

Clinical Task Instruction

Delegated Task

D-DN08: Monitor weight gain during pregnancy and provide nutritional education materials

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- correctly set-up and educate a woman to use a 'Pregnancy weight gain chart'

VERSION CONTROL

Version: 1.2

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Acknowledgements:	Metro North Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

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- monitor the woman's weight gain during pregnancy using a 'Pregnancy weight gain chart'
- provide agreed education and information including supporting resources for recommended weight gain during pregnancy and nutrition e.g. Queensland Health's Nutrition Education Materials Online (NEMO) patient information handouts.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of CTI D-DN01 Height, weight and body mass index.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - understand the rationale for monitoring weight during pregnancy including the common features, risk factors and health problems associated with inadequate and excessive weight gain e.g. what is the recommended weight gain range, common co-morbidities that impact on weight gain (such as gestational diabetes) and the signs, symptoms and risks of hyperemesis
 - the purpose of monitoring weight gain during pregnancy using a pregnancy weight gain chart including chart types (singleton or twin and triplet pregnancy), process for obtaining a pre-pregnancy body mass index (BMI), chart selection, set-up and plotting
 - the principles for healthy eating during pregnancy including the rationale for providing education, common questions and responses, and indications to seek further management or advice e.g. allergies, cultural/religious requirements, intolerances and fad diets.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource
 - receiving instruction from an allied health professional in the training phase

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - Nil.

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.

- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - pregnancy weight gain charts are designed for use with women who are pregnant. Women who are planning on becoming pregnant may benefit from information on healthy eating during pregnancy and recommended weight gain based on pre-pregnancy BMI. Women who have been pregnant (recent miscarriage, abortion or post-partum) do not require education on monitoring pregnancy weight gain. If the client's pregnancy status has changed since the delegation instruction or is unclear, cease the task and liaise with the delegating health professional.
 - if the woman reports severe morning sickness, appears acutely unwell or has noticed a reduction in the baby's movement patterns, implement local processes for medical review and inform the delegating health professional immediately.
 - if the woman declines to be weighed or does not wish to disclose her weight history (past, current, future) this may be due to concerns about weight gain and/or body image. Cease the task and inform the delegating health professional.
 - if the woman is on strict bed rest orders, confirm with the healthcare team if she can be weighed including any restrictions e.g. hoist bed scales or chair scales at the bedside.
 - if the woman cannot be weighed, a pregnancy weight gain chart can still be set-up using their pre-pregnancy weight, height and any subsequent known weight in pregnancy. Education on how to use the chart and healthy eating information can still be provided.
 - if the woman is on parenteral or enteral feeding (i.e. via nasogastric or gastrostomy tube) or on intravenous fluids and this was not part of the delegation instruction, cease the task and liaise with the delegating health professional.
 - clients who are from a non-English speaking background may benefit from the use of an interpreter. Resources may be available in other languages. If not included as part of the delegation instruction or the woman appears to be having difficulty understanding the information due to language, liaise with the delegating health professional.

Equipment, aids and appliances

- 'Pregnancy weight gain charts' must be in colour as this allows the correct gradient line selection. If the incorrect gradient lines are used, weight gain guidance will be inappropriate, impacting the woman's expectations for weight gain.
- Women should be educated to weigh themselves at the same time of the day using the same scales to improve accuracy and prevent unnecessary distress due to variance e.g. weighing themselves first thing in the morning, after going to the bathroom on home scales. Where variations in weight are noted, determine if this is potentially due to using different scales, and use the weight derived from the most frequently used equipment. For example, if the woman weighs herself weekly at home and this is substantially different to the clinic scales, use the home scale measurements. If the woman does not have access to scales, encourage purchasing or borrowing a set. Barriers to practising consistency in weight measuring should be included as part of feedback to the delegating health professional.

Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, closing the door or curtain for privacy, having the woman wear their reading glasses and/or hearing aids.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - the resource/handout or poster for use during the task
 - specific information to be adjusted, emphasised or discussed during the education session. Refer to the Learning Resource.
 - factors impacting the delivery of information such as hearing or sight problems, English as a second language or neurological problems impacting communication.

