

Monitoring Weight Status among Women of Reproductive Age

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Healthy Weight and Pregnancy Webinar
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Outline



- Methods
- Review overweight and obesity among non-pregnant women, 18-44 years
- Review pre-pregnancy overweight/obesity, 18-44 years
- Comparison of findings
- Summary



Methods



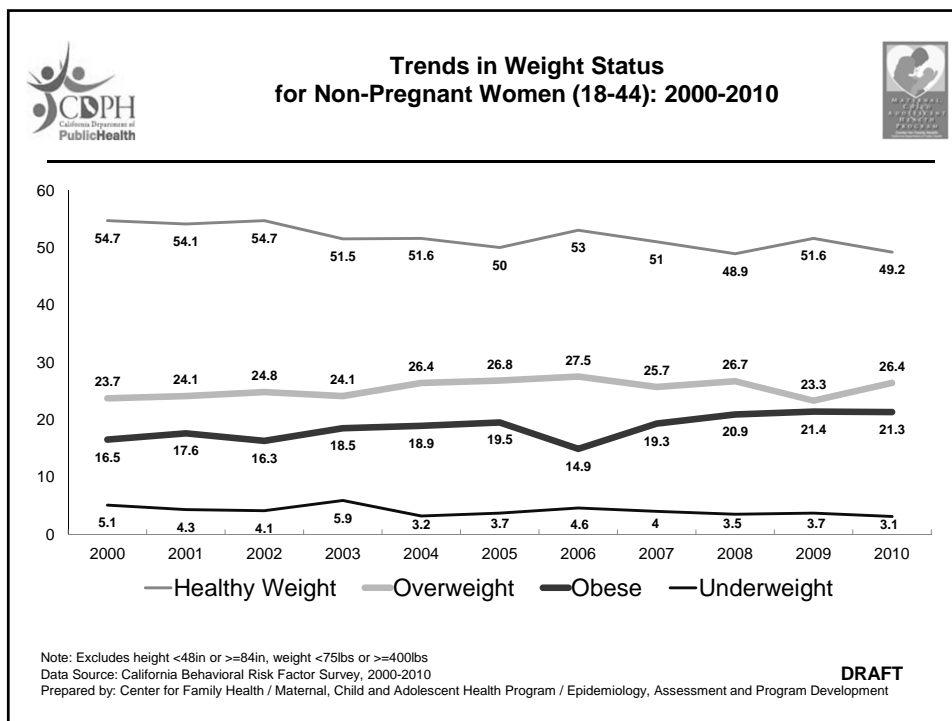
- **Data Sources:**
 - CA Behavioral Risk Factor Surveillance –survey data
 - Birth Statistical Master File– data from the birth certificate



- **Body Mass Index (Adult)**
Weight (kg)/ Height (m²)

- **BMI Weight Status Categories**
 - Below 18.5 Underweight
 - 18.5 – 24.9 Normal
 - 25.0 – 29.9 Overweight
 - 30.0 and Above Obese



