33.3	Reference	Reference
25.0–29.9	773	7.0	1.39 (0.70–2.74)	1.17 (0.52–2.66)	34.8	1.10 (0.78–1.56)	1.05 (0.75–1.48)
30.0–34.9	342	12.8	2.88 (1.17–7.07)	2.24 (0.88–5.69)	35.7	1.28 (0.77–2.11)	1.37 (0.83–2.27)
≥35.0	185	12.7	3.26 (1.45–7.35)	1.25 (0.47–3.35)	42.4	1.74 (0.98–3.07)	1.72 (0.94–3.13)
General health status							

Courbes de poids pour femmes en surpoids et obèses

1047 SURPOIDS.1202 CLASSE1. 1267 CLASSE 2. 730 CLASSE 3

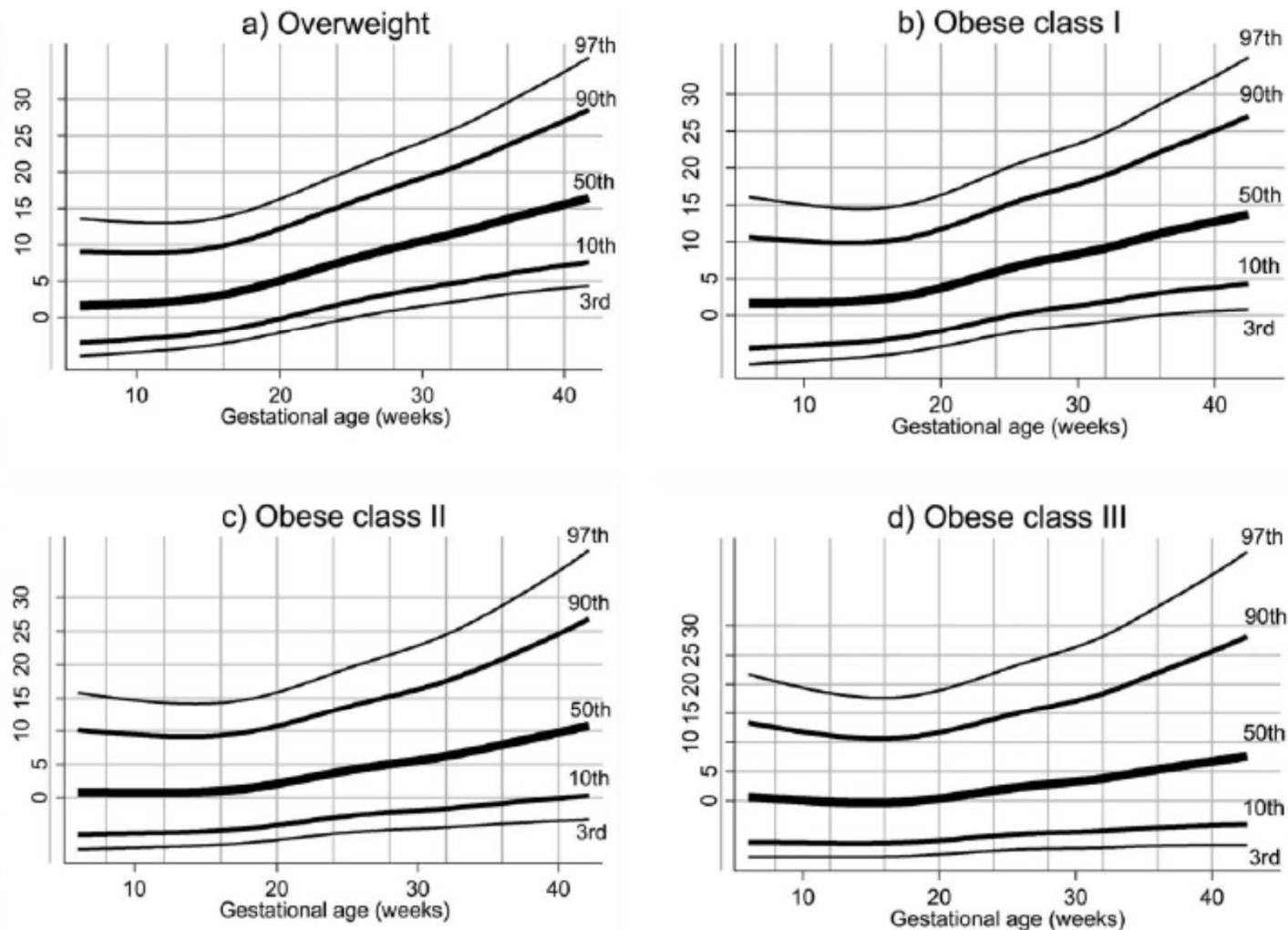


Figure 2 Selected percentiles of pregnancy weight gain for gestational age in (a) overweight, (b) obese class I, (c) obese class II, and (d) obese class III women with uncomplicated term pregnancies at Magee-Womens Hospital in Pittsburgh, PA.

Et en dessous des recommandations IOM ?

Table 1. Maternal Characteristics

	Body Mass Index*		
	30–34.9	35–39.9	40 or Higher
Gestational weight gain (kg)			
Less than 0	1,341 (4.1)	798 (7.9)	517 (14.6)
0–4.9	3,105 (9.4)	1,466 (14.6)	616 (17.4)
5–9	8,807 (26.7)	2,927 (29.1)	1,002 (28.3)
More than 9	19,738 (59.8)	4,877 (48.4)	1,401 (39.6)
Total	32,991	10,068	3,536

Data are n (%).

* Calculated as weight (kg)/[height (m)]².

En dessous des recommandations IOM: complications maternelles

Table 2. Pregnancy and Delivery Outcomes Among Obese Women (Class I–III) With No, Low, or Excessive Weight Gain*

BMI (kg/m ²)	Weight Gain (kg)	Pre-Eclampsia	Instrumental Delivery	Cesarean Delivery	Bleeding More Than 1,000 mL
30–34.9	Less than 0	45 (3.3), 0.73 (0.54–1.00)	62 (5.4), 1.02 (0.77–1.36)	206 (15.2), 0.76 (0.65–0.89)	62 (4.6), 0.86 (0.66–1.13)
	0–4.9	132 (4.2), 0.90 (0.74–1.10)	124 (4.8), 0.90 (0.73–1.12)	554 (17.6), 0.89 (0.80–0.99)	167 (5.3), 1.00 (0.83–1.20)
	5–9	424 (4.8), 1	403 (5.7), 1	1,675 (19.1), 1	468 (5.3), 1
	More than 9	1,653 (8.4), 1.66 (1.49–1.85)	1,345 (8.8), 1.34 (1.19–1.51)	4,431 (22.4), 1.23 (1.16–1.31)	1,169 (5.9), 1.08 (0.97–1.21)
35–39.9	Less than 0	56 (7.1), 1.01 (0.74–1.39)	31 (4.8), 0.82 (0.54–1.24)	135 (17.2), 0.66 (0.54–0.82)	41 (5.2), 1.18 (0.82–1.69)
	0–4.9	87 (6.0), 0.78 (0.60–1.01)	62 (5.5), 0.95 (0.69–1.31)	306 (21.3), 0.87 (0.74–1.01)	69 (4.8), 1.09 (0.81–1.48)
	5–9	232 (7.8), 1	137 (6.1), 1	713 (24.0), 1	131 (4.4), 1
	More than 9	596 (12.2), 1.58 (1.28–1.77)	323 (9.1), 1.28 (1.04–1.59)	1,312 (26.9), 1.17 (1.05–1.31)	285 (5.8), 1.31 (1.06–1.63)
40 or more	Less than 0	43 (8.4), 0.74 (0.51–1.08)	25 (6.5), 0.98 (0.59–1.63)	125 (24.4), 0.77 (0.60–0.99)	24 (4.7), 0.95 (0.57–1.59)
	0–4.9	47 (7.7), 0.65 (0.45–0.94)	28 (6.1), 0.80 (0.47–1.34)	148 (24.3), 0.82 (0.65–1.04)	22 (3.6), 0.71 (0.42–1.19)
	5–9	117 (11.5), 1	55 (7.6), 1	289 (28.4), 1	52 (5.1), 1
	More than 9	192 (13.7), 1.14 (0.89–1.46)	98 (10.2), 1.16 (0.81–1.67)	439 (31.4), 1.12 (0.94–1.35)	75 (5.4), 1.09 (0.75–1.59)

BMI, body mass index.