2. Preparation

- Scales
- A stadiometer
- Collect or print the required pregnancy weight gain chart and education resources
- Pen or pencil
- Relevant nutrition education information sheets from the delegating health professional.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
 - I've been asked to assist you to set up your pregnancy weight gain chart. This is a tool used to help you track your weight whilst pregnant.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
 - usually standing for weight and height measurements, see Safety and quality
 - in a comfortable position to read printed resources (where relevant) and converse with the allied health assistant. Ideally the woman should be seated in a chair or sitting up in bed.
- The allied health assistant's position during the task should be:
 - facing the client and at eye level, ideally in a position where the allied health assistant is easily able to converse with the client, point to stimulus and provide instructions. Positioning such that the client can clearly see the allied health assistant is important for clients with hearing or other communication problems.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm the woman's ability to participate in the task. See the Safety and quality section.
 2. If this is the woman's first visit, continue step 2. If she has an established pregnancy weight gain chart proceed to step 4.
 - a. Determine if the woman is having a singleton, twin or triplet pregnancy.
 - b. Determine their pre-pregnancy weight. If she does not know her pre-pregnancy weight calculate an estimate. See the Learning resource.
 - c. Determine the woman's height. If unknown, measure her height by implementing CTI D-DN01 Height, weight and body mass index.
 - d. Calculate the woman's pre-pregnancy BMI.
 - e. Select the pregnancy weight gain chart that corresponds with the woman's pre-pregnancy BMI and pregnancy type.
 - f. Complete the chart legend including pre-pregnancy weight, height and BMI and mark the box corresponding with the BMI gradient for tracking.
 - g. Complete the left vertical axis on the graph by inserting the woman's pre-pregnancy weight (on the line which reads 'gained' as indicated by the arrow). Plot one-kilogram increments both in ascending (gained) and descending (lost) order. This allows both weight gain and weight loss to be easily identified on the chart.
 3. Provide education on the process to track pregnancy weight gain using a chart.
 - a. Using a known pregnancy weight, demonstrate the plotting process by identifying the weight (vertical axis) and gestational period (horizontal axis) and placing the plot point. It can be useful to have the woman practice this by plotting other known weights onto the chart.
 - b. Encourage the woman to measure and plot her pregnancy weight every 1-2 weeks and to bring the chart to antenatal appointments.
 4. If the client has a current pregnancy weight gain chart.
 - a. Measure the client's current weight by implementing CTI D-DN01 Height, weight and body mass index.
 - b. Plot the current weight on the chart against the corresponding gestational period.
 5. If part of the delegation instruction or local service model, use the local protocol to provide the information / education resource to the woman and discuss any particular strategies on the information brochure that have been highlighted by the delegating health professional. See Safety and quality section.
 6. If required for the local service model, implement any local processes for ongoing review and management e.g. monitor weight at next review.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - clients may become focused on an exact measure for weight monitoring. Clients are discouraged from weighing themselves more than every 1-2 weeks as this may produce unnecessary anxiety when normal fluctuations are observed. Reinforce that the weight range is used as a guide and the trend of weight gain is more accurate than a single weight measurement.
 - during pregnancy women may experience symptoms of nausea and vomiting, often called morning sickness or hyperemesis (if severe). This may make it difficult for the woman to meet

the recommended weight gain range and may cause anxiety and distress. Provide reassurance that no weight gain or a small weight loss during the first trimester is not uncommon for women experiencing hyperemesis and is not harmful to the baby.

- confirm that the client understands the information provided by asking if she has any questions and by gauging whether the client appears confused or concerned about the information. Note any questions that the client has that are not covered by the printed resource or by the allied health assistant's training and indicate to the client that these questions will be provided to the relevant health professional for follow-up.
- allied health assistants must not attempt to provide information that sits outside their scope of clinical knowledge and training. Offering information based on personal opinion or experience is not appropriate in a clinical setting.
- the woman may have food requirements due to health conditions, allergies, cultural or religious requirements, intolerances or food fads. If the allied health assistant notes an apparent conflict between information in the prescribed education resources, cease the task and liaise with the delegating health professional. For any information that has already been presented, advise the client that clarification for their personal goals and requirements will be provided by the delegating health professional.
- when providing education, if the woman demonstrates signs of poor cognition including short term memory loss, confusion, perceptual problems or poor attention, cease the task. If the woman has a carer present and it is appropriate and the carer provides consent, provide the education. If there is no carer, cease the task and liaise with the delegating health professional.
- if the woman expresses concern about the information the allied health assistant is providing, or indicates that they have heard something different, reassure them that the information provided is the most up to date available, and has been developed by a state-wide dietetic network. If using the education resource and the allied health assistant is unable to answer questions, or the woman continues to indicate they believe the information is not correct, consult with the delegating health professional.
- monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client, emphasising positive aspects of performance and areas to work on
 - provide instructions for independent practice of the task (including reinforcing safety considerations) if this was requested by the delegating health professional
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
 - current gestation and singleton or twin or triplet pregnancy
 - measurements for weight and height. NB: if a previous height measurement is used this should be noted

- pre-pregnancy BMI
- pregnancy weight gain chart selected/used
- comment if current weight is above/below/within recommended range as per the woman's pregnancy weight gain chart
- if education was provided, the topic of the education/information or title of the written resource
- protocols or processes implemented for ongoing management.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Government. Queensland Health (2020). During pregnancy. Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/maternity/nutrition/lifestyle/pregnancy>
- Queensland Health (2026). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

D-DN08: Monitor weight gain during pregnancy and provide nutritional education materials

