1. Last Name First Name								MI	
2. Patient Number									
3. Date of Birth									
(MM/DD/YYYY)									
		Mon	th	Da	ау		Ye	ar	
4. Race □ American Indian or Alaska Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Unknown □ White									
5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Other ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported									
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 (twin gestation):

- ♦ 3.2–5.4 lb. gain 1st trimester
- ♦ 1 lb. gain per week 2nd and 3rd trimesters
- ♦ 25–42 lb. total weight gain