Behavioral Risk Factor Surveillance



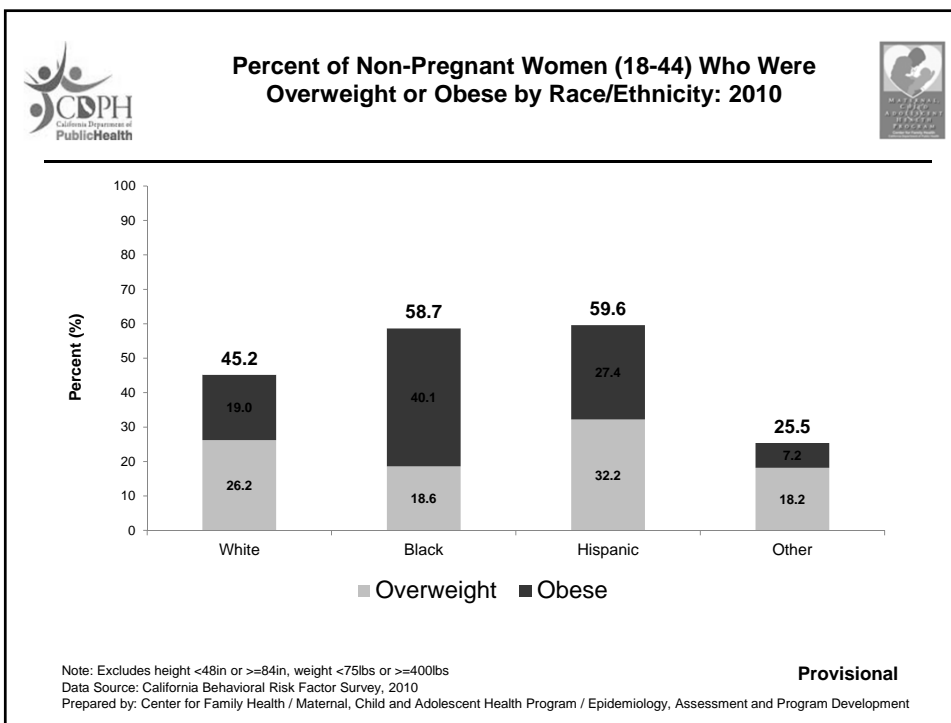
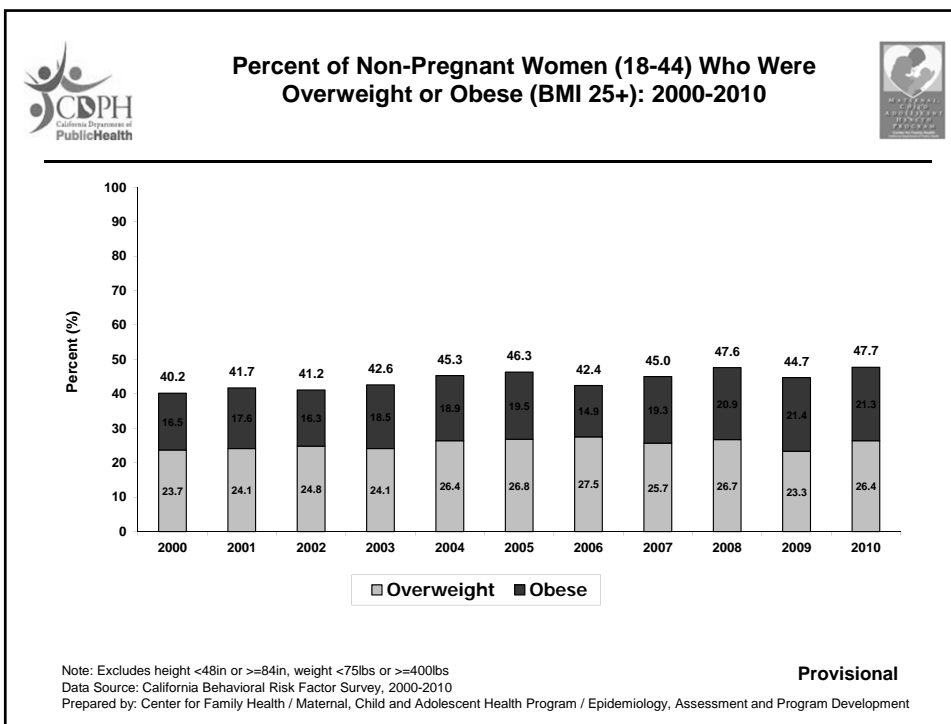
 **Significance of Monitoring
Overweight and Obesity** 

