

# **A Dynamic Model Predicting Gestational Weight Gain**

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# Overview

- **Purpose**
- **Clinical Utility**
- **Methods**
- **Validation**



# How much weight should I gain?

## Eating and nutrition

- ✓ It's important to eat a healthy diet during pregnancy.
- ✓ You also need plenty of vitamins and minerals in your diet.
- ✓ Most pregnant women need around 300 extra calories per day.

Hytten FE, Leitch I (1971). The *physiology of human pregnancy*.

Hytten FE, Chamberlain G. (1980) *Clinical physiology in obstetrics*



# Institute of Medicine (IOM) recommends weight gain by pre-pregnancy BMI

## Purpose

**TABLE 7-3** New Recommendations for Total and Rate of Weight Gain during Pregnancy, by Prepregnancy BMI

Pregpregnancy BMI	Total Weight Gain		Rates of Weight Gain* 2 <sup>nd</sup> and 3 <sup>rd</sup> Trimester	
	Range in kg	Range in lbs	Mean (range) in kg/week	Mean (range) in lbs/week
Underweight ( $< 18.5 \text{ kg/m}^2$ )	12.5–18	28–40	0.51 (0.44–0.58)	1 (1–1.3)
Normal weight ( $18.5\text{--}24.9 \text{ kg/m}^2$ )	11.5–16	25–35	0.42 (0.35–0.50)	1 (0.8–1)
Overweight ( $25.0\text{--}29.9 \text{ kg/m}^2$ )	7–11.5	15–25	0.28 (0.23–0.33)	0.6 (0.5–0.7)
Obese ( $\geq 30.0 \text{ kg/m}^2$ )	5–9	11–20	0.22 (0.17–0.27)	0.5 (0.4–0.6)



# Why manage gestational weight gain (GWG)?

## Purpose

- Short term:

(High BMI) Increased Risk for GDM, Preeclampsia (High GWG) C-section.

- Long term:

(High BMI and GWG) Postpartum weight retention, Increased maternal body fatness and risk factors for cardiovascular disease

- Large for gestational age infants



# How does a mathematical model help?

## Purpose

- 1. Enables setting precise goals with a health care provider.**
- 2. Provides Continuous Feedback**
- 3. Generates Opportunities to Intervene and Manage Weight Gain**

**Schultz, W., Behavioral theories and the neurophysiology of reward.  
Ann Rev Psychol, 2006. 57: p. 87-115.**



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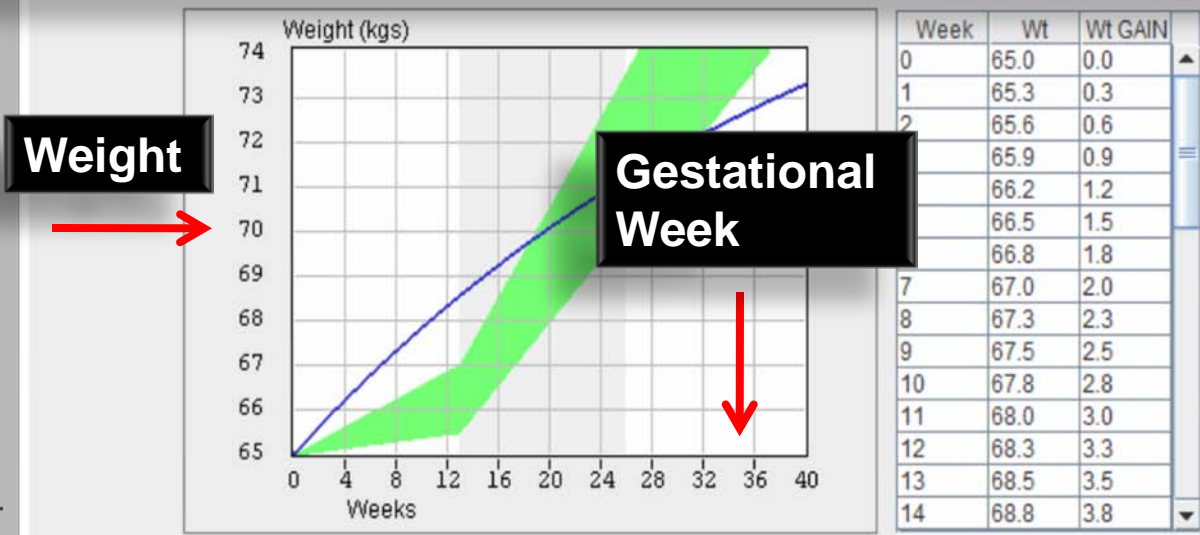
# Java Based System to Manage GWG

