

1. Last Name		First Name		MI	
2. Patient Number					
3. Date of Birth (MM/DD/YYYY)					
		Month		Day	
				Year	
4. Race ☐ American Indian or Alaska Native ☐ Asian					
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander					
☐ Unknown ☐ White					
5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American					
☐ Hispanic Other ☐ Hispanic Puerto Rican					
☐ Not Hispanic/Latino ☐ Unreported					
6. Gender ☐ Female ☐ Male					
7. County of Residence					

PRENATAL WEIGHT GAIN CHART

Pre-Pregnancy Obese BMI ≥ 30.0

- Weight Gain Recommendations (singleton):**
- ◆ 1.1–4.4 lb. gain 1st trimester
 - ◆ 0.5 lb. gain per week 2nd and 3rd trimesters
 - ◆ 11–20 lb. total weight gain