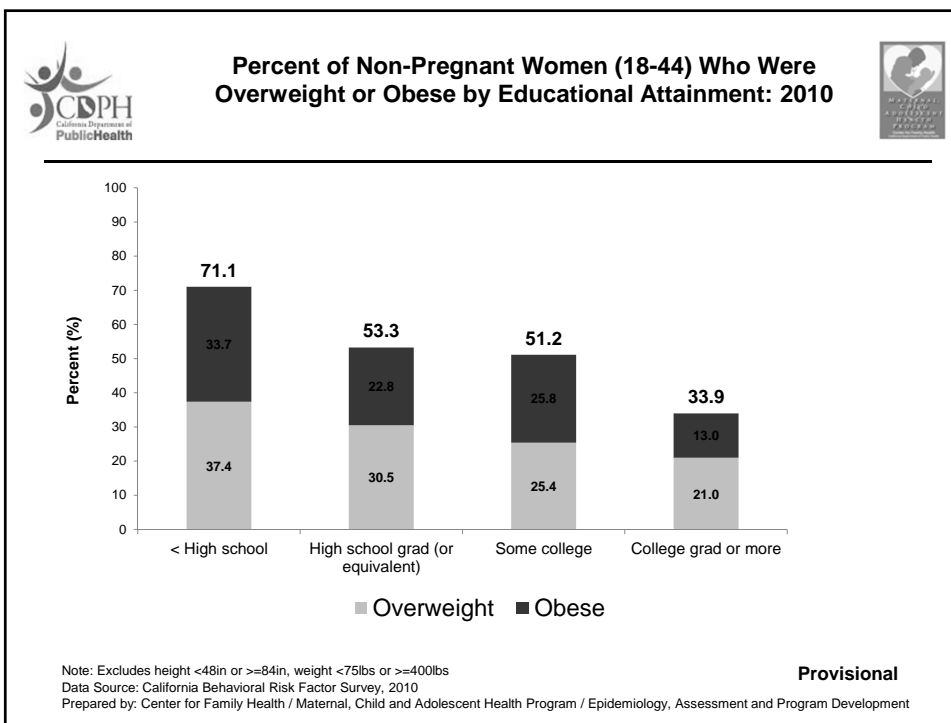
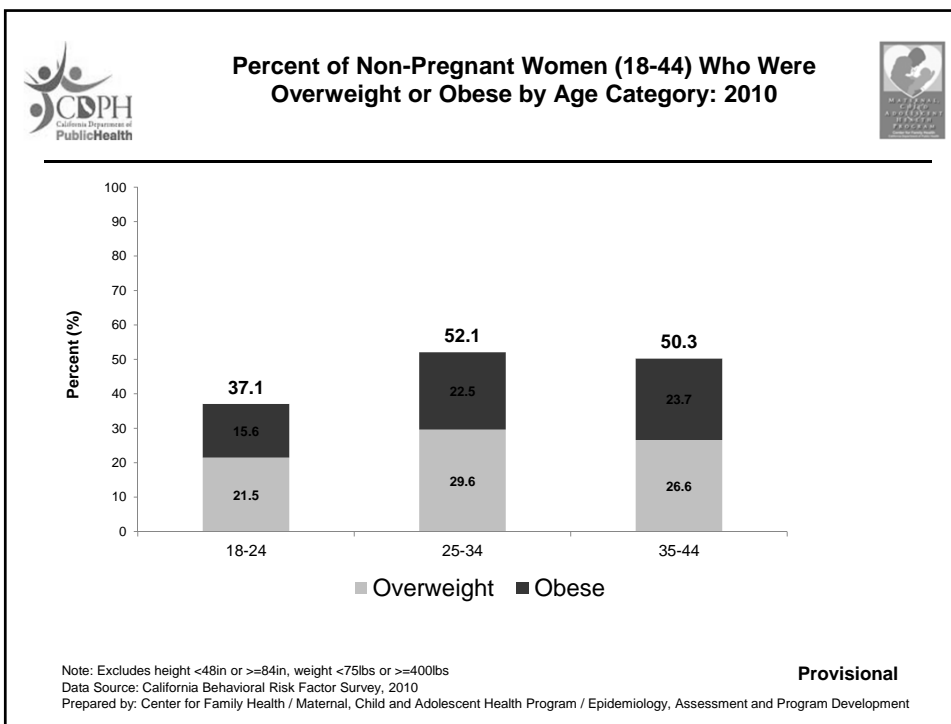
Individual/ Interpersonal

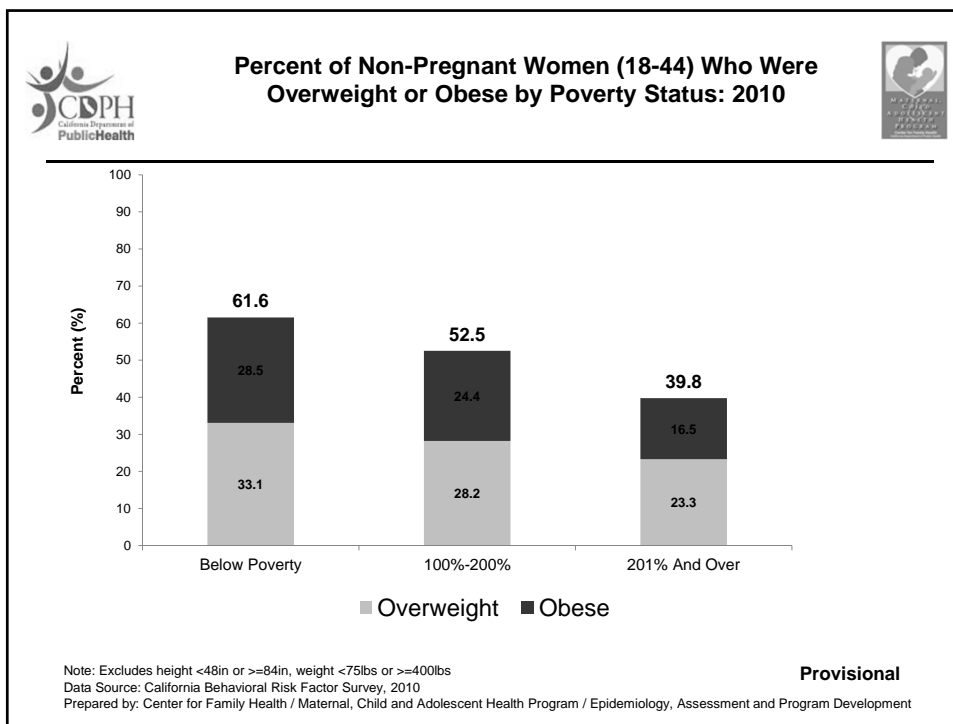
- contributes to health conditions including asthma, metabolic syndrome, type II diabetes, hypertension, heart disease, stroke, cancer, and infertility
- associated with unfavorable perinatal health outcomes, including neural tube defects, gestational diabetes, pre-eclampsia, labor and delivery complications, fetal and neonatal death
- stigmatization

