1. Last Name First Name									MI	
2. Patient Number										
3. Date of Birth										
(MM/DD/YYYY)			L							
		Mo	<u>nth</u>	D:	ay		Ye	ear		
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☐ Not Hispanic/Latino										
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 Overweight** BMI 25.0-29.9

## Weight Gain Recommendations (twin gestation):

- ♦ 3.7–5.7 lb. gain 1<sup>st</sup> trimester
- ♦ 1.3 lb. gain per week 2<sup>nd</sup> and 3<sup>rd</sup> trimesters
- ♦ 31–50 lb. total weight gain