Data are n (%), adjusted odds ratio (95% confidence interval).

* The prevalence of instrumental deliveries was evaluated among women delivering vaginally. Adjustments were made for maternal age, parity, and smoking.

- ♀ obèses classe III qui perdent du poids
- ↓ risque de césarienne (OR 0,77 [95%IC 0,60-0,99])
- Risque inchangé pour pré-éclampsie, hémorragie de la délivrance, et extraction instrumentale

En dessous des recommandations IOM: complications néonatales

Table 3. Neonatal Outcomes Among Obese Women (Class I–III) With No, Low, or Excessive Weight Gain*

BMI (kg/m ²)	Weight Gain (kg)	LGA	SGA	Apgar Score Less Than 7 at 5 Min	Fetal Distress
30–34.9	Less than 0	87 (6.5), 0.73 (0.58–0.92)	51 (3.8), 2.14 (1.56–2.95)	27 (2.0), 1.23 (0.81–1.86)	99 (7.3), 1.84 (0.83–1.30)
	0–4.9	228 (7.4), 0.81 (0.69–0.95)	88 (2.8), 1.62 (1.23–2.11)	44 (1.4), 0.85 (0.61–1.20)	211 (6.7), 0.95 (0.81–1.12)
	5–9	757 (8.8), 1	162 (1.9), 1	144 (1.7), 1	644 (7.4), 1
	More than 9	2,674 (13.8), 1.96 (1.80–2.14)	232 (1.2), 0.54 (0.49–0.66)	313 (1.6), 0.91 (0.74–1.11)	1,700 (8.6), 1.05 (0.96–1.11)
35–39.9	Less than 0	57 (7.3), 0.54 (0.40–0.72)	13 (1.7), 1.01 (0.54–1.90)	35 (1.7), 0.99 (0.52–1.89)	56 (7.1), 1.04 (0.76–1.42)
	0–4.9	142 (10.0), 0.77 (0.63–0.95)	40 (2.8), 1.55 (1.03–2.35)	40 (2.8), 1.68 (1.10–2.55)	116 (8.1), 1.16 (0.91–1.47)
	5–9	361 (12.4), 1	58 (2.0), 1	50 (1.7), 1	224 (7.5), 1
	More than 9	853 (17.9), 1.87 (1.63–2.15)	70 (1.5), 0.64 (0.45–0.91)	95 (2.0), 1.09 (0.77–1.55)	474 (9.7), 1.20 (1.01–1.42)
40 or more	Less than 0	57 (11.2), 0.64 (0.46–0.90)	19 (3.7), 2.34 (1.15–4.76)	14 (2.8), 1.05 (0.55–2.01)	32 (6.3), 0.68 (0.44–1.05)
	0–4.9	88 (14.6), 0.87 (0.65–1.17)	16 (2.7), 1.58 (0.75–3.33)	14 (2.3), 0.95 (0.49–1.83)	48 (7.9), 0.87 (0.59–1.28)
	5–9	155 (15.5), 1	17 (1.7), 1	26 (2.6), 1	92 (9.0), 1
	More than 9	278 (20.5), 1.62 (1.29–2.03)	27 (2.0), 0.94 (0.50–1.75)	58 (4.2), 1.53 (0.93–2.51)	162 (11.6), 1.14 (0.86–1.50)

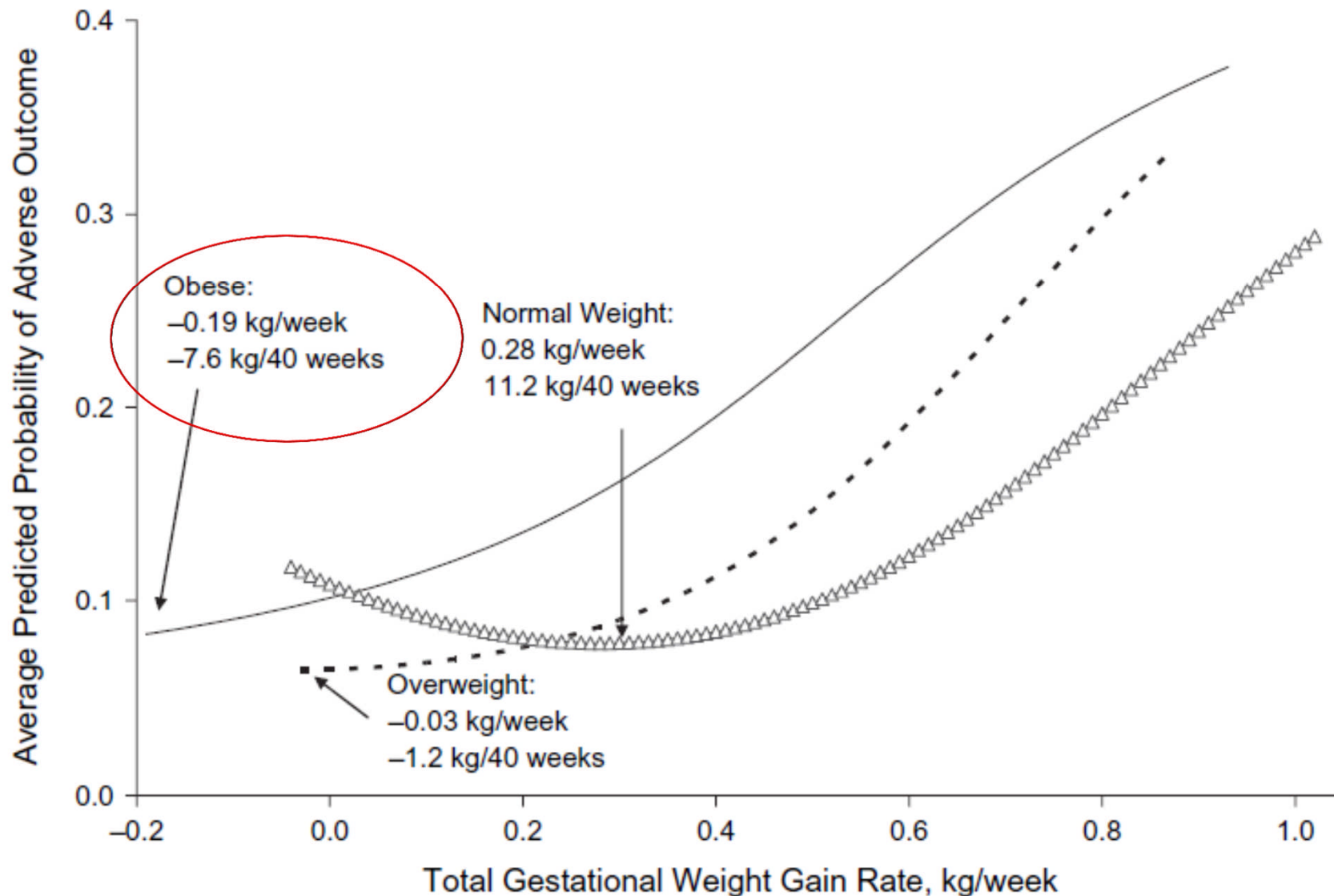
BMI, body mass index; LGA, large for gestational age; SGA, small for gestational age.

