



LES
FORMATIONS
DU
Repère
RÉSEAU PÉRINATAL RÉUNION

Obésité et Grossesse, La progression continue Comment agir?

Pr Estelle Nobécourt-Dupuy



Fausse couche

HTA gravidique

Cytolyse hépatique

Anémie

prééclampsie

Diabète gestationnelle

HTA chronique

DT2

Césarienne

Hémorragie PP

SAOS

déclenchement

Troubles fertilité

proteinurie

Dépression post partum

phlébite

Retard de cicatrisation

Obésité pendant la grossesse =
surrisque de complications pour la
mère et l'enfant

accouchement

hypoglycémies

Mortalité in
utero

Élongation du plexus
brachial/ fracture

prématurité

Mortalité
périnatale

RCIU

Malformations

macrosomie

A l'âge adulte.....

“The greatest gift we could give to the next generation is to improve the nutrition and growth of girls and young women. The next generation does not have to suffer from Heart disease, osteoporosis, breast cancer. They have unnecessary diseases, which did not exist a hundred years ago. We could readily prevent them had we the will to do so”



David Barker

Avant la grossesse



Authors' conclusions

We found no randomised controlled trials that assessed the effect of preconception health programs and interventions in overweight and obese women with the aim of improving pregnancy outcomes. Until the effectiveness of preconception health programs and interventions can be established, no practice recommendations can be made. Further research is required in this area.

Year

Opray N, Grivell RM, Deussen AR, Dodd JM

2015

% de femmes de 20-39 ans dont
l'IMC > 30 kg/m² au EUA *Poston L*
2016

Faible impact des interventions réalisées en cours de grossesse

Effect of a behavioural intervention in obese pregnant women (the UPBEAT study): a multicentre, randomised controlled trial



Lucilla Poston, Ruth Bell, Helen Croker, Angela C Flynn, Keith M Godfrey, Louise Goff, Louise Hayes, Nina Khazaezadeh, Scott M Nelson, Eugene Oteng-Ntim, Dhamintra Pasupathy, Nashita Patel, Stephen C Robson, Jane Sandall, Thomas A B Sanders, Naveed Sattar, Paul T Seed, Jane Wardle, Melissa K Whitworth, Annette L Briley, on behalf of The UPBEAT Trial Consortium*



Fracture	n (0.4)	n (0.4)	OR (95% CI), I ²	RR
Birth trauma	6 (0.6)	7 (0.7)	0.85 (0.29 to 2.52), 0.77	NA
Shoulder dystocia	44 (4)	35 (3)	1.25 (0.81 to 1.93), 0.32	1.25 (0.81 to 1.93), 0.32

Prise de poids pendant la grossesse, que disent les recommandations (niveau III)

	BMI (Kg/m ²)	Prise de poids total pendant la grossesse (kg)	Prise de poids au 2° et 3° trimestre (kg/semaine)
Dénutrie	<18.5	12.7 à 18.1	0.45 (0.45-0.59)
normopondérale	18.5-24.9	11.3-15.9	0.45 (0.36-0.45)
surpoids	25.0-29.9	6.8-11.3	0.27 (0.23-0.32)
Obèse	>30	5.0-9.1	0.23 (0.18-0.27)

* Comptant une prise de poids au premier trimestre de 0.5 à 2kg



**Peut-on recommander une prise de poids <5 kg chez les femmes obèses en particulier les grade 3?
Quid de la perte de poids durant la grossesse?**

