The risks of obesity in pregnancy and labour

Information for women
What is body mass index (BMI)?
BMI is a calculation that health professionals use to work out whether you are a healthy weight for your height (weight(kg)/height(m²))

<table>
<thead>
<tr>
<th>BMI</th>
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<tbody>
<tr>
<td>BMI 18.5-24.9</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>BMI 25-29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>BMI 30-34.9</td>
<td>Obese</td>
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<tr>
<td>BMI 35 or over</td>
<td>Morbidly obese</td>
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Your BMI is calculated at your booking visit to make sure you get the right type of care during your pregnancy.

Pre-pregnancy care
If you are not yet pregnant, weight loss will reduce the risks during pregnancy and increase the success rate of infertility treatment if this is required.
You should aim to maintain your BMI in the range 20-25.
If your BMI is over 30 you should take 5mg folic acid which must be prescribed by your GP starting at least one month before conception and continue this during the first trimester of pregnancy. It is also recommended that you take 10mcg Vitamin D during pregnancy and while breastfeeding. This is found as part of a specific pregnancy multivitamin.

Antenatal Care
If your BMI is over 30
- You will be advised to have a hospital birth and see either the specialist maternal obesity midwife in the antenatal clinic during your pregnancy or, if appropriate, book for consultant led care.
- It is recommended that you should eat a healthy balanced diet and keep active to manage your weight and avoid any unnecessary weight gain. You should not try and lose weight unless advised to do so.
• A routine ultrasound scan will be offered at around 11-13 weeks and 20-22 weeks. There is a reduced accuracy of ultrasound in detecting congenital abnormalities and measuring the baby’s growth compared to women with a normal BMI.
• A glucose tolerance test (a blood test) will be offered at 28 weeks to screen for gestational diabetes. Your midwife will advise you about this.
• Your midwife or doctor will also assess the risk of thromboembolism (clots) in pregnancy, taking into account your BMI and any other risk factors that you may have.

If your BMI is over 35
• You will be advised to book for consultant led care and be offered an extra ultrasound scan at 34 weeks to check the baby’s growth and presentation (which way the baby is lying)

If your BMI is over 40
• An appointment to see a dietician will be offered to you.
• It is recommended that you see an anaesthetist for an individual assessment of anaesthetic risk in case an epidural is required, or if you ask for an epidural.
• Your obstetrician will assess the movement of your hips to check mobility for labour and birth.
• An individual risk assessment will be made, if necessary, to ensure that all the appropriate equipment is available in readiness for your admission to hospital.

Healthy Weight Gain
Pregnancy is not the time to diet and lose weight. The amount of weight a woman may gain in pregnancy can vary a great deal.

There is no evidence to support “eating for two”. In fact it is recommended that you only increase your calorie intake by 200 calories a day in the last trimester of pregnancy.
The Institute of Medicine recommend the following weight gain in pregnancy:

<table>
<thead>
<tr>
<th>BMI range</th>
<th>Recommended weight gain</th>
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<tbody>
<tr>
<td>18.5-24.9</td>
<td>25-35 lbs (11.5-16 kgs)</td>
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<tr>
<td>25-29.9</td>
<td>15-25 lbs (7-11.5 kgs)</td>
</tr>
<tr>
<td>Over 30</td>
<td>11-20 lbs (5-9.1 kgs)</td>
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**Health risks for obese women and their babies.**
Women who are obese when they become pregnant face an increased risk of complications during pregnancy and childbirth. The higher your BMI, the greater the risk of complications. The list of risks is not all-inclusive.

- **Antenatal complications**
  - Difficulty with ultrasound scanning at the dating scan (11-13 weeks) and the anomaly scan (20-22 weeks)
  - Difficulty with the assessment of fetal growth/congenital abnormalities
  - Difficulty to determine the way the baby is lying
  - Difficulty with monitoring the baby's heartbeat during pregnancy and labour

- **Pregnancy complications**
  - Gestational diabetes
  - Pregnancy induced hypertension
  - Fetal macrosomia (large baby)
  - Intrauterine growth restriction (small baby)
  - Increased risk of stillbirth or neonatal death (dying shortly after birth)
  - Increased risk of thromboembolism (formation of blood clots)

- **Labour**
  - Induction of labour (the need to start your labour)
  - Failed induction (unable to start your labour)
  - Increased need for pain relief
  - More difficult to have an epidural
Caesarean section
- Increase in caesarean rate (planned or elective)
- Longer operating time at caesarean section
- Anaesthetic problems

Vaginal birth
- Shoulder dystocia (difficult delivery of the baby’s shoulders)
- Increased rate of anal sphincter injury (serious tears at birth)
- Higher rate of instrumental vaginal delivery - forceps or ventouse
- Higher rate of trauma to the baby - nerve damage

Postnatal complications
- Post caesarean section wound infection
- Urinary tract, vaginal or uterine infections
- Risk of deep vein thrombosis/pulmonary embolus is increased with caesarean section or vaginal delivery
- Heavy bleeding after birth
- Difficulty in establishing breastfeeding
- Longer hospital stay
Care in labour

If your BMI is over 30

- Pethidine may give less effective pain relief than for women whose BMI is within the normal range.
- If you choose to have an epidural, it may be more difficult for the anaesthetist to site the epidural, or to ensure that it is fully effective.
- It may be more difficult to monitor your baby’s heart rate, in which case you may be advised that a fetal scalp clip should be attached to the baby’s head to record the heart rate.
- Your midwife will encourage you to move around as much as possible as you will be at an increased risk of pressure area damage to your skin if you are immobile during labour. If you are not walking around, the midwife will advise you to change your position frequently to avoid the risk of pressure damage.
- You will be at increased risk of developing clots in the veins in your legs if you are immobile. If a caesarean section is needed you will be given anti-embolic stockings to wear to reduce the risk of clot formation and have a course of injections to thin your blood for 5 days.

If your BMI is over 40

- You will not be able to use the birthing pool as you may not be able to leave the pool quickly enough in the case of an emergency.

After the birth of your baby

You should aim to lose weight before your next pregnancy. This will help you to reduce your risks during the next pregnancy. It will also help to avoid the long term health risks associated with being overweight.
Your midwife, health visitor or GP will be able to give you advice on healthy eating and exercise to help you lose weight. Exclusively breastfeeding and breastfeeding for 12 months or more may help with your postnatal weight loss.

Where can I find out more?

www.healthystart.nhs.uk

www.nhs/uk/change4life

www.bdaweightwise.com

www.nhs/uk/livewell/goodfood

www.frimleypark.nhs.uk

Contact information:

If you have any further queries please contact:

Your named midwife

or

The Weight Management Midwife in the antenatal clinic on 01276 604155

Please use this space to note any questions you may have.
For support in accessing patient information, or for a translation of this document, an interpreter or a version in large print or Braille, please contact the Patient Advice & Liaison Office on ☏ 01276 526706.