Public Health

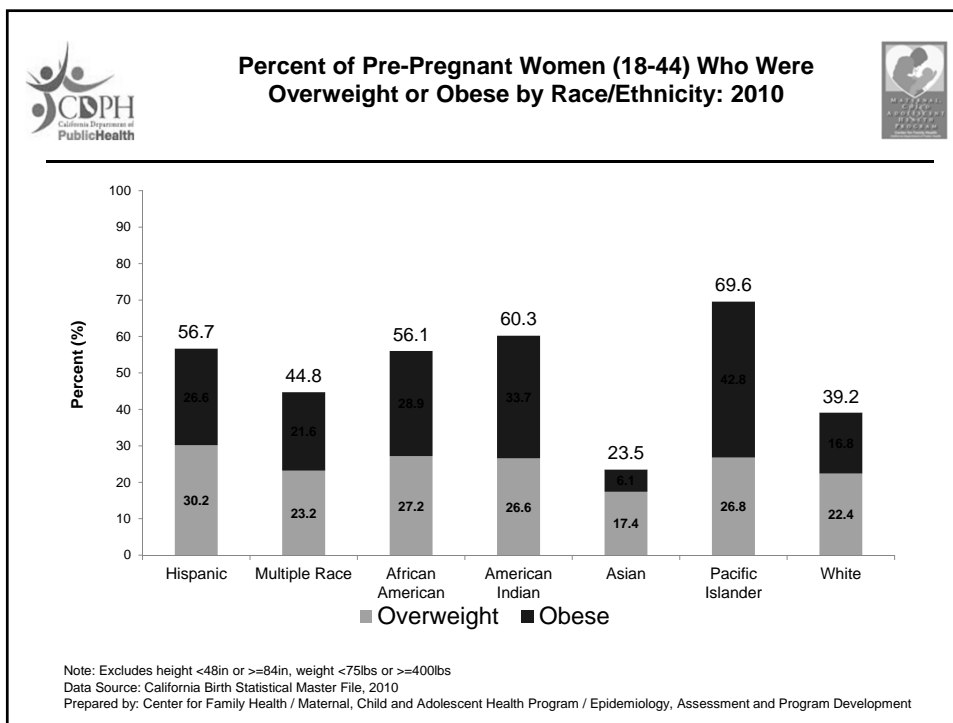
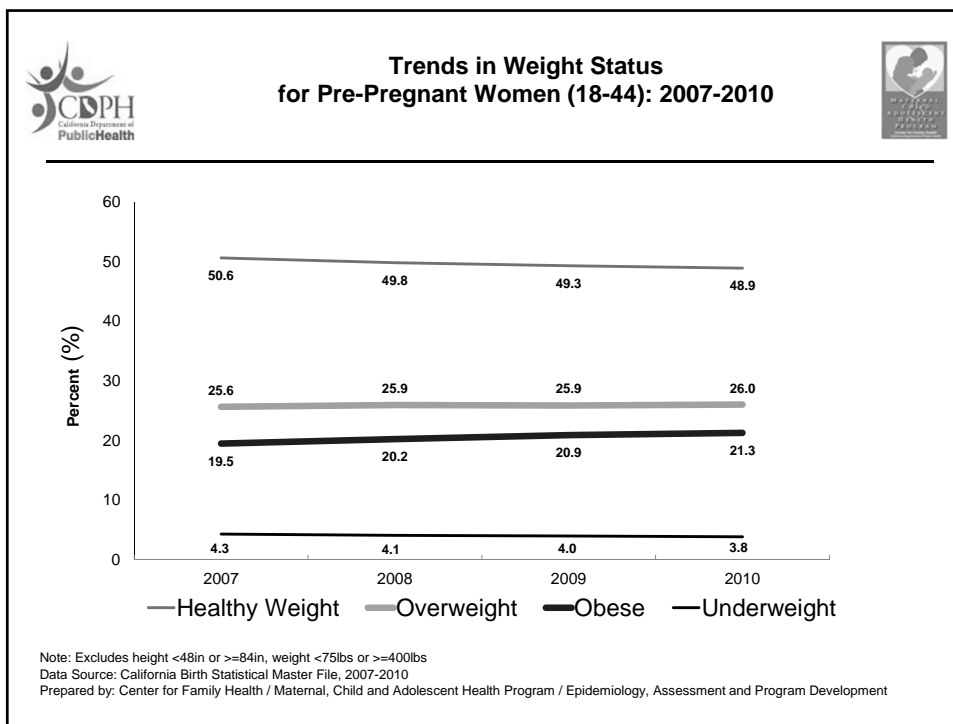
- improves individual health and future pregnancy outcomes for women and their infants
- economic impact: cost of adult overweight, obesity and physical inactivity in California was estimated at \$41 billion a year (2006).
- health disparities
- related to MCAH's Priority Areas:
 - **Priority 4:** Improve maternal health by optimizing the health and well-being of girls and women across the life course.
 - **Priority 5:** Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age.
 - **Priority 6:** Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes.
- HP2020
 - NWS-9: Reduce the proportion of adults who are obese to 30.6%
 - MICH 16.5: increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy (53.4%)

