Why your weight matters in Pregnancy

Introduction

Most women who are overweight have a straightforward pregnancy and birth and deliver healthy babies. However, being overweight does increase the risk of complications to both you and your baby. This leaflet is about the extra care you will be offered during your pregnancy and how you can minimize the risks to you and your baby.

What is Body Mass Index (BMI)?

All pregnant women have their height and weight measured at booking to calculate their BMI. Your BMI tells us if you have an increased risk of developing certain health conditions or pregnancy complications. This leaflet is for pregnant women with BMI 30 or more.

We know that weight can be very personal to lots of people. However, there are clinical words which your midwife or doctor may use to describe weight and risk. These are not meant to be offensive.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m2)</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Under 18.5</td>
<td>Increased</td>
</tr>
<tr>
<td>Ideal range</td>
<td>18.5-24.9</td>
<td>Average</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
<td>Mildly increased</td>
</tr>
<tr>
<td>Obese</td>
<td>Over 30.0</td>
<td>Increased</td>
</tr>
<tr>
<td>Very Obese</td>
<td>Over 40.0</td>
<td>High</td>
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</table>
Not all women with a high BMI will develop complications. There are different levels of risk depending on your actual BMI and your medical history. However, it is important for you to be aware of the potential complications and to understand the reasons why we might want to do some extra tests.

It is also important for you to know that we can give you advice which will help you to reduce the risk of complications developing. We want to support you in keeping yourself and your baby safe and healthy, and for you to enjoy your pregnancy experience!

This leaflet will explain what to expect during your pregnancy and after you have had your baby.

**What are the risks of raised BMI during pregnancy?**

Research has shown that women with high BMI are at a higher risk of complications whilst pregnant and in labour. Your midwife or obstetrician will discuss these risks with you and your partner to develop a specific plan of care for your pregnancy and the birth of your baby.

**Thrombosis**

Thrombosis is a blood clot in your legs or in your lungs. Pregnant women have a higher risk of developing blood clots. If your BMI is 30 or above this risk increases. You will be offered advice and treatment to reduce the risk both during pregnancy and after your baby is born. Your circulation can be improved and risk reduced with regular exercise and an active lifestyle.

**Gestational Diabetes**

Gestational diabetes is diabetes first diagnosed during pregnancy. If your BMI is more than 30, you are more likely to develop gestational diabetes. You will be offered a screening test to check for this either at booking or 26 weeks of pregnancy depending on your medical history. Having gestational diabetes would affect your baby so it is very important to attend for this test.

**High blood pressure and pre-eclampsia**

Pre-eclampsia is a condition in pregnancy which is associated with symptoms of persistent headaches, problems with vision, oedema (swelling) and pain below the ribs. If you have a BMI of above 35 your risk of pre-eclampsia is doubled when compared to women with BMI under 25. This will be monitored by checking your blood pressure and urine at every antenatal visit. However, do not hesitate to get in touch between appointments if you have the above symptoms.

**Problems with assessing growth of your baby**

All women are offered two routine scans in their pregnancy for calculating the expected date of birth and for checking the baby’s anatomy. If your BMI is over 37 you may be offered extra scans to check the baby’s growth as it is more difficult to assess the baby’s growth by measuring your bump. It is also more difficult for the sonographer to perform your scans so you may be asked to attend repeat appointments.

**Neural Tube Defects**

If you have a BMI over 30 before pregnancy it can affect the way the baby develops in the womb. Neural tube defects (problems with the development of the baby’s brain and spine) are uncommon (around 1 in 1000). If your BMI is over 40, this risk is three times higher. Folic acid helps to reduce the risk of your baby having a neural tube defect. Ideally, you should start taking 5mg folic acid a month before you conceive till you reach the 13th week of pregnancy. This is a higher dose of folic acid. However, if you have not started, there is still benefit from taking it when you realize you are pregnant.
**Vitamin D Supplementation**

You should also take vitamin D supplements (10 micrograms) during pregnancy and whilst breastfeeding as you are at increased risk of vitamin D deficiency. This will help your baby to grow strong bones and teeth and more rarely can prevent the development of rickets.

**What are the risks for your baby associated with a raised BMI?**

- **Miscarriage**: the overall risk under 12 weeks is 1 in 5 (20%), but this increases to 1 in 4 (25%) with BMI higher than 30.

- You are more likely to have a baby weighing more than 4 kg (8 lb and 14 ounces) compared to women with a BMI between 20 and 30.

- Stillbirth: the overall risk in UK is 1 in 200 (0.5%), but doubles to 1 in 100 (1%) with BMI over 30.

