4 Leat News									B 41	
1. Last Name First Name									IVII	
2. Patient Number										
3. Date of Birth										
(MM/DD/YYYY)										
		Mo	nth	D	ay		Ye	ear		
Race □ American Indian or Alaska Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Unknown □ White										
					Pue	Mexican American Puerto Rican ed				
6. Gender □ Female □ Male										
7 County of Residence										

N.C. Department of Health and Human Services Women's and Children's Health Section

## 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 2<sup>nd</sup> and 3<sup>rd</sup> trimesters
- ♦ 11-20 lb. total weight gain