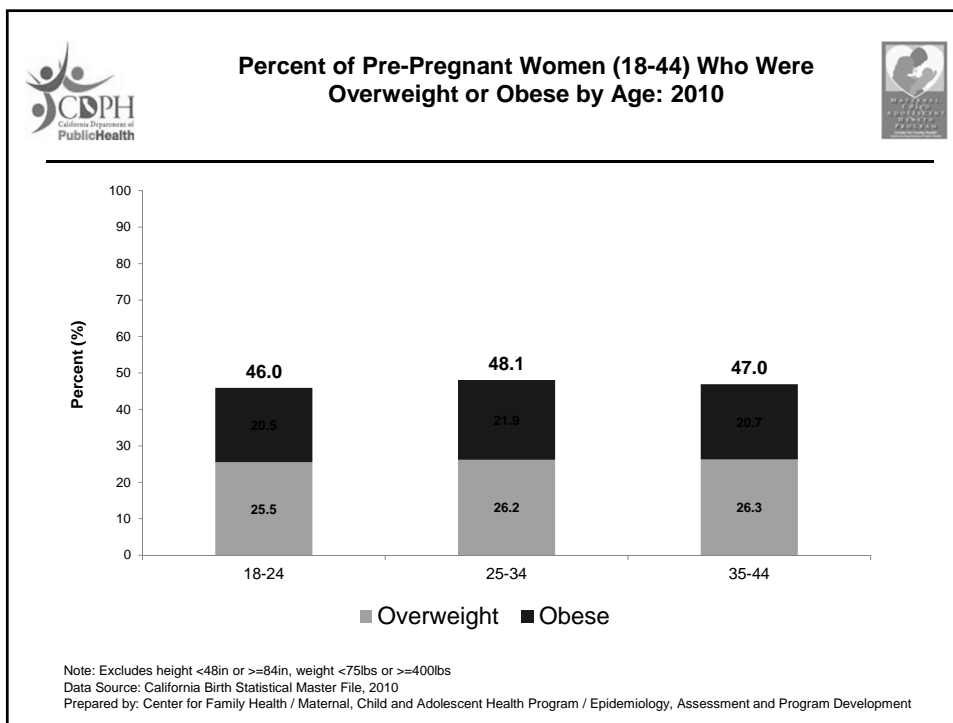
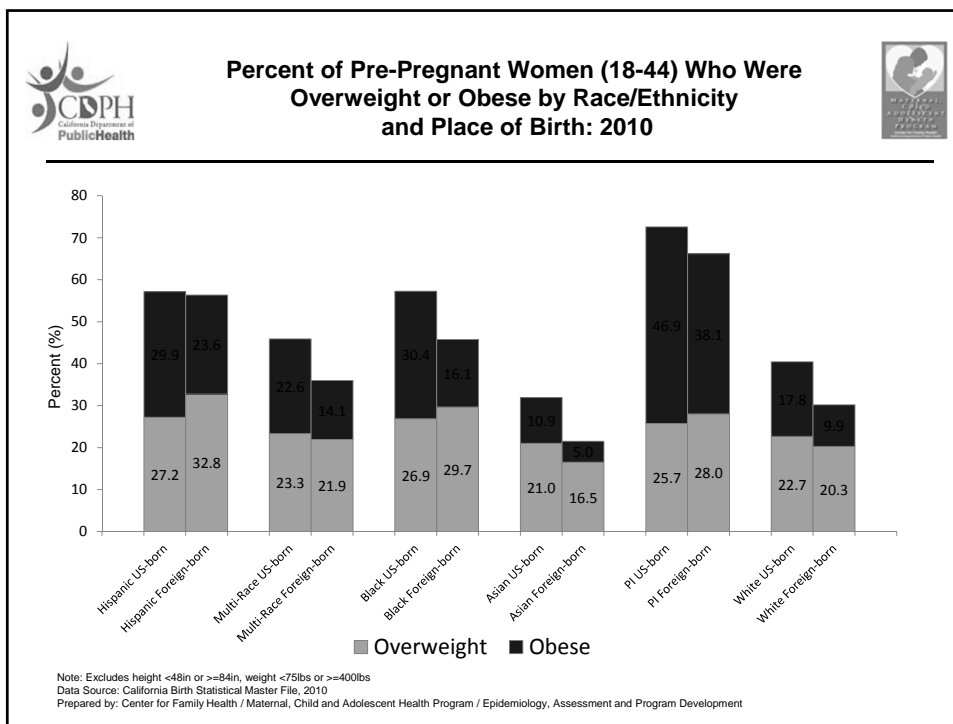