Data are n (%), adjusted odds ratio (95% confidence interval).

* Adjustments were made for maternal age, parity, and smoking.

- ♀ obèses classe III qui perdent du poids
- ↓ risque de LGA (OR 0,64 [95%IC 0,46-0,90])
- Risque inchangé pour Apgar < 7 et détresse du nouveau-né (ICD10 codes P20.0, 20.1, 20.9)
- ↑ risque de SGA (OR 2,34 [95%IC 1,15-4,76])

La plus faible prévalence pour 5 conséquences maternelles et foetales (prématurité, LGA, SGA, rétention pondérale du post-partum et obésité enfant) est obtenue pour une perte de poids de 7,6 kg chez les ♀ obèses



En Suède, recommandations :

	First half 0-20 w	Second half 20-40 w
Normal weight	100 g/week	400 g/week
Overweight	100 g/week	300 g/ week
Obese	0	200 g/week

Objectif de prise de poids
chez les ♀ obèses : 0-5 kg

Mathiesen, 2013 unpublished

Prise de poids précoce et diabète gestationnel

Excessive gestational weight gain prior to glucose screening and the risk of gestational diabetes: a meta-analysis

Stefanie Brunner¹ · Lynne Stecher¹ · Stephanie Ziebarth² · Ina Nehring² ·

Sheryl L. Rifas-Shiman³ · Christine Sommer^{4,5} · Hans Hauner¹ · Rüdiger von Kries²

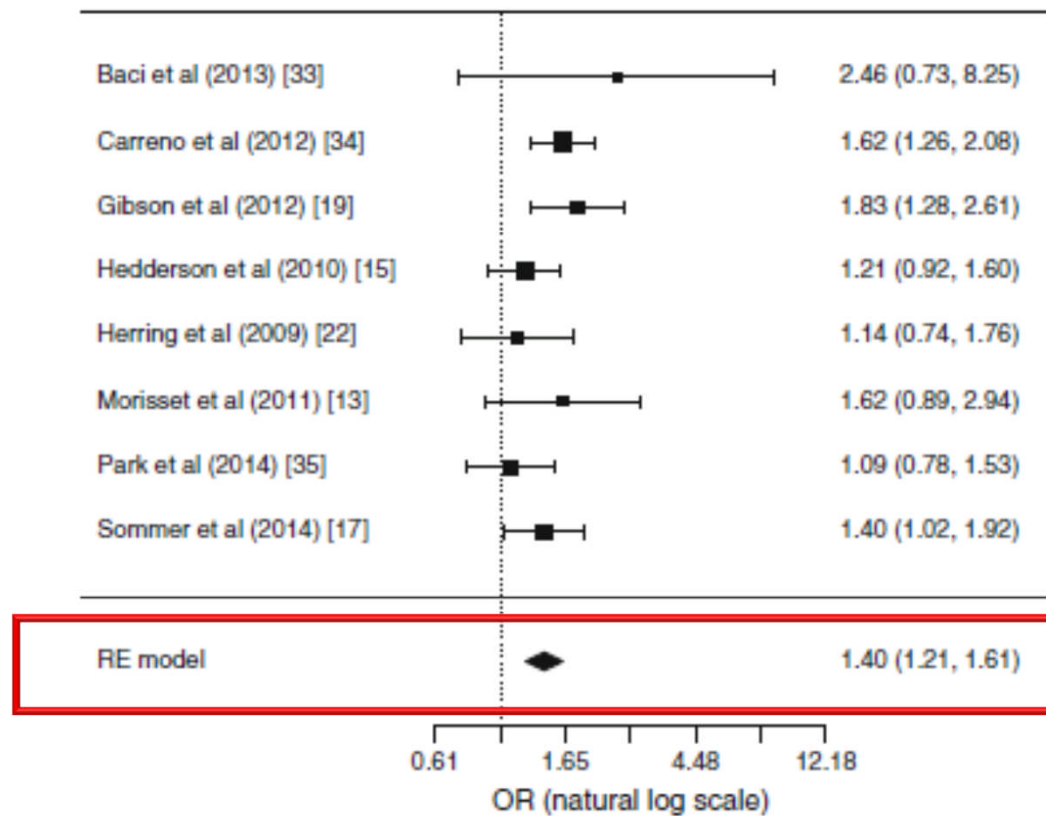


Fig. 2 Forest plot of the random effects (RE) model showing the pooled estimate of the association between excessive vs non-excessive weight gain and GDM

- 8 études
- 13 748 participants
- Entre 1990 et 2014
- Prise de poids au moment du dépistage du DG ou plus tôt
- PPG classée en excessive ou non excessive selon critères IOM

