

## Task Force Issues Draft Recommendation Statement on Counseling About Healthy Weight and Weight Gain in Pregnancy

*Clinicians should provide counseling throughout pregnancy to help people maintain a healthy weight*

WASHINGTON, D.C. – December 8, 2020 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on behavioral counseling interventions to support healthy weight and weight gain in pregnancy. For the first time, the Task Force recommends that clinicians provide or refer pregnant people to counseling programs to help them maintain a healthy amount of weight and prevent excess weight gain. **This is a B recommendation.**

**Grade in this recommendation:**

**B:** Recommended.

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While gaining weight is part of pregnancy, gaining too much weight can be harmful for pregnant people and their babies. It can lead to a higher risk of gestational diabetes, cesarean deliveries, and babies who are born with a high birth weight.

“Healthy weight gain during pregnancy is important for both pregnant people and their babies,” says Task Force member Aaron Caughey, M.D., M.P.P., M.P.H., Ph.D. “The Task Force found that healthcare providers can help their patients maintain a healthy weight by offering counseling throughout pregnancy.”

Behavioral counseling should occur regularly throughout pregnancy. Counseling interventions can focus on a range of topics including nutrition, physical activity, and lifestyle or behavior changes, or some combination of these. They can be offered in different settings, formats, and by a wide variety of healthcare providers. Counseling can be effective when it lasts anywhere from 15 minutes to 1 hour. However, it is important that these messages are reinforced throughout pregnancy, rather than as a single discussion.

“For the first time, the Task Force reviewed the evidence on how providers can help pregnant people maintain a healthy weight,” says Task Force member Melissa Simon, M.D., M.P.H. “The good news is that recurring counseling is effective and can be incorporated into existing prenatal care.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from December 8, 2020, to January 11, 2021, at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Caughey is a professor in and chair of the Department of Obstetrics and Gynecology and the associate dean for Women’s Health Research and Policy at Oregon Health & Science University. He is the founder and chair of the Oregon Perinatal Collaborative, funded by the Centers for Disease Control

and Prevention, which aims to improve outcomes for women and infants through guidelines and policies, working with all the health systems in the state.

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and professor of preventive medicine and medical social sciences at the Northwestern University Feinberg School of Medicine. She is the founder and director of the Center for Health Equity Transformation and the Chicago Cancer Health Equity Collaborative and a member of the Robert H. Lurie Comprehensive Cancer Center.

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