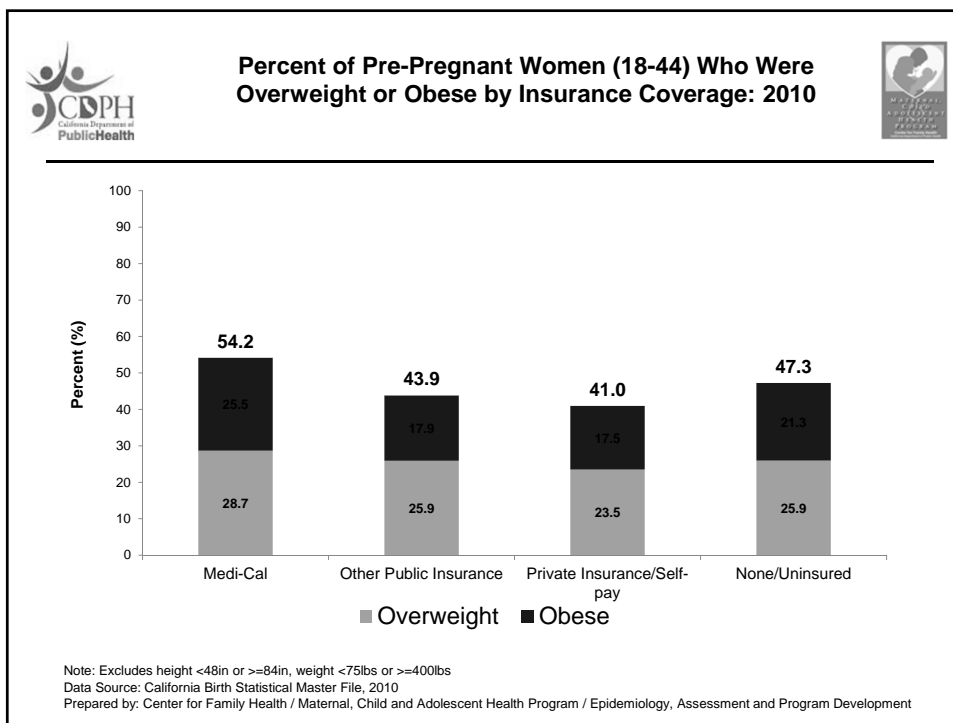
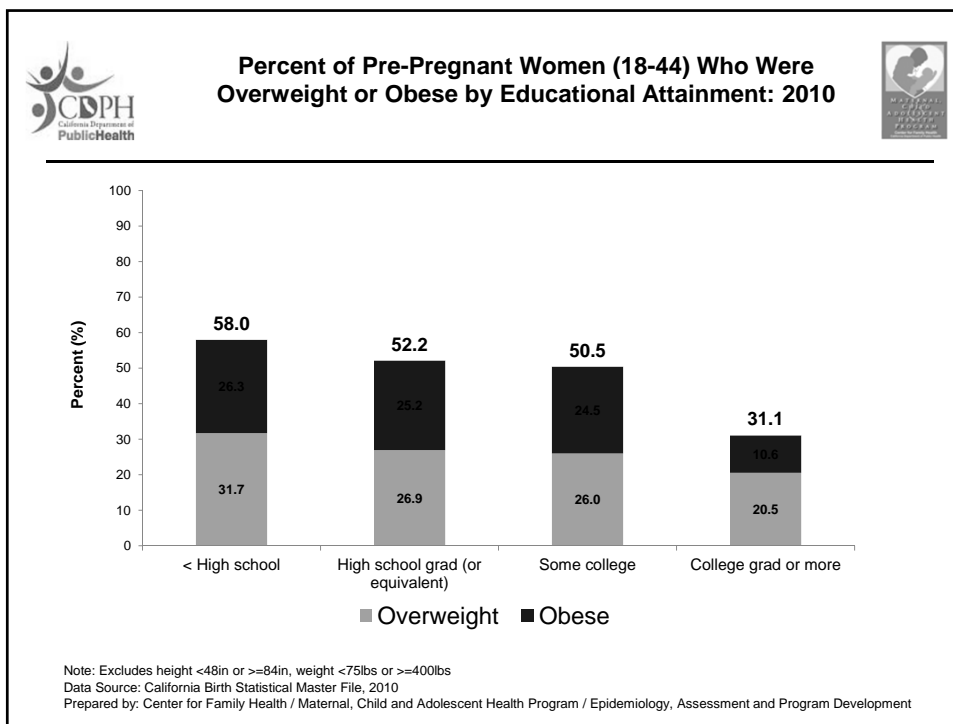




