68 - PREVALENCE OF OVERWEIGHT AND OBESITY ON PREGNANCY

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INTRODUCTION

Developing countries are undergoing na epidemiological transition with obesity and overweight increasing over the past years. Considered a severe public health matter, it is a chronic prevalent illness that is demanding the implantation of various measures for its prevention from the Government. This portrait is also present in Brazil, so that for the last few decades its prevalence in fertile aged woman is seriously increasing. (PARIZZI; FONSECA, 2010; SEABRA, 2011).

Several researches have proven that pregnancy overweight gain brings negative shades over the mother-child's health, considering that this act contributes for obesity overcoming, once obese parents' children tend to also become obese. The prevalence of overweight and obesity meanwhile pregnant is worrying health professionals, and because of that overweighted women pre-pregancy must be oriented regarding their nutrition before, during and after the pregnancy, for it become possible to identify any perinatal risks. (FERNANDES et al., 2009; SEABRA, 2011).

Multiprofessional staff performing is indispensable in order to fight against maternal obesity, and nursing performs straight on the intervention measures for its reduction; from what concerns to primary care working out obesity prevention and familiar planning to post-pregnancy period. Matozinhos (2012) says that the implementation of basic measures of health support are highly important, bringing training for professionals, the manager and health staff's commitment. Doing so the prevalence of maternal obesity and overweight will reduce, earning important conquests on mother-child's mental and physical health in consequence.

METHODOLOGY

Documentary, descriptive, quantitative approached research, performed at Maria José de Jesus Basic Health Unit in Cajazeiras city. 156 women Who had completed prenatal from 2009 to 2013 were selected, whose files were avaliable on file.

Data were collected during 2014 August by the perinatal file, which was used to squire prenatal on primary care. The research was conducted based on the ethical principles required by Resolution No. 466/2012 of the National Board of Health/Ministry of Health, and was approved by the Researches Ethics Committee of Santa Maria College (CAAE n°32431814.8.0000.5180 and protocol No. 748.809).

Database was typed and checked by two individuals of the Statistical Package for the Social Sciences Program (SPSS), 21st version. The variables were presented by frequency and perceptual, which all the data presented is also being discussed under the light of this theme literature. On the correlation between the variables were used media, standard-detour and chi-square test, when it was necessary, taking a 5% ($p<0,05$) significance level to rejection or nullity hypothesis. Data were analyzed through descriptive statistics and the results are presented in charts and graphics.

RESULTS AND DISCUSSIONS

To characterize the study population, the following variables were considered: civil state, study level and age. According to chart 1, women's profile is characterized, in regards to their marital status, by pregnant women with fix partner (75%); young adult aged, once most of them had from 20 to 35 years old (82,05%) and had being in school for 9 or more years (73,1%).

CHART 1 – Numerical and perceptual pregnant women's distribution according to age, marital status and level of study. Maria José de Jesus Basic Health Unit – Cajazeiras – PB – 2014.

VARIABLES	*f*	%
Marital Status		
With fix partner	117	75
No fix partner	36	23,1
Not filled field	3	1,9
Level of study (years)		
Until eight years	33	21,1
Nine years or more	114	73,1
Not filled field	9	5,8
Age		
≤19	21	13,46
20-35	128	82,05
≥36	07	4,49

Source: Direct research (2014)

In what regards to age, this is research goes along with Fujimori Sato's research (2012); in which it is Said that most of the population also were aged between 20 and 35 years old. As in Marano et al. (2012) studies, most of pregnant women had a fix partner and had frequented school for eight years or more. For the authors, social variables such as level of study and marital status are associated to excessive weight gain. Yet, their study level and social economic situation. That means that higher the level study, wider the chance of the pregnant woman show wight over the recommended for her, taking the level of study as a mark for food access.

Chart 2 – Pregnant woman distribution according to the relation of obstetric history with BMI classification. Maria José de Jesus Basic Health Unit Jesus - Cajazeiras – PB – 2014

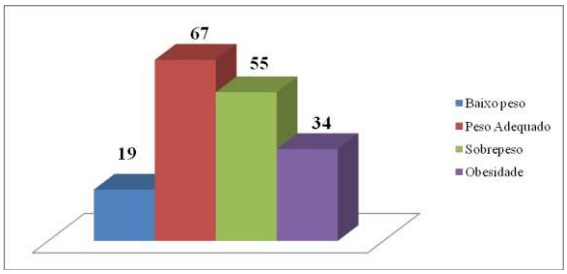
Obstetric history	BMI			
	Recommended weight		Overwheit /Obesity	
	f	%	*f*	%
One child	34	47,2	38	52,8
Two children	21	37,5	35	62,5
Three or more children	12	42,9	16	57,1

Fonte: Pesquisa Direta (2014)
P Teste $\chi 2$ (Significância estatística se p<5%).