## Clinical Utility

User enters  
baseline data:  
Age  
Height  
Pre-gravid  
Weight

The interface shows input fields for Units (US/Metric), Age (32), and Height (163). Below are sliders for Weight (kgs) and 1st, 2nd, and 3rd Trimester Calories. A red arrow points from the 'User enters baseline data' box to the Weight input field. Another red arrow points from the 'Adjusts EI by trimester' box to the 3rd Trimester Calories slider.

Initial BMI is 24.5 (Normal). Init. calories is 2385. Weight gain is 8.2 kgs.  
1st tri. cal. increase is 300. 2nd tri. cal. increase is 300. 3rd tri. cal increase is 300.





# Java Based System to Manage GWG

## Clinical Utility

Units:  US  Metric

Age: 32

Height (cms): 163

Weight (kgs): 65

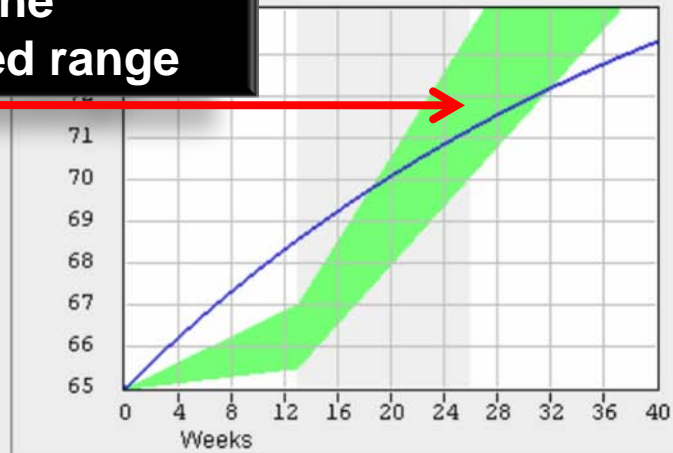
1st Trimester Calories: 2685

2nd Trimester Calories: 2685

3rd Trimester Calories: 2685

Initial BMI is 24.5 (Normal). Init. calories is 2385. Weight gain is 8.2 kgs.  
1st tri. cal. increase is 300. 2nd tri. cal. increase is 300. 3rd tri. cal increase is 300.