Birth Statistical Master File



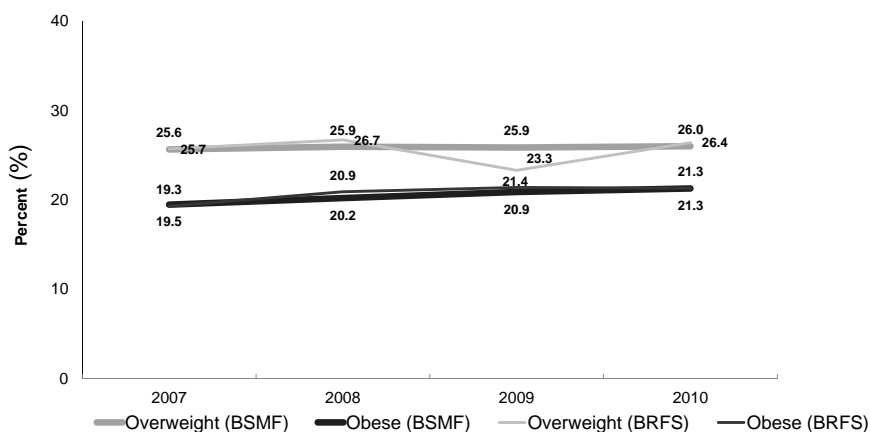




Birth Statistical Master File & Behavioral Risk Factor Survey: Data Comparison



Trends in Weight Status among Women (18-44): 2007-2010

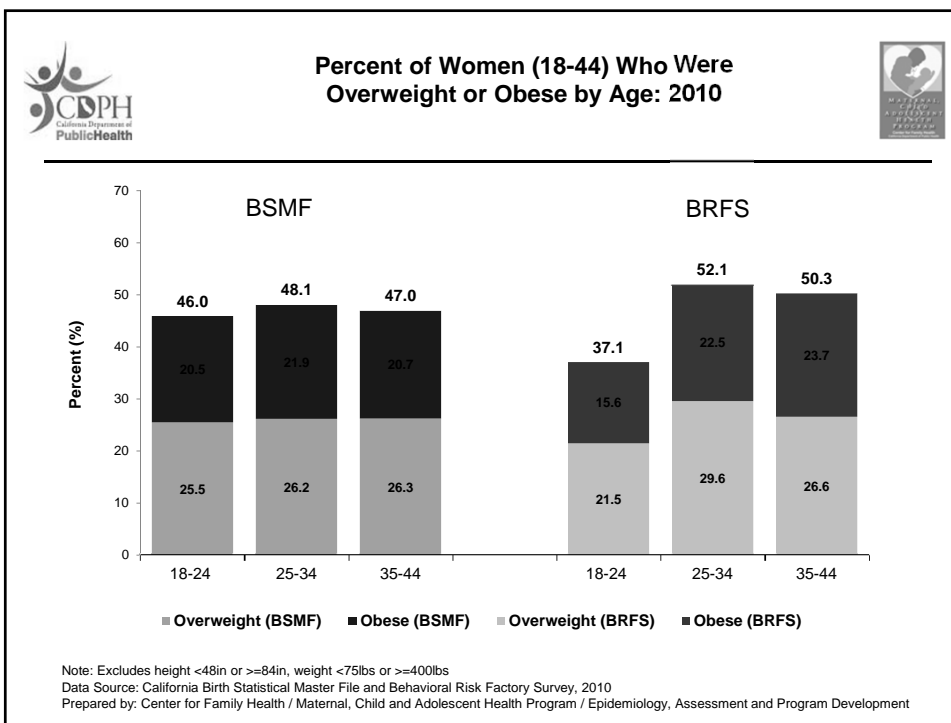
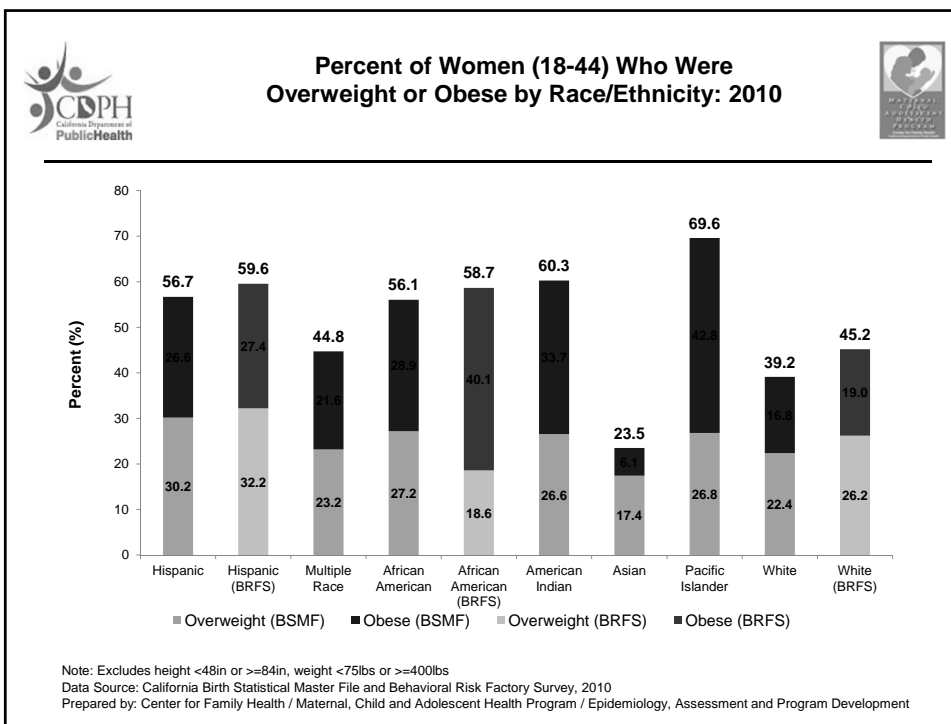