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting scales, stadiometer, the required pregnancy weight gain chart and education resources and a pen or pencil.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Confirms the woman's ability to participate in the task. See the Safety and quality section. c) Determines if it is the woman's first visit, proceeds to step 2a. If she has an established pregnancy weight gain chart proceeds to step 4. d) First visit: - Determines if the woman is having a singleton or twin or triplet pregnancy. - Determines their pre-pregnancy weight or calculates an estimate. - Determines the woman's height or implements CTI D-DN01. - Calculates the woman's pre-pregnancy BMI. - Correctly selects the pregnancy weight gain chart that corresponds with the woman's pre-pregnancy BMI and pregnancy type. - Correctly completes the chart legend and marks the BMI gradient for tracking. - Provides education on the process to track pregnancy weight gain using a chart, including the plotting process. e) If the client has a current pregnancy weight gain chart:			

I. Measures the client's current weight or implements CTI D-DN01. II. Plots the current weight on the chart against the corresponding gestational period. f) If part of the delegation instruction or local service model, uses protocol to provide standard education using local resources. g) If required for the local service model, implements any local processes for ongoing review and management e.g. monitor weight at next review. h) During the task, maintains a safe clinical environment and manages risks appropriately. i) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			
Comments on local service model including the name of documents used during the training phase e.g. workplace instructions and protocols, recording tools:			
Resources for use that the allied health assistant has been trained and assessed as competent to deliver:			
Queensland Health Pregnancy weight gain charts. Available at: https://www.health.qld.gov.au/nutrition/patients ☐ Pregnancy weight gain chart for BMI less than 25kg/m ² ☐ Pregnancy weight gain chart for BMI 25kg/m ² or over ☐ Pregnancy weight gain chart for twin and triplet pregnancies for BMI less than 25kg/m ² ☐ Weight gain chart for twin and triplet pregnancies for BMI 25kg/m ² or over NEMO nutrition education resources used by the service located at: https://www.health.qld.gov.au/nutrition/patients ☐ Healthy eating and weight gain during pregnancy ☐ Healthy eating for vegetarian or vegan pregnant and breastfeeding mothers ☐ Managing morning sickness ☐ Healthy eating for breastfeeding mothers ☐ Iron for pregnant women ☐ _____ ☐ _____ Aboriginal and Torres Strait Islander: ☐ Healthy food in pregnancy			

- ☐ Breastfeeding: good for Baby, good for Mum
- ☐ Morning sickness and other pregnancy issues
- ☐ _____
- ☐ _____

If additional resources are not located on NEMO, name and site location for each resource.

- ☐ Listeria brochure <https://www.foodstandards.gov.au/sites/default/files/2024-08/Safe food for people at risk - final.pdf>
- ☐ Mercury in fish <https://www.foodstandards.gov.au/consumer/chemicals/mercury>
- ☐ Eat for health Australian Government brochure <https://www.eatforhealth.gov.au/>
- ☐ Other: _____
- ☐ Other: _____

Comments:

Record of assessment competence:

Assessor name:		Assessor position:		Competence achieved:	/ /
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Scheduled review:

Review date:	/ /	
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Monitor weight gain during pregnancy and provide nutritional education materials: Learning resource

Required reading

- Australian Government (2024). Weight gain in pregnancy. Available at: <https://www.pregnancybirthbaby.org.au/weight-gain-in-pregnancy>
- Queensland Government: Queensland Health (2020). During pregnancy. Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/maternity/nutrition/lifestyle/pregnancy>

Required viewing

- Food Standards Australia and New Zealand (2019). Listeria (2mins). Available at: <https://vimeo.com/1165897207>
- Mater health (n.d.) Nutrition and Dietetics. Available at [Mater Mothers - Nutrition and Dietetics - Mater](#)
 - Drinks: what's recommended and what's off the menu?
 - Food safety
 - Healthy weight in pregnancy
 - Managing pregnancy discomforts
 - Meal plans and recipes
 - Nourishing nutrition in pregnancy
 - Smoking, alcohol and drug use during pregnancy and breastfeeding
 - The facts on nutrients important for pregnancy
- Queensland Health (2016). Supporting health weight management in pregnancy – QCG (52mins). Available at: <https://vimeo.com/157068461/48beecb582>

Calculating an estimate pre-pregnancy weight

- If a woman is unsure of her pre-pregnancy weight, check if a pregnancy weight is recorded elsewhere.
- If a weight is known or can be obtained for the period of gestation between 10-16 weeks, minus two kilograms from this weight and this can be used as the pre-pregnancy weight estimate. If outside this gestation period, liaise with delegating health professional.

Example local flowchart to support information

The following flowchart is provided as an example decision making tool to support the allied health assistant to determine if standard nutrition education for healthy eating and weight gain during pregnancy is required as part of supporting clients with using a pregnancy weight gain chart.

An example local flowchart for the provision of standard nutrition information/education during pregnancy