LA PRISE DE POIDS EXCESSIVE PRECOCE EST ASSOCIEE AU DIABETE GESTATIONNEL

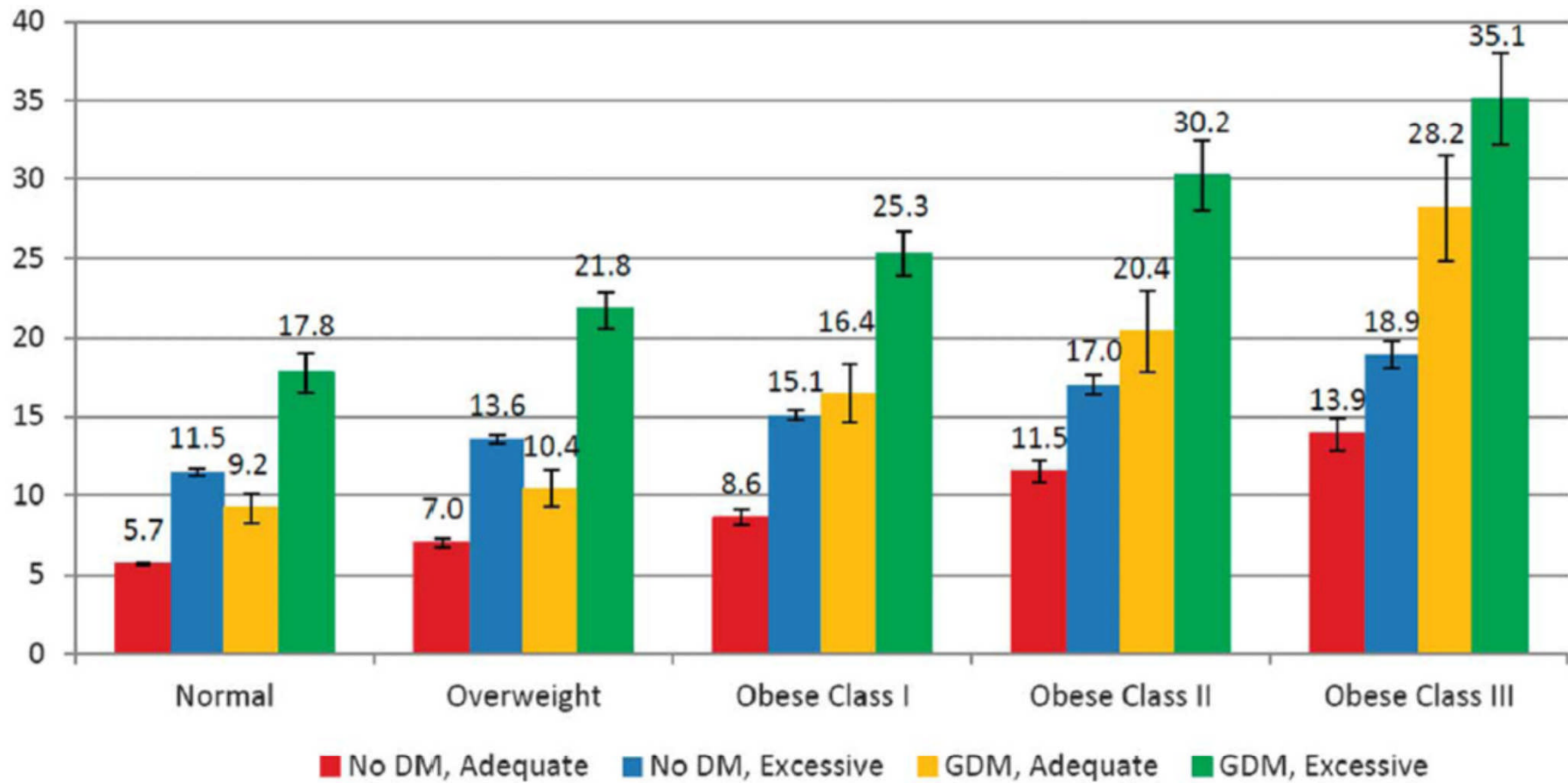


Fig. 1.

Prevalence of large for gestational age at the 90th percentile or greater by body mass index, gestational diabetes mellitus status, and gestational weight gain for births of gestational age at 37–41 weeks. DM, diabetes mellitus; GDM, gestational diabetes mellitus.

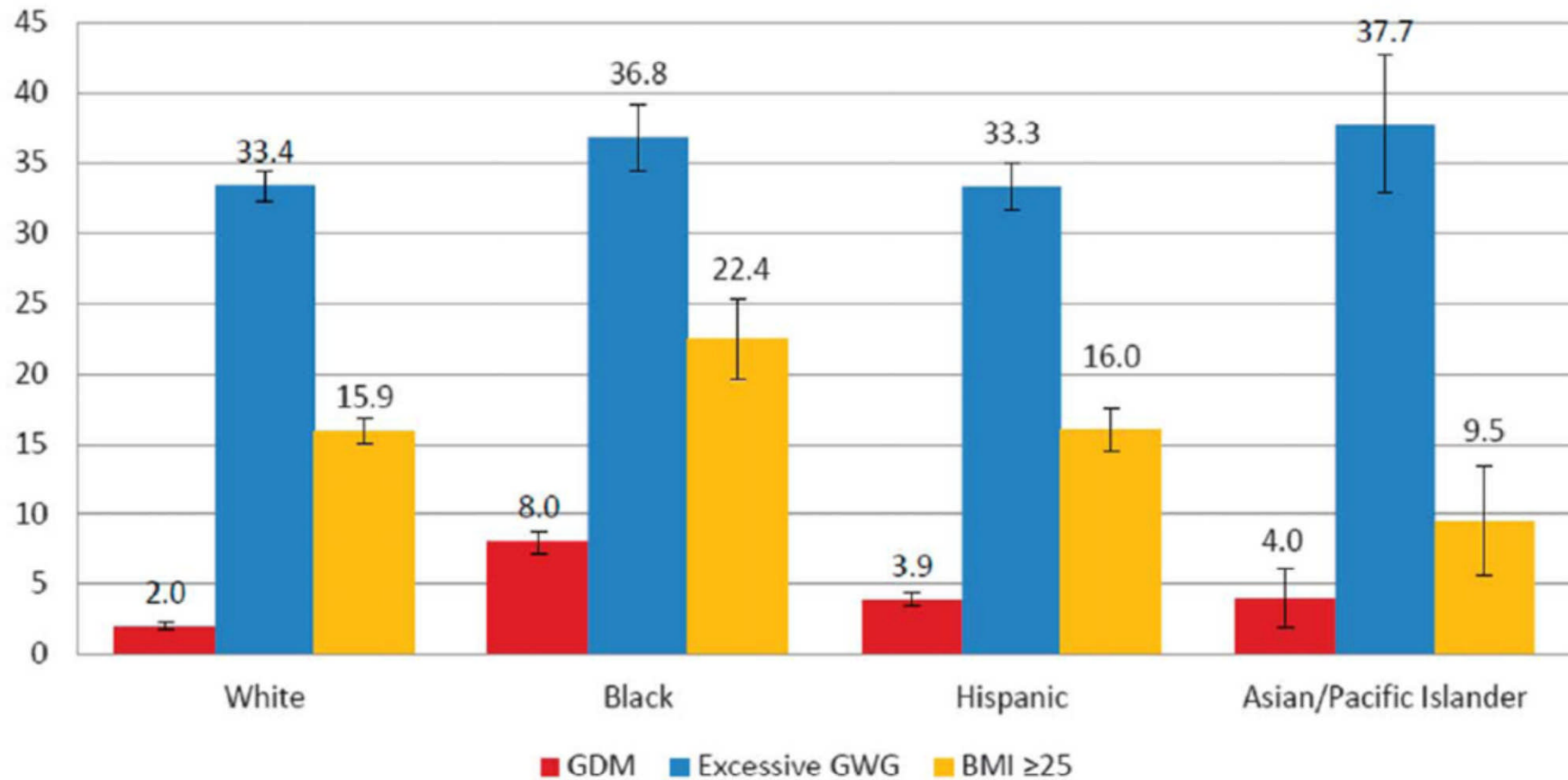


Fig. 2. Population-attributable fractions and 95% confidence intervals (CIs) of large for gestational age at the 90th percentile or greater, stratified by race or ethnicity. Adjusted for age, parity, nativity, and the other exposure groups. GDM, gestational diabetes mellitus; GWG, gestational weight gain; BMI, body mass index.