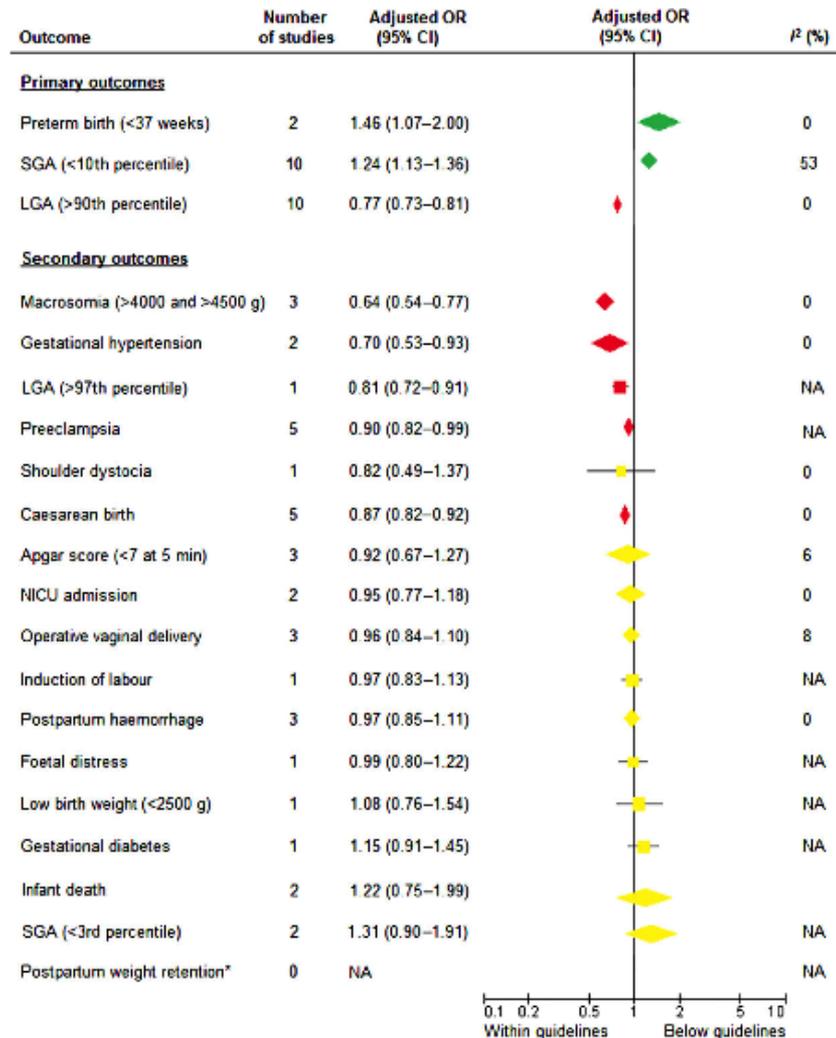


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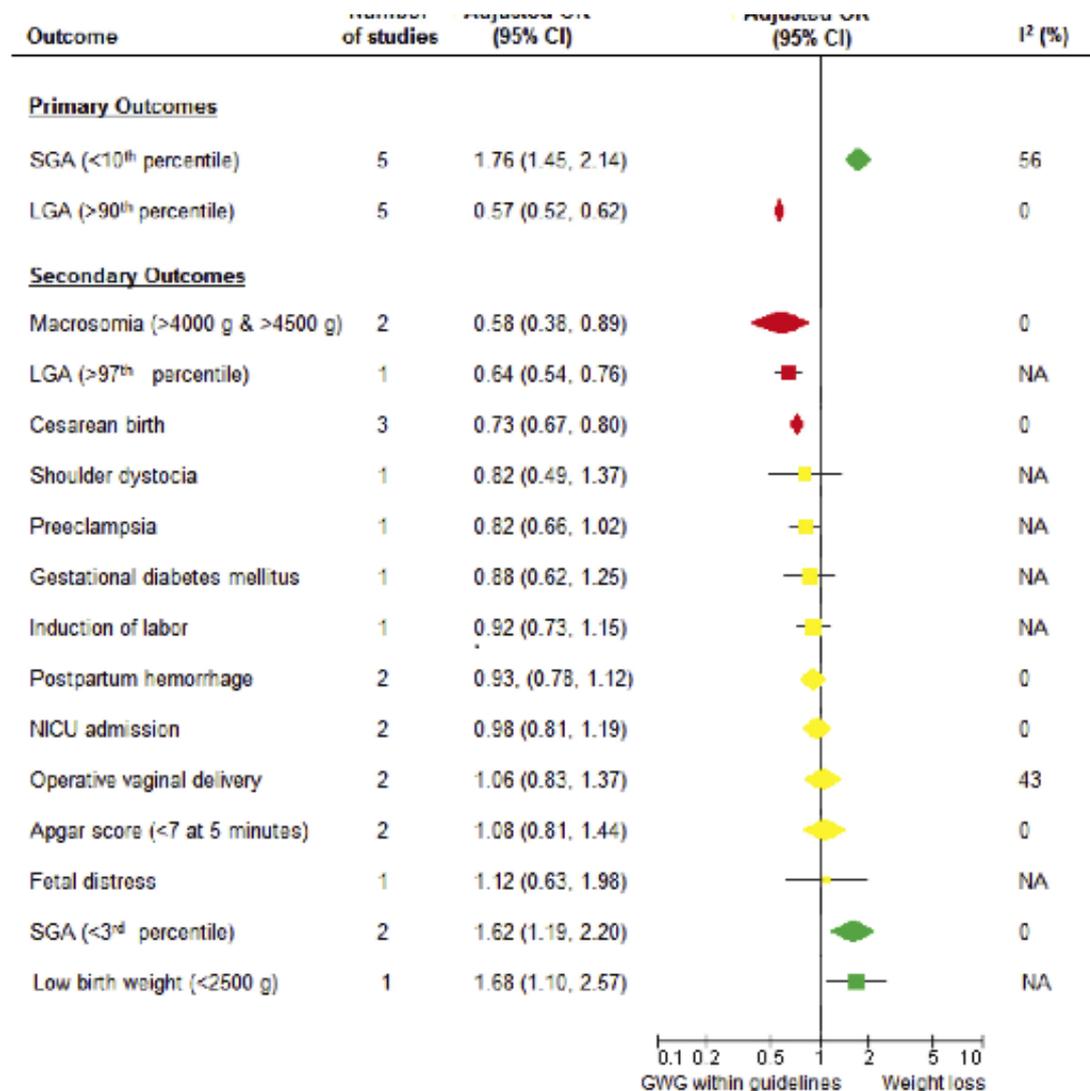
The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Prise de poids < 5kg: Impact sur la mère et l'enfant