- If you are overweight, your baby will have an increased risk of obesity and diabetes in later life.

**If your BMI is 30 or more**

You will be offered a glucose tolerance test around 26 weeks. This test takes 2-3 hours and involves fasting the night before. It is up to you to watch your weight gain during pregnancy to reduce your chance of getting type 2 diabetes in the future.

**If your BMI is 35 or more**

You will be offered an appointment early in pregnancy with a Specialist Midwife to discuss your individual health issues and make a plan with you to ensure your pregnancy is as healthy as possible. She will coordinate your care package, arrange your extra scans and answer your questions.

**If your BMI is 40 or more**

You will be offered an appointment with an anaesthetist if your BMI is over 45 or over 40 if you have other health issues. This is because you are more likely to need interventions such as assisted delivery or caesarean section. Some anaesthetic procedures may be more difficult to perform so this will be an opportunity for you to be assessed and for you to discuss your options for pain relief in labour. The anaesthetist will document a plan you have made together so your midwife and obstetrician can be kept up to date. They will discuss the anticipated difficulties and options available such as an epidural.

**What you can do to reduce the risks**

The risks to you and your baby can be reduced by attending all your appointments and scans, but also by making some lifestyle changes. You are the best judge of your own lifestyle and probably already know what you need to do to be healthy. However do you know that many of the problems and risks described in this leaflet can be avoided or reduced simply by eating a healthy balanced diet and being more active? To find out more we recommend you visit the Tommy’s website.

**Most important** - if you are worried at any time during your pregnancy about your health or your unborn baby, please pick up the phone and #AlwaysAsk a health professional.
During Pregnancy

We do not advise that you try to lose weight in pregnancy, however you should choose healthy food options and be careful not to overeat. In general you do not need extra calories for the first two-thirds of pregnancy and it is only in the last 12 weeks that women need an extra 200 kilocalories a day. Excessive weight gain in pregnancy is the leading cause of postnatal weight retention.

Physical activity will not harm your unborn baby. If you already undertake regular exercise it is usually safe to continue but always inform your instructor if you have one, that you are pregnant. If you are not sure ask your Midwife. If you do not exercise routinely you can improve your health by taking 15-30 minutes exercise three times a week such as walking or swimming.

You can access up to date advice and support from the following trusted sources:

Change4life  www.nhs.uk/change4life

Why not sign up to Start4life for free regular support during pregnancy and after your baby is born? You can also download a free app.

Tommy’s  www.tommys.org

A comprehensive website also offering free books and leaflets dedicated to promoting health in pregnancy and preventing stillbirth.

NHS Choices  www.nhs.uk

Your health, your choices! From the A-Z of health to support near to you, this website covers everything you need to know about your health in pregnancy and caring for your newborn baby.

If you do not have access to the internet, please ask your Midwife for more information.

In Labour – have an active birth

An active birth means you will use gravity to help your baby into the world. It includes the freedom to use upright positions such as standing, walking, squatting, kneeling or sitting on a chair leaning forwards. Following your instincts you will change position frequently to make yourself comfortable and may find yourself swaying, rocking or circling your hips.

Your midwife will encourage you to stay off the bed and keep active during labour and to birth in an upright position where possible. We can provide props such as floor mats, birth balls, beanbags etc to support you in ‘gravity effective positions’.

Research has shown the benefits of active birth:
• shortens the length of labour;
• reduces severity of pain;
• reduces fetal distress;
• reduces birth intervention;
• pushing is more effective;
• more positive experience of birth.

Taking regular exercise during pregnancy will prepare your body for active birth.
After the birth of your baby

Once your baby is born we would advise you to continue to make lifestyle changes to lose weight and reduce your BMI to the normal range.

This will increase your ability to conceive and have a health pregnancy next time. It will also reduce the risk of you developing gestational or type 2 diabetes in the future.

If you are planning another baby, don’t forget to see your GP for a prescription of the higher dose folic acid (5mg) at least 4 weeks before you conceive if your BMI is still over 30 at that time.

References
RCOG guideline Management of women with obesity in pregnancy (March 2010) joint with Centre for Maternal And Child Enquiries (CMACE).

If you would like this information in another format or language please contact us.

Consultant Obstetrician
CWF Offices
Calderdale Royal Hospital
Telephone (01422) 224130
Huddersfield Royal Infirmary
Telephone (01484) 342666

www.cht.nhs.uk

If you have any comments about this leaflet or the service you have received you can contact:

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

If you would like this information in another format or language contact the above.

"إذا احتجت الحصول على هذه المعلومات بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى ملئ الاتصال بالقسم المذكور أعلاه"