According to chart 2, mothers of one child only are the most part of the 72 pregnant women of the populational sample analyzed, within those, 38 overweighted/obese women and 34 with recommended weight. Between the mothers of two, three or more children, also the overweighted/obese women were the most part of it, being it 35 and 16 pregnant women, respectively. It was not found statistic significance when stablishing the relation between the nutritional status with the amount of pregnancies, admitting that weight gain is just alike for women with one, two, three or more children in their obstetric history. On Ferreira's et al. (2013) study, women with only one child also prevailed.

Pregnancy affords a risky period for weight gain, because of the wide amount of maternal adaptations that requires a bigger energetic demand to attend the maternal-fetal needs. That's the reason why the loss of the excess of weight gain in the post-birth becomes a problem, fact that turns into a bigger matter when the time break between pregnancies occurs in a very short space of time. As so, the ideal is that women in fertile age participate actively on intervention and nutritional education programmes, receiving the right advices regarding to weight control during pregnancy and also regarding to come back to their pre-pregnancy weight (CORREIA et al., 2011).

Figure 1 – Numerical pregnant women distribution according to their BMI. Maria José de Jesus Basic Health Unit – Cajazeiras – PB – 2014.



Source: Direct research (2014).

It was seen during the prenatal queries that the pregnant women had very different BMIs, whatsoever changing their eutrophic condition to overweight, or from overweight to obese, from overweight to eutrophic. Said that, on this study it was considered only the last querie BMI in order to classify the pregnant woman status. Women presented 40kg-112kg on the first querie and their weight went over 45kg-121kg on the last one. The average weight and standard deviation of the first consultation was 63.38ª (±12.876), the last visit was 72.70 (±12,218). BMI variated from 17,31-43,24 and in the last consultation it variated from 22,30-46,71. The average and standard BMI deviation on the first consult was 25,80 (±4,486), in the last one it was 29,63 (±4,157). Height variated from de1,40-1,71m. The average and standard height deviation was 1,57(±0,063).

As it is shown in Figure 1, according to anthropometric evaluation 10,86% (n=19) of the women were classified as low weighted, 38,29% (n=67) with recommended weight and 19,43% (n=34) were obese. It was observed that the sample of the pregnant women that presented overweight and/or obesity were superior to the ones with recommended weight, resulting 89 pregnant women.

This research diverges from Marano's et al. (2012) studies where women classified as eutrophic prevailed. However, the authors pointed out other studies in which the recommended pregnant women weight gain had decreased, meanwhile the excessive gain weight had increased.

According to Fonseca's et al. (2014), the nutritional status and the right maternal weight gain are important acts to a good pregnancy result and also for the health maintenance for the past of the years, to the mather as to the conceptus.

Most of the pregnant woman had started their prenatal on the first trimester of pregnancy in this research, which is the recommended by Health Ministery, and also the most indicated, because at that point of the pregnancy it becomes possible a more straight following, stablished with a bond between the professional and the pregnant woman, making ways as to advisings regarding to the nutritional status to be given, in order to guarantee a healthy pregnancy and to reduce the risks related to pregnancy overweight/obesity.

The NASF staff's contribution, that counts in is majory with a nutrician and a physics educatior, is indispensable to the development of the multiprofissional actions, where the association of a dietary reeducation with exercising turn able the adequacy of the pregnancy weight, as well as the resumption of the previous pregnancy weight post-birth.

CONCLUSIONS

Througout this study it can be concluded that overweight and obesity need a wider attention ahead women's health support national politics, considering that the obesity on women in fertile age had increased within the past of the last decades in Brazil. Also, overweight/obesity and excessive weight gain during pregnancy echoes on maternal health and causes fetal and perinatal complications. The nurse, as the responsible for developing a low-risk prenatal, along with a multidisciplinar staff, must recommend the introduction of promotional and preventive actions that incorporate women as an active subject in regards to their health caring. These actions must pervade through orientations and advisings about a healthy diet and the exercising directed to pregnancy cicle.

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PREVALENCE OF OVERWEIGHT AND OBESITY ON PREGNANCY

ABSTRACT

Introduction: Obesity has been considered a public health matter, since its significant increase in developed and sub developed countries. It occurs within various segments of the population and it has been noticed an increase on the prevalence of pregnant woman, attached to a chain of pregnancy, maternal and neonatal complications. Methodology: Documental, descriptive study, by a quantitative approach, performed in a Family Health Unit in Cajazeiras city with a sample of 156 pregnant women, from anthropometric data collected in the perinatal form of primary care. Goal: To know the prevalence of overweight and obesity in pregnant woman. Results showed that most of the pregnant women were married, aged from 20 to 35 years old, with 9+ years of study and that, according to the anthropometric evaluation, most of them presented overweight/obesity. By this research it is possible to conclude that overweight and obesity need a wider highlight and attention ahead national women's health support politics by the repercussion on maternal health and fetal/perinatal complications, turning the introduction of the promotional and preventive actions that incorporate women as an active subject in regards to caring for their health a needing.

