Why your weight matters in Pregnancy

Introduction

Most women who are overweight have a straightforward pregnancy and birth and have healthy babies. However being overweight during pregnancy increases the chance of complications for you and your baby. This leaflet explains how you can work with your healthcare professionals to reduce your chances of complications.

Body Mass Index (BMI)

All pregnant women have their height and weight measured at booking to calculate their BMI. A healthy BMI is in the range 18.5 to 25 whilst any number over this is considered overweight. Your BMI indicates whether you have an increased chance of developing certain health conditions or pregnancy complications. The higher your BMI is, the greater your chances are, so if your BMI is over 30 you will be offered additional care and advice during pregnancy.

Weight gain in pregnancy

It is normal to gain some weight during pregnancy however 'eating for two' in pregnancy is not recommended. Over-eating will lead to excessive weight gain that you will find difficult to lose after your baby is born. Consider the fact that if you gain too much weight now, you will be increasing your chances of a higher BMI and more complications in future pregnancies. There are no specific recommendations about pregnancy weight gain in the UK and trying to lose weight by dieting during pregnancy is not advised. However by making healthy changes to your diet you may not gain any weight or may even lose a small amount. This is not harmful if you eat a healthy balanced diet.

Food: Eat a balanced diet making healthy choices, cooking your own meals from fresh ingredients where possible. Eat more wholegrain foods, fruit and vegetables and fewer unhealthy fats, added sugars and processed foods. Drink lots of water or sugar free diluted juice. Do not increase your food intake until the third trimester of pregnancy when you may need to add an additional 200 calories a day. This is the equivalent of a small sandwich or a large banana! There are links to further information at the end of this leaflet.

Supplements: If your BMI is over 30 start taking a higher dose of Folic Acid (5mg) and 10mcg Vitamin D as soon as you know you are pregnant, or even better before you conceive.

Exercise: Physical activity will benefit both you and your baby. If you have not previously exercised, begin with 15 minutes three times a week increasing gradually to 30 minutes a day. Swimming, walking and pregnancy yoga are good examples of healthy exercise in pregnancy.

compassionate care

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 or treatments. We also offer advice which will help you to reduce the risk of complications developing.

What you need to know if your BMI is over 30

Thrombosis

Thrombosis is a blood clot in your legs (venous thrombosis) or in your lungs (pulmonary embolism). Pregnancy itself increases the risk of developing blood clots. If you are overweight the risk of developing thrombosis is further increased.

WE WILL: Assess your level of risk (VTE score) at your booking appointment and monitor it during pregnancy. You may be offered injections of low-molecular-weight heparin to reduce your risk. This is safe to take during pregnancy.

OUR ADVICE: Take daily exercise, drink lots of water and do not smoke.

Gestational Diabetes

Diabetes first diagnosed during pregnancy is called gestational diabetes. Usually this resolves after the birth but can sometimes lead to type 2 diabetes. If your BMI is more than 30, you are three times more likely to develop gestational diabetes compared to women with a BMI under 25.

WE WILL: Offer you a glucose tolerance test to check for gestational diabetes around 26 weeks of pregnancy, or earlier depending on your history. The test takes 2-3 hours and involves fasting the night before. If the results show you have diabetes you will be referred to our specialist diabetic clinic for further monitoring and treatment.

OUR ADVICE: Diabetes can cause harm to you and your baby so it is very important to attend for this test and any follow up care that is arranged.

High blood pressure and pre-eclampsia

Being overweight increases your risk of high blood pressure and pre-eclampsia. Pre-eclampsia is a condition associated with high blood pressure and protein in your urine. The risk of pre-eclampsia is 2 - 4 times higher for women with BMI over 30 compared to a BMI under 25. The risk may be further increased if you are over 40 or have had pre-eclampsia in a previous pregnancy. High blood pressure decreases blood flow to the placenta which can affect your baby's growth or cause placental abruption.

WE WILL: Monitor your blood pressure and urine at every antenatal visit and refer for additional tests if necessary. You may be advised to take 150mg of Aspirin from 12 weeks gestation, at night, throughout your pregnancy to reduce the risk of developing pre-eclampsia. This is safe to take during pregnancy.

OUR ADVICE: Seek help without delay if you experience symptoms of a persistent headache, visual disturbances, new oedema (swelling) or severe pain below your ribs.

Assessing you and your baby's wellbeing during pregnancy

Having a raised BMI during pregnancy may cause difficulties for health professionals performing medical procedures or assessing your baby's growth and wellbeing. For example - routine blood tests, assessing baby's heartbeat, performing ultrasound assessments and siting epidurals can all be affected by maternal BMI.

WE WILL: Do our best to perform procedures safely and thoroughly. Additional care will be offered according to BMI as below.

- **If your BMI is 35 or more** it may be more difficult to measure your baby's growth and position through abdominal palpation therefore we will offer you additional growth scans in the third trimester. You will be offered an appointment in early pregnancy with a Specialist Midwife to discuss your individual health issues and to arrange your plan of care with you according to your specific needs.
- **If your BMI is over 40** we will offer to re-weigh you at 36 weeks to inform our risk-assessments and to ensure we offer you appropriate advice for your birth plan.
- **If your BMI is over 45 (or over 40 with pre-existing medical conditions)** we will offer you an anaesthetic review prior to birth. 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 the 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.