**Green Zone**  
**IOM recommended range**

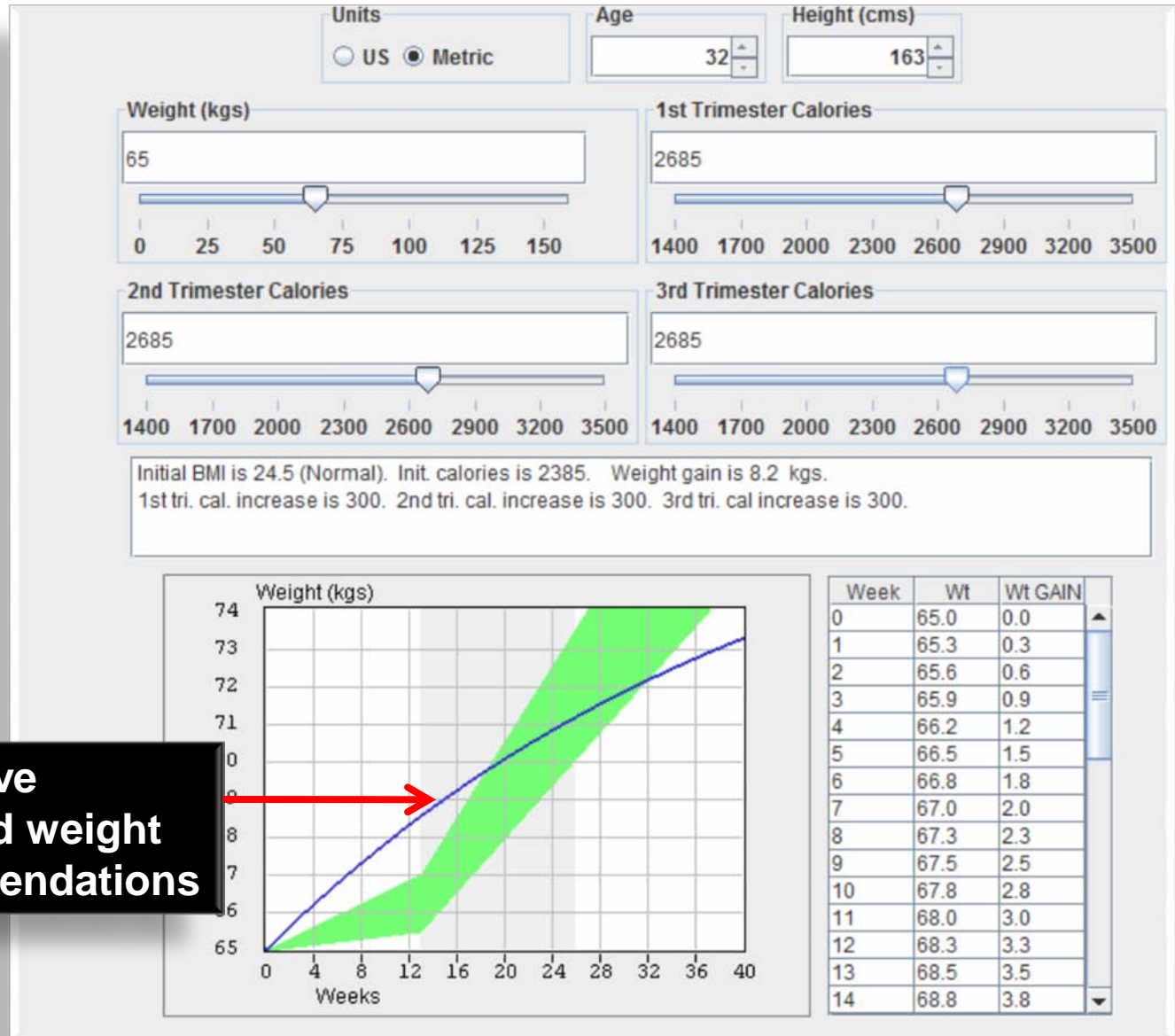


Week	Wt	Wt GAIN
0	65.0	0.0
1	65.3	0.3
2	65.6	0.6
3	65.9	0.9
4	66.2	1.2
5	66.5	1.5
6	66.8	1.8
7	67.0	2.0
8	67.3	2.3
9	67.5	2.5
10	67.8	2.8
11	68.0	3.0
12	68.3	3.3
13	68.5	3.5
14	68.8	3.8