KEYWORDS: Pregnancy, Obesity, Overweight.

PRÉVALENCE DE L'EMBONPOINT ET L'OBÉSITÉ CHEZ GRASSESSE

RÉSUMÉ

Introduction: L'obésité a été considérée comme un problème de santé publique , compte tenu de l'augmentation importante dans les pays développés et sous-développés . Il se produit dans plusieurs segments de la population et a été observé ces dernières années une augmentation de la prévalence chez les femmes enceintes et est associée à un certain nombre de grossesse , la mère et les complications néonatales . Méthodologie: Documentaire, étude descriptive de l'approche quantitative , réalisée dans une unité de santé familiale dans la municipalité de Cajazeiras -PB avec un échantillon de 156 femmes enceintes , basé sur des données anthropométriques recueillies sous la forme périnatale de soins primaires . Objectif: connaître la prévalence du surpoids et de l'obésité chez les femmes enceintes . Les résultats ont montré que la majorité des femmes enceintes mariés , âgés de 20 à 35 ans , avec 9 ans ou plus d'études et qui , selon anthropométrique , la plupart étaient en surpoids / obèses . La conclusion de cette étude que le surpoids et l'obésité chez les femmes pendant la grossesse nécessitent davantage d'attention face à des politiques nationales relatives à la santé des femmes par leurs effets sur la santé maternelle et les complications fœtales et périnatales , l'introduction de mesures préventives sont nécessaires et femmes incorporant promotionnels comme des sujets actifs dans leurs soins de santé .

MOTS-CLÉS : grossesse , obésité , surpoids

PREVALENCIA DE SOBREPESO Y OBESIDAD EN EL EMBARAZO

RESUMEN

Introducción : La obesidad se ha considerado un problema de salud pública , dado su aumento significativo en los países desarrollados y subdesarrollados . Se presenta en varios segmentos de la población y se ha observado en los últimos años un aumento de la prevalencia en las mujeres embarazadas y se asocia con una serie de embarazo , de la madre y complicaciones neonatales . Metodología : Estudio documental , descriptivo, de abordaje cuantitativo , realizado en una Unidad de Salud de la Familia en el Municipio de Cajazeiras -PB con una muestra de 156 mujeres embarazadas , sobre la base de los datos antropométricos recolectados en hoja perinatal de la atención primaria . Objetivo: Conocer la prevalencia del sobrepeso y

la obesidad en las mujeres embarazadas . Los resultados mostraron que la mayoría de las mujeres embarazadas, ya casados , con edades entre 20 a 35 años , con 9 o más años de estudio y que , de acuerdo con antropométrica , la mayoría eran sobrepeso / obesidad . En este estudio se concluye que el sobrepeso y la obesidad en las mujeres durante el embarazo necesitan mayor atención de las políticas nacionales en materia de salud de la mujer el impacto sobre la salud materna y las complicaciones fetales y perinatales , implantación de medidas preventivas y promocionales son necesarias que incorporan las mujeres como sujetos activos en su cuidado de salud .

PALABRAS CLAVE : El embarazo , la obesidad , el sobrepeso

PREVALÊNCIA DO SOBREPESO E OBESIDADE NA GESTAÇÃO

RESUMO

Introdução: A obesidade vem sendo considerada um problema de saúde pública, haja vista seu aumento significativo tanto em países desenvolvidos como subdesenvolvidos. Ocorre nos diversos segmentos da população e tem-se observado nos últimos anos um aumento na prevalência em gestantes, associando-se a uma série de complicações gestacionais, maternas e neonatais. Metodologia: Estudo documental, descritivo, de abordagem quantitativa, realizado em uma Unidade de Saúde da Família do Município de Cajazeiras-PB com uma amostra de 156 gestantes, a partir de dados antropométricos coletados na ficha perinatal da atenção básica. Objetivo: conhecer a prevalência do sobrepeso e obesidade em gestantes. Os resultados evidenciaram a maioria das gestantes como casadas, idade entre 20 e 35 anos, com 9 ou mais anos de estudo e que, de acordo com a avaliação antropométrica, a maioria apresentou sobrepeso/obesidade. Conclui-se com esse estudo que o sobrepeso e a obesidade em mulheres na gestação necessitam de uma maior atenção frente às políticas nacionais de atenção à saúde da mulher pelas repercussões na saúde materna e complicações fetais e perinatais, sendo necessária a introdução das ações preventivas e promocionais que incorporem a mulher como sujeito ativo no cuidado de sua saúde.

PALAVRAS-CHAVE: Gravidez, Obesidade, Sobrepeso