OUR ADVICE: Do not gain excessive weight during your pregnancy. Consider a weight loss programme after your baby is born and before planning a future pregnancy.

Potential implications for your baby

- The overall likelihood of miscarriage in early pregnancy is 1 in 5 (20%), with a BMI of 30 or more this increases to 1 in 4 (25%).
- If you are overweight before pregnancy it can affect the way the baby develops in the uterus. Overall around 1 in 1000 babies in the UK are born with neural tube defects (problems with the development of the baby's brain and spine) but if your BMI is 30 or above the risk is 2 in 1000.
- If you are overweight you are more likely to have a baby weighing more than 4 kg which increases the risk of complications during birth. The risk with BMI 20-30 is 7 in 100 births compared to BMI of 30 or above the risk is 14 in 100 births.
- The overall likelihood of stillbirth in the UK is 1 in 200 births (0.5%) however with BMI 30 or more this increases to 1 in 100 (1%).

OUR ADVICE: Start taking 5mg folic acid a month before you conceive (or as soon as possible) until you reach the 13th week of pregnancy. This is a higher dose of folic acid which needs prescribing by your GP. Attend all your antenatal appointments and follow the advice given.

Labour and Giving Birth

There is an increased risk of complications during labour and birth, particularly if your BMI is 40 or more. This includes:

- Your baby being born before 37 weeks of pregnancy (pre-term birth)
- A longer duration of labour
- Your baby's shoulder becoming stuck during birth (shoulder dystocia)
- An emergency Caesarean birth
- Post birth complications such as heavy bleeding, wound infections.

WE WILL: Depending on your individual circumstances we may advise you to give birth in a consultant-led unit with easy access to medical support.

- Offer you a cannula (a fine plastic tube inserted into a vein) in early labour to allow fluid and drugs to be given directly into your bloodstream. This procedure can be more difficult to perform which may lead to delay in an emergency situation.
- Offer the full range of options for pain relief. However having an epidural or spinal can be more difficult with raised BMI so you may benefit from an appointment with the anaesthetist to discuss your choices during pregnancy.
- Offer you an injection to help with the delivery of the placenta and reduce your risk of heavy bleeding after childbirth.

Active birth

An active birth means harnessing the power of 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

WE WILL: Provide appropriate equipment and support you to have an active labour and birth.

OUR ADVICE: Discuss your plans for birth with your healthcare professional during pregnancy. Taking regular exercise during pregnancy will prepare your body for an active birth, and will reduce your risk of having a caesarean section.

After the Birth

After giving birth some of the risks continue. By working with your healthcare professionals you can minimise these risks in a number of ways.

Blood pressure

If you developed high blood pressure or pre-eclampsia during pregnancy we will continue to monitor your blood pressure.

Thrombosis

You are at increased risk of thrombosis for a few weeks after the birth of your baby. Your risk will be reassessed after your baby is born. To reduce the risk of a blood clot developing:

- Try to be active as soon as you feel comfortable – avoid sitting for long periods.
- Wear special compression stockings if you have been advised to.
- If your BMI is 40 or more you may be offered blood-thinning injections (low molecular weight heparin treatment) for at least 10 days and it may be necessary to continue taking this for up to 6 weeks.

Infection

Minimise the chances of infection and wound breakdown by keeping any abdominal or perineal wounds as clean and dry as possible. You can support your body to heal by nourishing your body with a healthy balanced diet and drinking enough water.

Breastfeeding

There are many benefits to breastfeeding for both you and your baby and it is possible to breastfeed whatever your weight. We are Baby Friendly accredited and will help you to get feeding off to a good start and also offer continued support from our Infant Feeding Specialist Midwives, Breastfeeding Peer Supporters and Baby Cafes in the community. You should continue to take a vitamin D supplement whilst breastfeeding.

Planning for a future pregnancy

Once your baby is born we would advise you to continue to make lifestyle choices that will help you to lose weight and reduce your BMI. 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, it's important 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

Recommended:

Start4life https://www.nhs.uk/start4life/

Sign up to Start4life for free regular support during pregnancy and after your baby is born. You can also download a free App to your smartphone.

One You https://www.nhs.uk/oneyou/

There is only one you so look after your mind and body. Explore the link to find out more. There are also a range of Apps you can download to your smartphone.

Tommy's pregnancy hub https://www.tommys.org/pregnancy

Information on weight management during pregnancy and comprehensive, evidence-based midwife-led information about having a safe and healthy pregnancy from conception to birth.

NHS Choices https://www.nhs.uk/conditions/pregnancy-and-baby/overweight-pregnant/

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 new born baby.

Royal College of Obstetrics & Gynaecology

https://www.rcog.org.uk/en/patients/patient-leaflets/being-overweight-pregnancy-after-birth/

RCOG Patient Leaflets:

- Being overweight during pregnancy and after birth
- Reducing the risk of venous thrombosis in pregnancy and after birth
- Gestational Diabetes
- Pre-Eclampsia
- Shoulder Dystocia
- Understanding how risk is discussed in healthcare

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

References

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RCOG. Care of Women with Obesity in Pregnancy (Green Top Guideline No 72) Published 22.11.2018

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

Consultant Obstetrician
FSS Offices
Calderdale Royal Hospital

Telephone (01422) 224130

www.cht.nhs.uk

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

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obrat'te 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

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