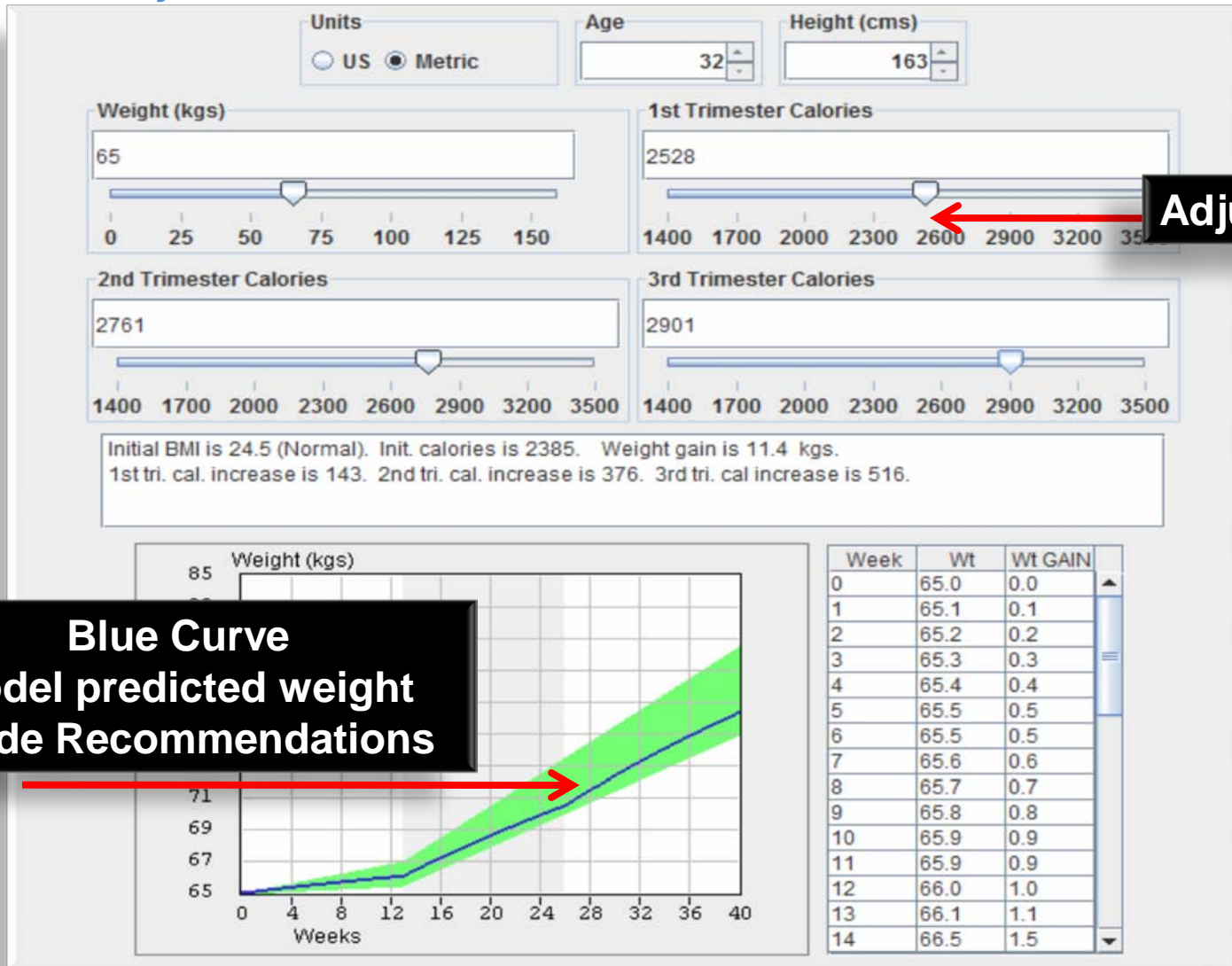
# Java Based System to Manage GWG

## Clinical Utility



# Java Based System to Manage GWG

## Clinical Utility



# Model can be applied to determine additional EI by trimester

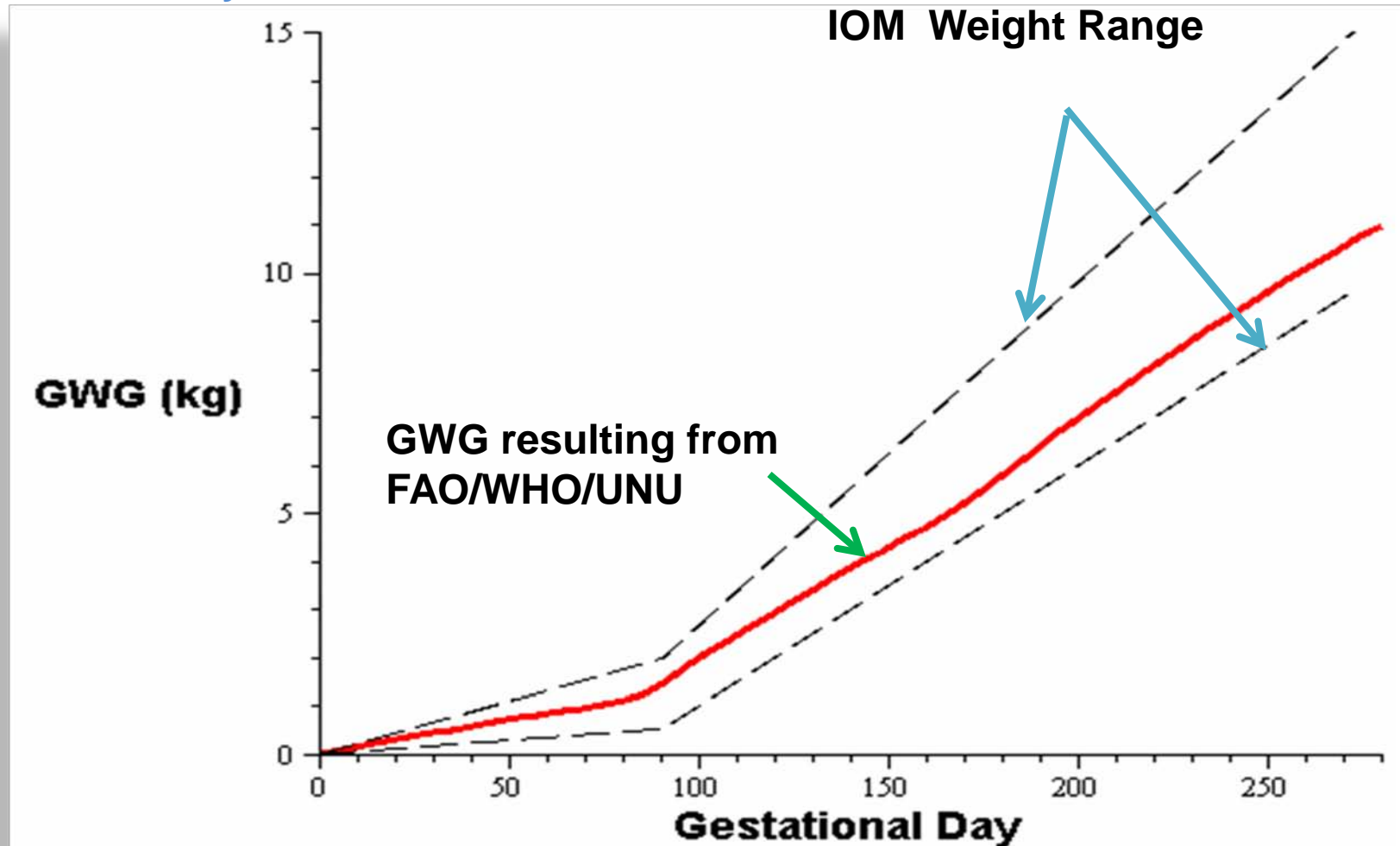
## Clinical Utility

Classification	Pre-gravid weight (kg)	Pre-gravid BMI (kg/m <sup>2</sup> )	Target GWG (kg) Trimester		Model predicted $\Delta$ EI (kcal/d) Trimester		
			1	2-3	1	2	3
<b>Underweight</b>	<b>45</b>	<b>16.9</b>	<b>0.5-2.0</b>	<b>11.4-15.8</b>	<b>94-184</b>	<b>400-511</b>	<b>442-574</b>
<b>Normal</b>	<b>55</b>	<b>20.7</b>	<b>0.5-2.0</b>	<b>9.1-13.0</b>	<b>94-200</b>	<b>381-492</b>	<b>444-635</b>
<b>Overweight</b>	<b>72</b>	<b>27.1</b>	<b>0.5-2.0</b>	<b>6.0-8.6</b>	<b>117-200</b>	<b>263-333</b>	<b>269-364</b>
<b>Obese</b>	<b>97</b>	<b>36.5</b>	<b>0.5-2.0</b>	<b>4.4-7.0</b>	<b>116-200</b>	<b>223-295</b>	<b>227-326</b>



# Model can be used to compare different recommendations

## Clinical Utility



United Nations University World Health Organization Food and Agriculture Organization of the United Nations, Human energy requirements. Report of a Joint FAO/WHO/UNU Expert Consultation, Rome, 17-24 October 2001.



# Overview

- Purpose
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- Validation



# There are pregnancy specific challenges for model development...

## Methods

- **Pre-Gravid Weight**
- **Body Composition Measurements**
- **Components of Energy Expenditure (RMR, TEF, SPA, PA)**



# The Butte study contains the necessary measurements for model development...

## Methods

### Simultaneous measurements at weeks 0, 9, 22, 36

- **Body composition (body weight, TBW, body volume, bone mineral content)**
- **Energy expenditures (DLW)**
- **RMR (respiration calorimetry)**

Butte NF et al. Energy requirements during pregnancy based on total energy expenditure and energy deposition. *Am J Clin Nutr.* 2004.