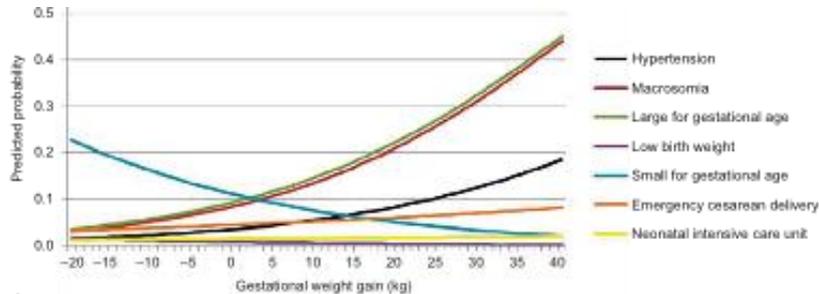
Majoration du risque de RCIU et prématurité

Perte de poids pendant la grossesse chez les femmes obèses: Impact sur la mère et l'enfant



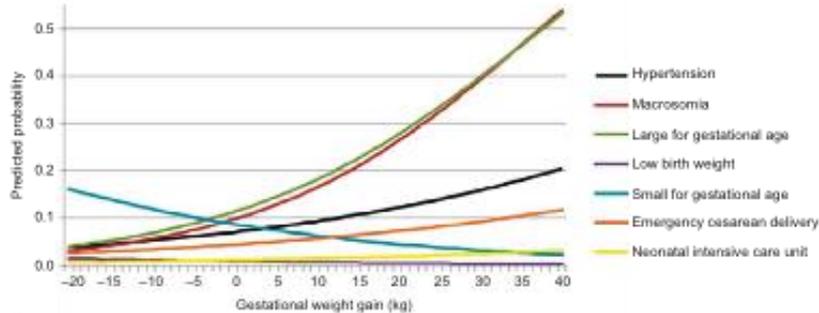
Perte de poids pendant la grossesse chez les femmes obèses: Impact sur la mère et l'enfant

IMC 30-34.9



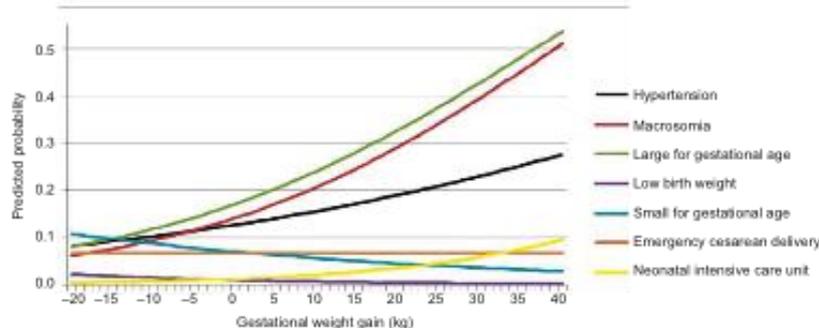
A

IMC 35-39.9



B

IMC >40



C

Enfants nés à terme (>37SG)
de mères obèses dans les
Flandres entre 2009 et 2011
18053 accouchement
4.7% 854 femmes enceintes
ont **perdu du poids** pendant la
grossesse

Le post partum, une période d'intervention à cibler en priorité?