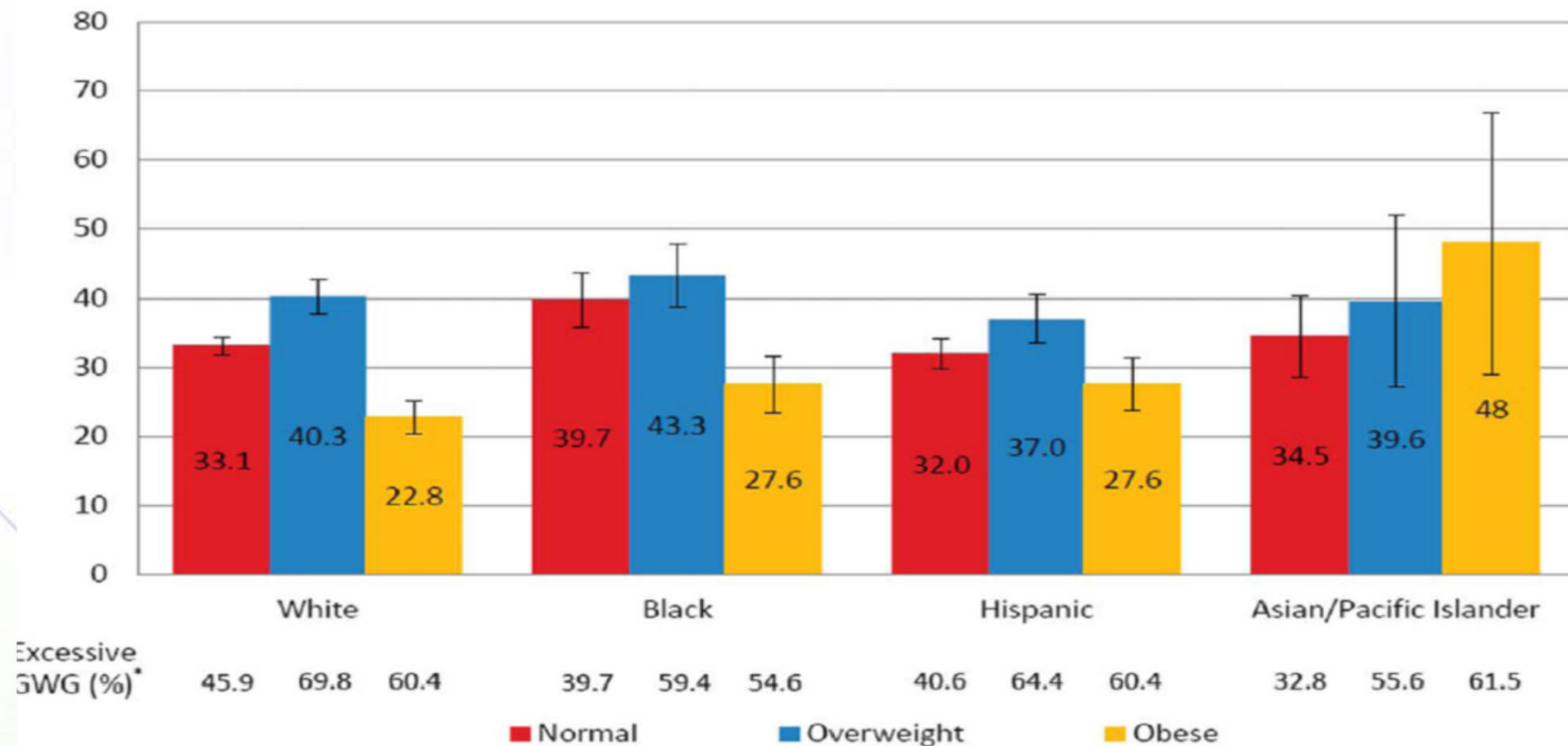
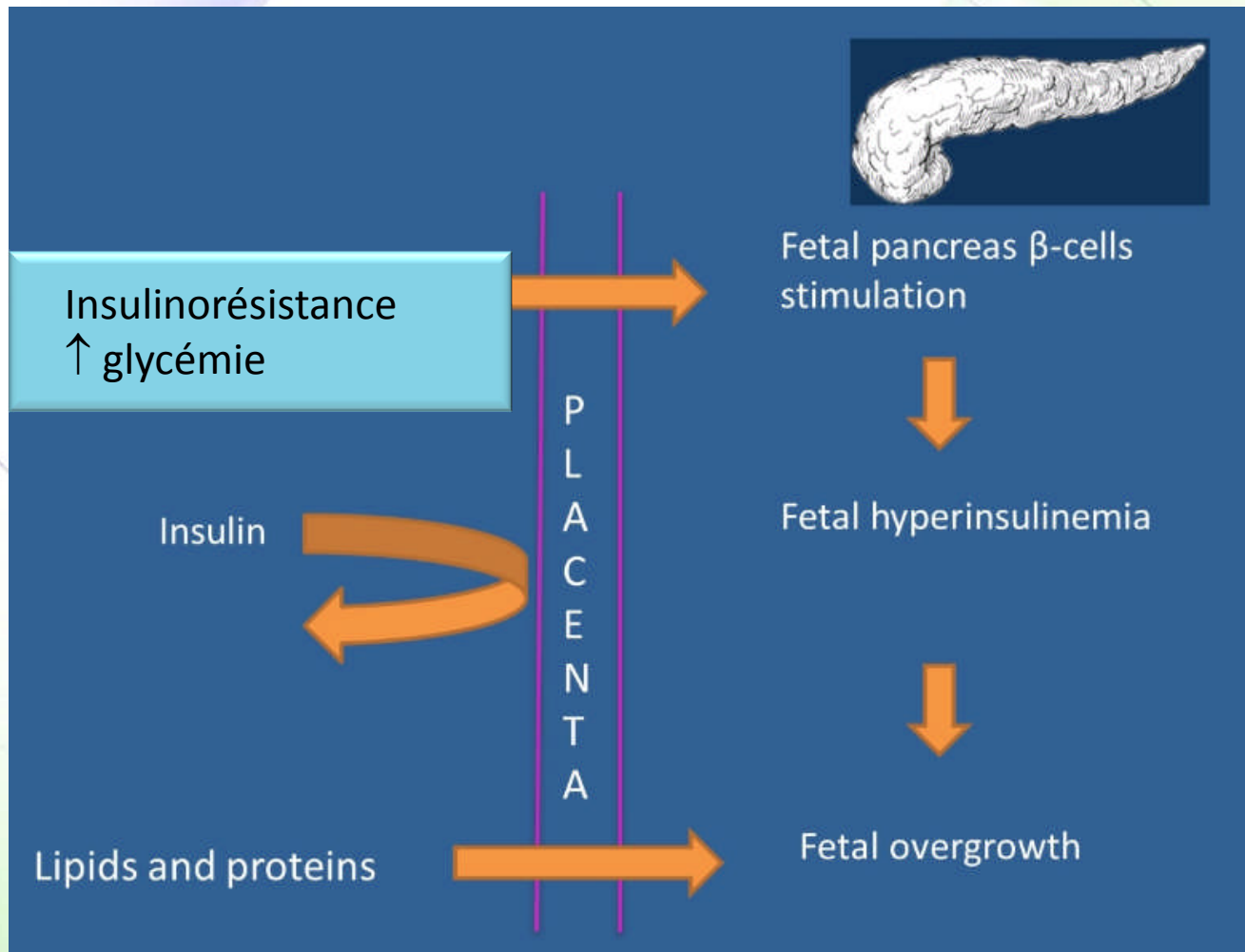


Fig. 3. Population-attributable fractions and 95% confidence intervals of large for gestational age at the 90th percentile or greater associated with excessive gestational weight gain (GWG), stratified by body mass index categories and race or ethnicity. Adjusted for gestational diabetes mellitus, inadequate gestational weight gain, age, parity, and nativity. *The percentage of gestational weight gain by body mass index and race or ethnicity shown in Figure 2.

Obésité et macrosomie



L'obésité maternelle contribue à la macrosomie via des mécanismes impliquant:

- ↑ insulinorésistance (même en l'absence de diabète) entraînant une ↑ glycémie et insuline fœtales
- Transfert d'AGL en excès

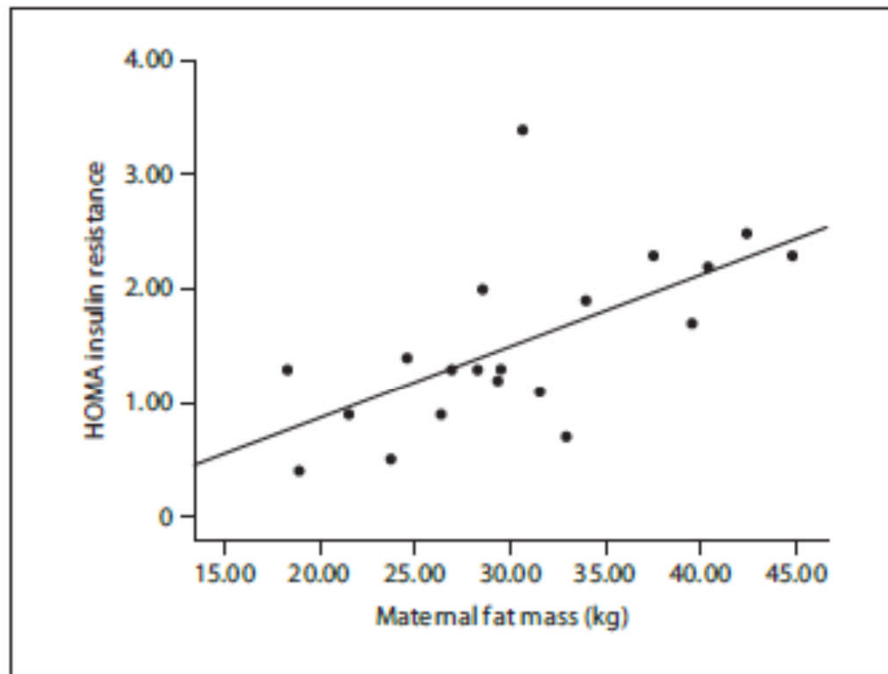


Fig. 1. The correlation between maternal fat mass and insulin resistance ($r = 0.66$, $p < 0.002$).