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# The first mathematical model that predicts weight gain during pregnancy

## Methods

$$\underbrace{771 \frac{dFFM}{dt} + 9500 \frac{dFM}{dt}}_{ES} = \underbrace{(1 - g)(EI_0 + \Delta EI)}_{EI} - \underbrace{(15FFM + 1903)}_{EE}$$

$$FFM = 1.8 FFM(0) - 1.8TBW(0) - 1.8TBP(0) + 0.8FM + 23.5$$

$$TBW = 0.5W + 3.9 \quad TBP = \begin{cases} -0.05W + 9.3 & \text{if } W \leq 52\text{kg} \\ 0.1W + 1.3 & \text{if } 52 < W \leq 57.7 \text{ kg} \\ 0.08W + 3.1 & \text{if } W > 57.7 \text{ kg} \end{cases}$$



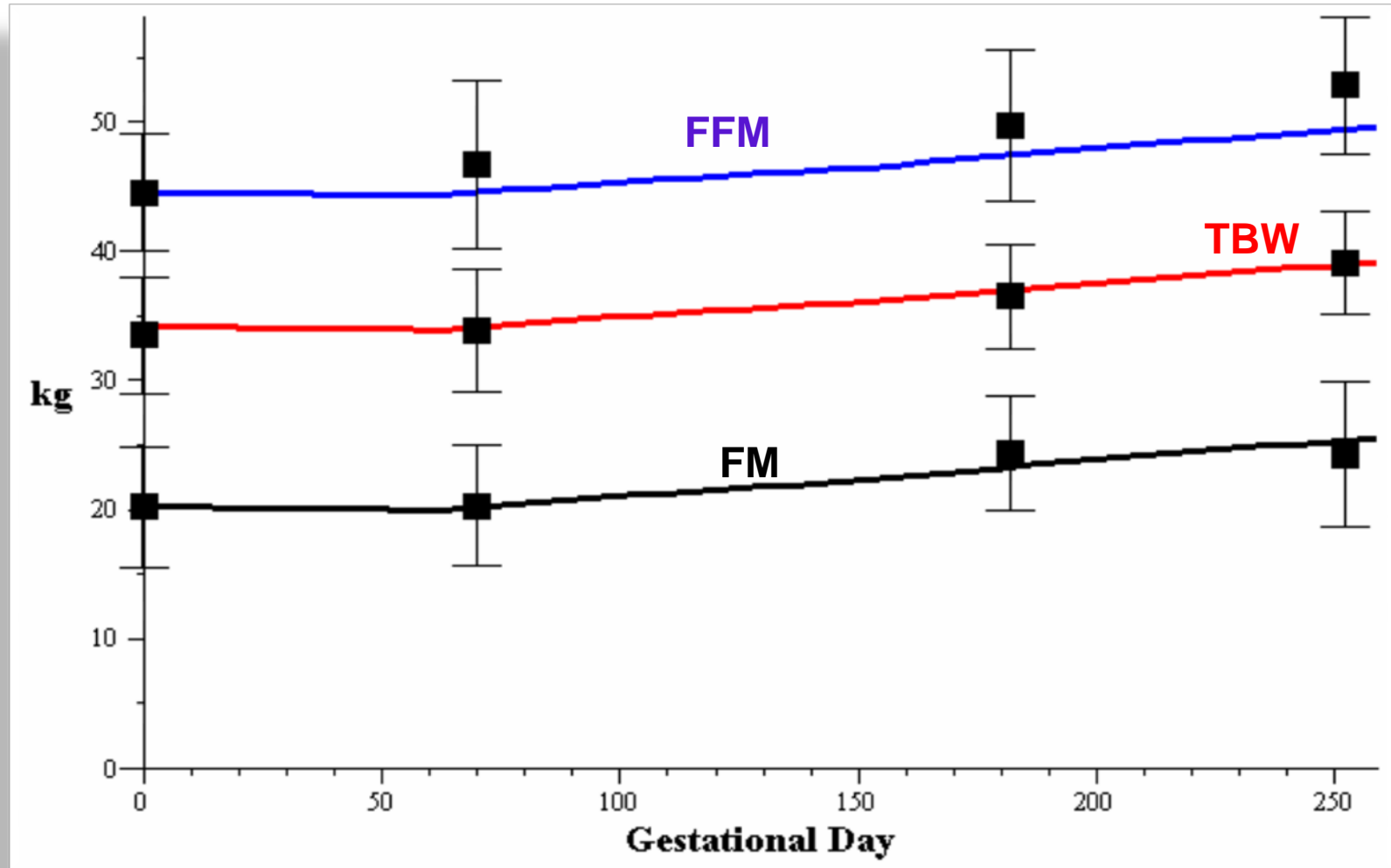
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# The model agrees with observed data from the Kopp-Hoolihan Study