Weight management before, during and after pregnancy

Public health guideline [PH27] Published date: July 2010

NICE National Institute for Health and Care Excellence

Whose health will benefit?

- Women who had a pre-pregnancy BMI of 30 or more.
- Women with a BMI of 30 or more who have had a baby within recent months.

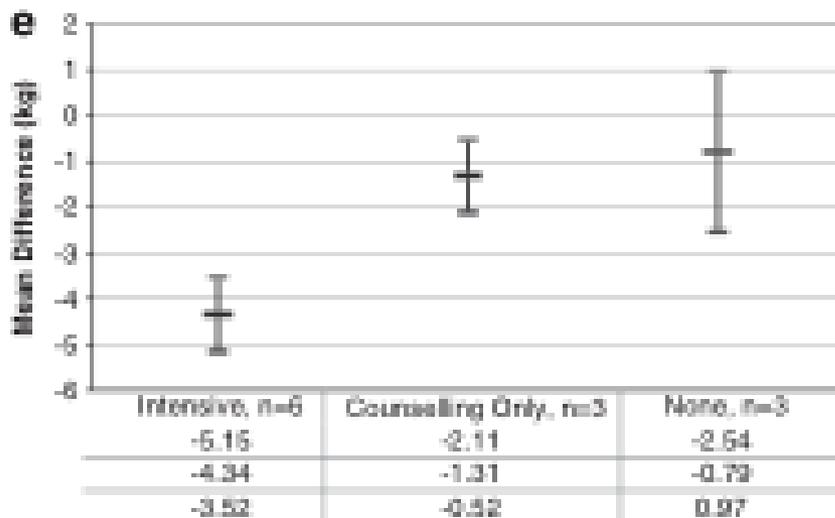
What action should they take?

- Explain the increased risks that being obese poses to them and, if they become pregnant again, their unborn child. Encourage them to lose weight.
- Offer a structured weight-loss programme. If more appropriate, offer a referral to a dietitian or an appropriately trained health professional. They will provide a personalised assessment, advice about diet and physical activity and advice on behaviour change strategies such as goal setting. Women who are not yet ready to lose weight should be provided with information about where they can get support when they are ready.
- Use evidence-based behaviour change techniques to motivate and support women to lose weight.
- Encourage breastfeeding and advise women that losing weight by eating healthily and taking regular exercise will not affect the quantity or quality of their milk^[6].

REVIEW

The effect of physical exercise strategies on weight loss in postpartum women: a systematic review and meta-analysis

SL Nascimento¹, J Pudwell², FG Surita¹, KB Adamo³ and GN Smith²



Le plus efficace:

Combiné une activité physique régulière associé aux mesures diététiques suivis

Pour les femmes allaitantes: ne pas descendre en dessous de 1800 Kcal
IOM Nutrition during lactation 1991

Agir sur le poids des mamans c'est agir sur le poids des enfants

	Odds ratio (95% CI) ^a
Gestational weight gain ^b (per 5 kg)	1.08 (1.01, 1.16)
Adequacy of GWG ^b (2009 IOM)	
Inadequate	0.90 (0.70, 1.16)
Adequate	1.00 (Reference)
Excessive	1.29 (1.06, 1.56)
Post-delivery weight change ^c (per 5 kg)	1.12 (1.04, 1.21)

1979 National Longitudinal Survey of Youth US, suivi d'une cohorte agée de 14-22 ans en 1979

Analyse des enfants nés des mères de cette cohorte à partir entre 1979-2010

Suivi de 4359 enfants nés de 2816 mères

Enfant suivis jusqu'à 4-5 ans

Paramètre analysé: Surpoids chez l'enfant (BMI > 85^e percentile)

Etat des lieux à La Réunion
Pierre-Yves Robillard