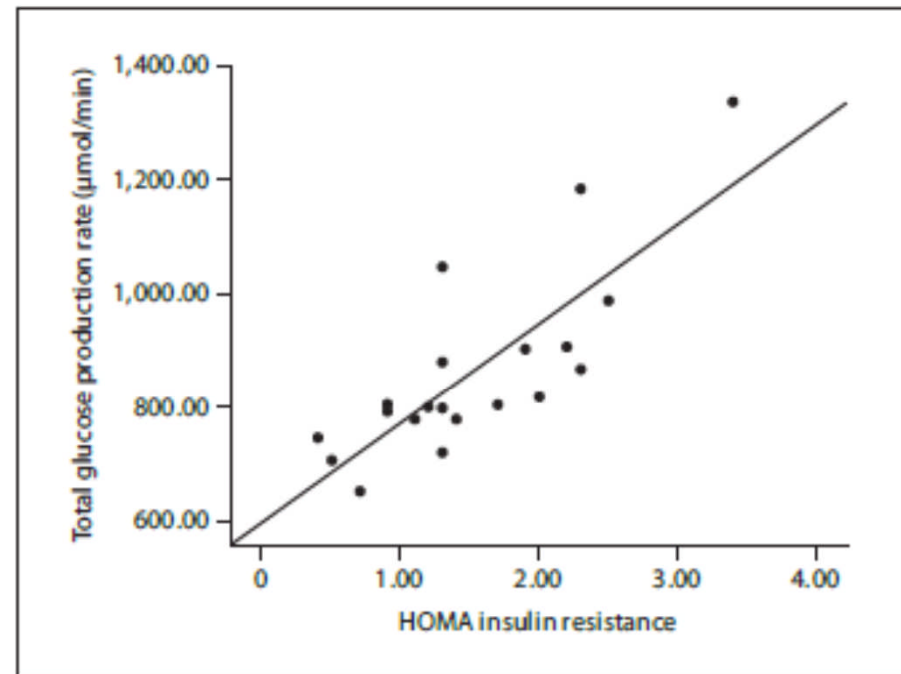


Fig. 2. The correlation between insulin resistance and total glucose production ($r = 0.78$, $p < 0.000$).

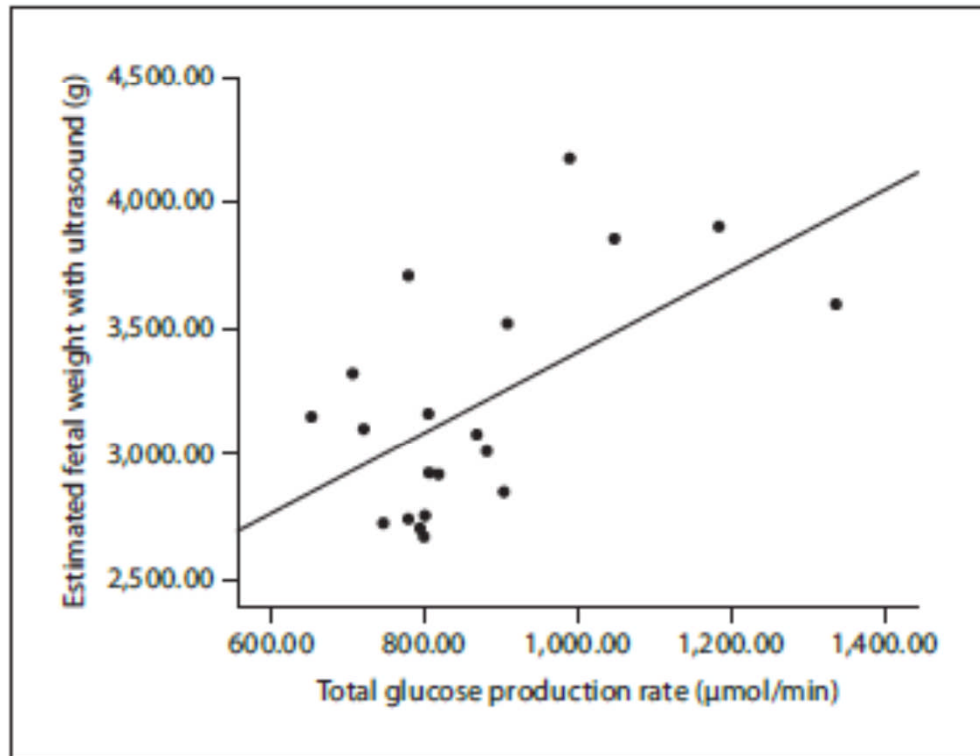
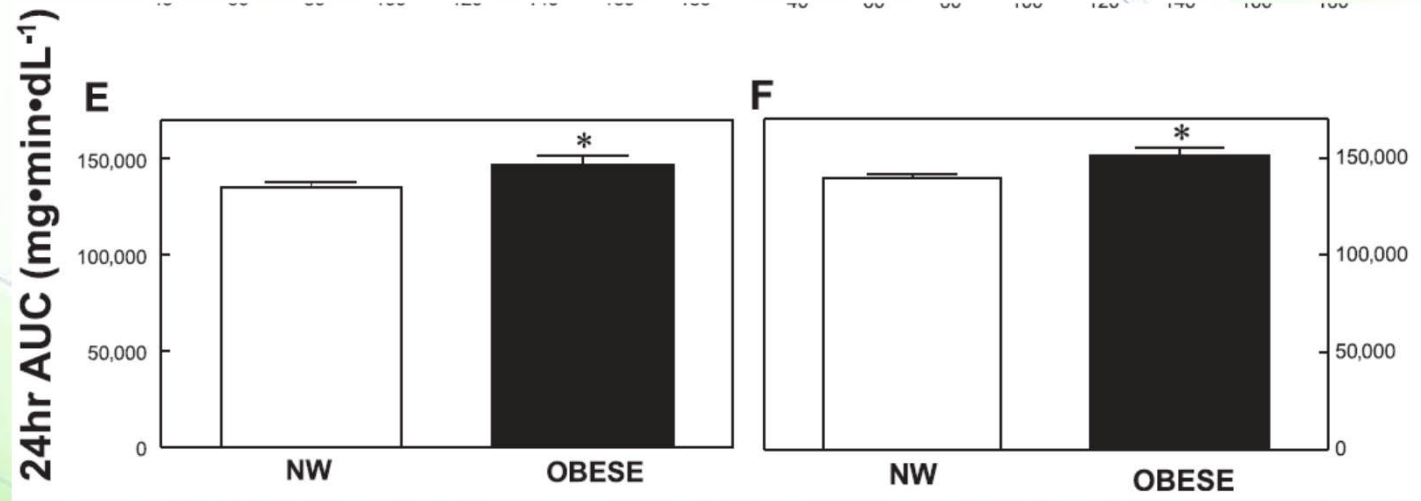
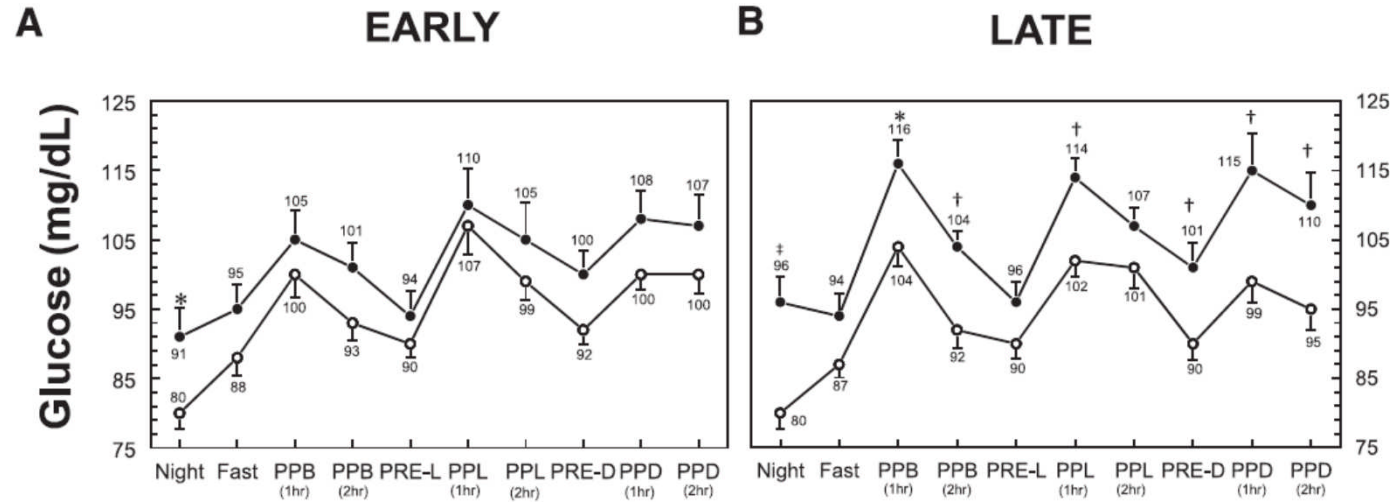