## Validation

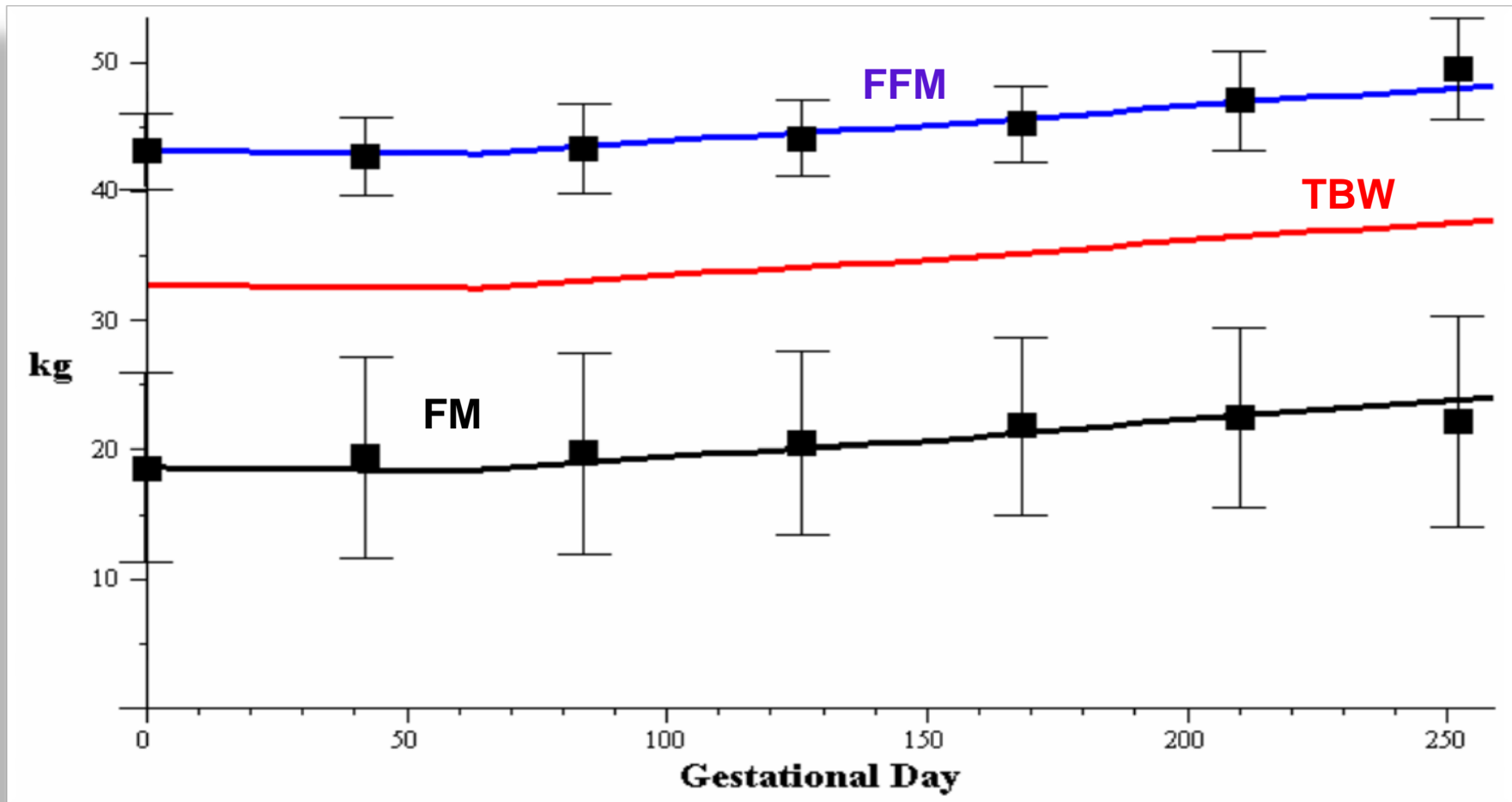


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Kopp-Hoolihan LE, et. Al., Longitudinal assessment of energy balance in well-nourished, pregnant women. *Am J Clin Nutr.* 1999 Apr;69(4):697-704.

# Model predictions agree with observed data from the Goldberg study

## Validation



Goldberg GR, Prentice AM, Coward WA, Davies HL, Murgatroyd PR, Wensing C, Black AE, Harding M, Sawyer M. Longitudinal assessment of energy expenditure in pregnancy by the doubly labeled water method., *Am J Clin Nutr.* 1993 Apr;57(4):494-505.



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# **Thank you to my Collaborators...**

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# Questions?



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