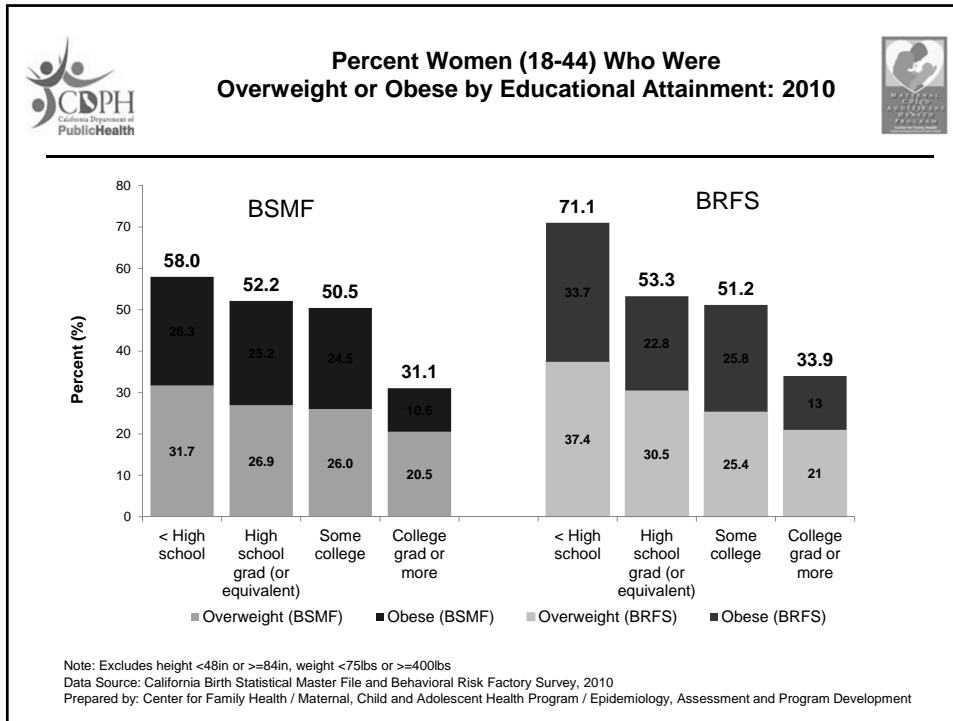
Note: Excludes height <48in or >=84in, weight <75lbs or >=400lbs

Data Source: California Birth Statistical Master File & California Behavioral Risk Factor Survey 2007-2010

Prepared by: Center for Family Health / Maternal, Child and Adolescent Health Program / Epidemiology, Assessment and Program Development

Provisional





Summary

- Overweight/obesity rates show a slow and steady increase among women age 18-44. About 26% are overweight and roughly 21% are obese with a combined rate of 47% in 2010.
- Pacific Islander and Native American women have the highest overweight and obesity rates; however Asians have the lowest overweight/obesity rates.
- Foreign-born women have lower overweight/obesity rates compared to U.S born women.
- Overweight/obesity rates decrease with increasing level of education; women with less than high school education have the highest overweight and obesity rates.
- Overweight/obesity rates decrease as federal poverty level status increase.
- Women covered by Medi-Cal have the highest overweight/obesity rate followed by women with no insurance coverage and those with other public insurance coverage. Women with private insurance have the lowest overweight/obesity rates.



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