Fig. 3. The correlation between total glucose production and estimated fetal weight ($r = 0.59$, $p < 0.007$).



Les femmes obèses ND ont des glycémies plus élevées



Glycémie post-prandiale et adiposité nouveau-né

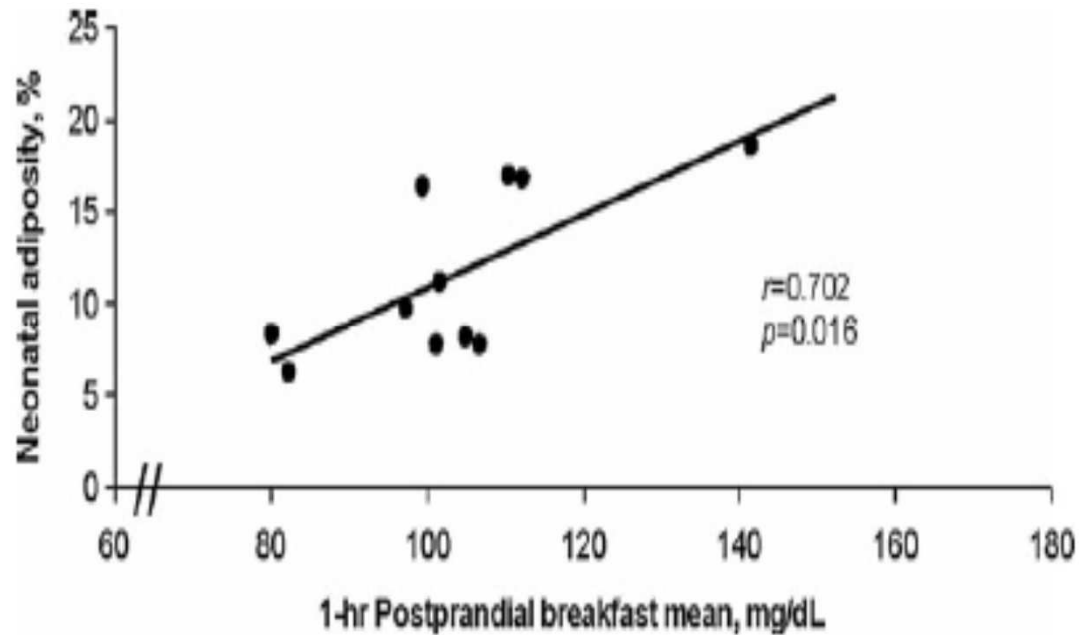


FIG. 2. Across normal-weight and obese pregnant women, 1-h postprandial blood glucose level by continuous glucose monitoring system (at 27–28 weeks of gestation) is highly associated with infant's percentage body fat as measured by dual-energy X-ray absorptiometry at 2 weeks of life ($n=11$).





Weight Loss Instead of Weight Gain within the Guidelines in Obese Women during Pregnancy: A Systematic Review and Meta-Analyses of Maternal and Infant Outcomes

Mufiza Zia Kapadia^{1‡}, Christina K. Park^{2‡}, Joseph Beyene², Lucy Giglia³, Cindy Maxwell⁴, Sarah D. McDonald^{2,5,6*}

- Méta-analyse données publiées entre 2009 et 2014
- Prenant en compte les recommandations IOM 2009
- Vise à comparer les ♀ obèses avec perte de poids (< 0 kg) et celles avec prise de poids IOM 2009 (5-9 kg)
- **Critères principaux:**
 - ✓ SGA (<10^{ème} percentile du PN pour le sexe et l'âge)
 - ✓ LGA (>90^{ème} percentile du PN pour le sexe et l'âge)
 - ✓ Prématurité (<37 SA)
- **Critères secondaires:**
 - ✓ Autres définitions du SGA, du petit poids de naissance, du LGA, de la macrosomie, morbidité périnatale sévère, mortalité périnatale
 - ✓ Pré-éclampsie, HTA gravidique, diabète gestationnel, chorioamnionite, RPM, déclenchement, césarienne, extraction instrumentale, hémorragie du post-partum, rétention pondérale post partum

Perte de poids gestationnelle versus prise de poids selon recommandations IOM 2009

- 6 cohortes
- 60 913 ♀ obèses
- 5 US et 1 Suède
- Toutes (sauf une) ont étudié chaque classe d'obésité
- **Aucune d'entre elles n'a étudié le lien entre perte de poids gestationnelle et prématurité!**

Outcome	Number of studies	Adjusted OR (95% CI)	Adjusted OR (95% CI)	I ² (%)
Primary Outcomes				
SGA (<10 th percentile)	5	1.76 (1.45, 2.14)		56
LGA (>90 th percentile)	5	0.57 (0.52, 0.62)		0

	Classe Obésité	Nb études	OR (95%IC)
SGA	Toutes classes	5	1,76 (1,45-2,14)
	Classe I	4	1,73 (1,53-1,97)
	Classe II	4	1,63 (1,44-1,85)
	Classe III	4	1,39 (1,17-1,66)
LGA	Toutes classes	5	0,57 (0,52-0,62)
	Classe I	4	0,58 (0,43-0,77)
	Classe II	4	0,57 (0,50-0,65)
	Classe III	4	0,55 (0,49-0,61)

