

USPSTF in favor of interventions for healthy weight gain in pregnancy

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gestational hypertension, risk for cesarean delivery, preeclampsia, postpartum hemorrhage, or perineal trauma. The interventions were associated with a reduced risk for infant macrosomia and large for gestational age (relative risks, 0.77 and 0.89, respectively).

Based on these findings, the USPSTF concludes that behavioral counseling interventions, which aim to promote healthy weight gain and prevent excess gestational [weight gain](#), have a moderate net benefit for pregnant persons (B recommendation).

The draft evidence review and draft recommendation statement have been posted for public comment. Comments can be submitted from Dec. 8, 2020, to Jan. 11, 2021.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

(HealthDay)—The U.S. Preventive Services Task Force (USPSTF) recommends behavioral counseling interventions aimed at promoting healthy weight gain during pregnancy. This recommendation forms the basis of a draft recommendation statement published online Dec. 8 by USPSTF.

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Amy Cantor, M.D., M.P.H., from the Pacific Northwest Evidence-Based Practice Center in Portland, Oregon, and colleagues synthesized evidence on the effects of counseling and active behavioral interventions for healthy weight and weight gain during pregnancy. Data were included from 64 randomized [clinical trials](#) and four randomized trials of interventions to limit gestational weight gain during pregnancy. The researchers found that the interventions were associated with small but statistically significant reductions in the risk for gestational diabetes mellitus (relative risk, 0.87) and emergency [cesarean section](#) (relative risk, 0.87). There was no association seen for the interventions with

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