Secondary Outcomes

Macrosomia (>4000 g & >4500 g)	2	0.58 (0.38, 0.89)		0
LGA (>97 th percentile)	1	0.64 (0.54, 0.76)		NA
Cesarean birth	3	0.73 (0.67, 0.80)		0
Shoulder dystocia	1	0.82 (0.49, 1.37)		NA
Preeclampsia	1	0.82 (0.66, 1.02)		NA
Gestational diabetes mellitus	1	0.88 (0.62, 1.25)		NA
Induction of labor	1	0.92 (0.73, 1.15)		NA
Postpartum hemorrhage	2	0.93 (0.78, 1.12)		0
NICU admission	2	0.98 (0.81, 1.19)		0
Operative vaginal delivery	2	1.06 (0.83, 1.37)		43
Apgar score (<7 at 5 minutes)	2	1.08 (0.81, 1.44)		0
Fetal distress	1	1.12 (0.63, 1.98)		NA
SGA (<3 rd percentile)	2	1.62 (1.19, 2.20)		0
Low birth weight (<2500 g)	1	1.68 (1.10, 2.57)		NA

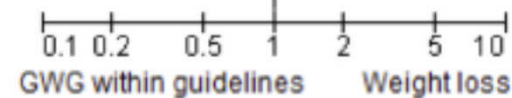





Fig 2. Summary of multivariable pooled odds ratios (95% confidence intervals) for the association between gestational weight loss and adverse pregnancy outcomes in obese women, compared to gestational weight gain within the 2009 Institute of Medicine guideline.

Outcome	Number of studies	Adjusted OR (95% CI)	Adjusted OR (95% CI)	I ² (%)
Macrosomia (>4000 g & >4500 g)	2	0.58 (0.38, 0.89)		0
LGA (>97 th percentile)	1	0.64 (0.54, 0.76)		NA
Cesarean birth	3	0.73 (0.67, 0.80)		0

	Classe Obésité	Nb études	OR (95%IC)
Macrosomie	Toutes classes	2	0,58 (0,38-0,89)
	Classe I	2	0,61 (0,38-1)
	Classe II	2	0,30 (0,17-0,50)
	Classe III	2	0,46 (0,33-0,63)
Césarienne	Toutes classes	3	0,73 (0,67-0,80)
	Classe I	3	0,75 (0,65-0,87)
	Classe II	3	0,73 (0,63-0,85)
	Classe III	3	0,77 (0,66-0,91)

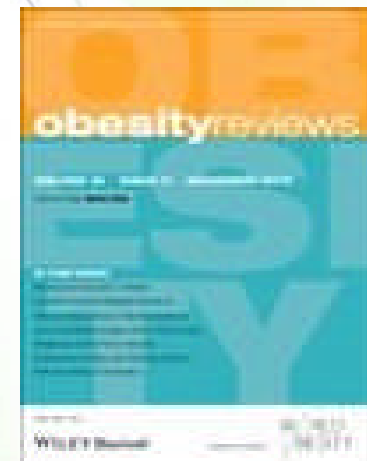
Prise de poids en dessous des recommandations chez les femmes obèses: est ce raisonnable?




Can we safely recommend gestational weight gain below the 2009 guidelines in obese women? A systematic review and meta-analysis

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- 18 études
- 99 723 participants (♀ obèses)
- 13 USA, 1 Canada, 1 Suède, 1 Norvège, 1 Danemark, 1 Malte
- Entre 2009 et 2014
- Compare PPG en dessous des recommandations IOM 2009 (0-4,9 kg) et dans les recommandations (5-9kg)
- **Critères principaux:** SGA, LGA et prématurité (<37, <32 ou 32-36)
- **Critères secondaires:** petit poids de naissance, macrosomie, dystocie épaules, morbidité néonatale sévère, morbidité périnatale, admission en réanimation néo-natale

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Outcome	Number of studies	Adjusted OR (95% CI)	Adjusted OR (95% CI)	I ² (%)
Primary outcomes				
Preterm birth (<37 weeks)	2	1.46 (1.07–2.00)		0
SGA (<10th percentile)	10	1.24 (1.13–1.36)		53
LGA (>90th percentile)	10	0.77 (0.73–0.81)		0

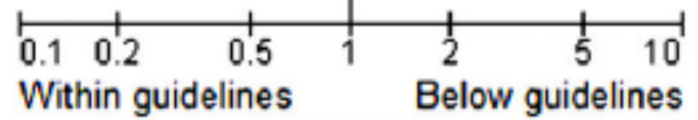
	Classe Obésité	Nb études	OR (95%IC)
Prématurité	Toutes classes	2	1,46 (1,07-2)
SGA	Toutes classes	10	1,24 (1,13-1,36)
	Classe I	5	1,24 (1,16-1,33)
	Classe II	4	1,17 (1,06-1,28)
	Classe III	4	1,17 (1,05-1,31)
LGA	Toutes classes	10	0,77 (0,73-0,81)
	Classe I	5	0,81 (0,75-0,87)
	Classe II	4	0,72 (0,66-0,78)
	Classe III	4	0,78 (0,71-0,87)

Moins de macrosomie, d'HTA gravidique, de pré-éclampsie et de césarienne

Outcome	Number of studies	Adjusted OR (95% CI)	Adjusted OR (95% CI)
<u>Secondary outcomes</u>			
Macrosomia (>4000 and >4500 g)	3	0.64 (0.54–0.77)	◆
Gestational hypertension	2	0.70 (0.53–0.93)	◆
LGA (>97th percentile)	1	0.81 (0.72–0.91)	■
Preeclampsia	5	0.90 (0.82–0.99)	◆
Caesarean birth	5	0.87 (0.82–0.92)	◆



Outcome	Number of studies	Adjusted OR (95% CI)	Adjusted OR (95% CI)	
Shoulder dystocia	1	0.82 (0.49–1.37)		
Apgar score (<7 at 5 min)	3	0.92 (0.67–1.27)		6
NICU admission	2	0.95 (0.77–1.18)		0
Operative vaginal delivery	3	0.96 (0.84–1.10)		8
Induction of labour	1	0.97 (0.83–1.13)		NA
Postpartum haemorrhage	3	0.97 (0.85–1.11)		0
Foetal distress	1	0.99 (0.80–1.22)		NA
Low birth weight (<2500 g)	1	1.08 (0.76–1.54)		NA
Gestational diabetes	1	1.15 (0.91–1.45)		NA
Infant death	2	1.22 (0.75–1.99)		
SGA (<3rd percentile)	2	1.31 (0.90–1.91)		NA
Postpartum weight retention*	0	NA		NA



Quelle est la prise de poids gestationnelle optimale chez les femmes obèses?

En 2013, l' American College of Obstetricians and Gynecologists affirme que "pour une femme enceinte obèse qui prend moins de poids que les recommandations IOM 2009 mais qui a une croissance foetale satisfaisante, il n'est pas prouvé que l'encourager à augmenter sa prise de poids pour la rendre conforme aux recommandations, améliore la santé de la mère et du fœtus"

En conclusion:

Chez les femmes obèses (IMC ≥ 30 kg)

- Pas d'objectif de perte de poids
- Les femmes qui prennent moins de 5-9 kg ont un risque augmenté de prématurité (<37) et de SGA mais un risque diminué de LGA, macrosomie, hypertension gravidique, pré-éclampsie et césarienne
- Il nous faut mettre en place des modèles de prédiction des risques pour identifier les femmes à faible risque
- En attendant, une prise de poids en dessous des recommandations IOM ne peut être systématiquement recommandée
- Sauf au cas par cas en tenant compte des autres FR connus de prématurité, SGA, LGA et des comorbidités comme DG ou HTA Gravidique



Merci pour votre attention