

Being overweight During Pregnancy and After Birth

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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 information is about the extra care you will be offered during your pregnancy and how you can minimise the risks to you and your baby in this pregnancy and in a future pregnancy.

What is BMI?

BMI is your body mass index which is a measure of your weight in relation to your height. A healthy BMI is above 18.5 and less than 25. A person is considered to be overweight if their BMI is between 25 and 29.9 or obese if they have a BMI of 30 or above. You should have your BMI calculated at your first antenatal booking appointment. You can also calculate your BMI by using the calculator on the NHS website: www.nhs.co.uk/live-well/healthy-weight/bmi-calculator/

What are the risks of a raised BMI during pregnancy?

Being overweight or obese increases the risk of complications for pregnant women and their babies. The higher your BMI is, the greater the risks are.

If your BMI is less than 35 and you have no other problems you may still be able to remain under midwifery led care. However if your BMI is more than 35, the risks to you and your baby are higher and you will need to be under the care of a consultant.

Risks to you and how to reduce some of these risks:

Thrombosis

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

Your risk for thrombosis will be assessed at your first antenatal appointment and monitored during your pregnancy. You may be offered injections of low molecular weight heparin to reduce your risk of thrombosis. This is safe to take during pregnancy.

Gestational diabetes

Diabetes that is first diagnosed in pregnancy is known as gestational diabetes. If your BMI is 30 or above, you are three times more likely to develop gestational diabetes than women whose BMI is below 25. We will monitor you for this by testing for gestational diabetes between 24 and 28 weeks. If your BMI is more than 40 you may also have the test earlier in pregnancy. If the test indicates you have gestational diabetes, you will be referred to a specialist to discuss this further.

High blood pressure and pre-eclampsia

Being overweight increases your risk of developing high blood pressure and pre-eclampsia. Pre-eclampsia is a condition in pregnancy which is associated with high blood pressure (hypertension) and protein in your urine (proteinuria). If you have a BMI of 30 or above, your risk of pre-eclampsia is 2–4 times higher compared with women who have a BMI under 25.

Your blood pressure and urine will be monitored at each of your appointments. Your risk of pre-eclampsia may be further increased if:

- you are over 40 years old
- you had pre-eclampsia in a previous pregnancy
- your blood pressure was already high before pregnancy.

If you have these or other risk factors, you may need to attend hospital for your appointments and your doctor may recommend a low dose of aspirin to reduce the risk of you developing pre-eclampsia.

Mental Health Problems

All pregnant women are asked some questions about their mental health at their first antenatal (booking) appointment. Being overweight slightly increases your risk of developing mental health problems in pregnancy and after birth. Your healthcare professional will ask you a few questions to help identify whether you are at risk.

Risks for your baby associated with a raised BMI include:

- The overall likelihood of a miscarriage in early pregnancy is 1 in 5 (20%), but if you have a BMI of 30 or above, your risk increases to 1 in 4 (25%)
- If you are overweight before pregnancy or in early pregnancy, this can affect the way your baby develops in the uterus (womb). Overall, around 1 in 1000 babies in the UK are born with neural tube defects (problems with the development of the baby's skull and spine), but if your BMI is 30 or above, this risk is nearly doubled (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 for you and your baby during birth. If your BMI is 30 or above, your risk is doubled from 7 in 100 to 14 in 100 compared with women with a BMI of between 20 and 30
- The overall likelihood of stillbirth in the UK is 1 in every 200 births. If you have a BMI of 30 or above, this risk increases to 1 in every 100 births
- If you have a high BMI during pregnancy, you may need additional ultrasound scans to check your baby's development, growth and position. Your baby's growth is normally monitored during pregnancy using a tape measure to record the size of the uterus. If your BMI is more than 35 then it may be difficult to be accurate with a tape measure so your healthcare professional may request additional ultrasound scans
- All women in the UK are offered an ultrasound scan at around 20 weeks to look for structural problems that your baby may have. This scan is less accurate at picking up problems if your BMI is raised.

How can the risks to me and my baby be reduced?

Healthy eating

A healthy diet will benefit both you and your baby during pregnancy. It will also help you to maintain a healthy weight after you have had your baby. You may be referred to a dietician for specialist advice about healthy eating.

- Base your meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Watch the portion size of your meals and snacks and how often you eat.
- Do not 'eat for two'.
- Eat a low-fat diet. Avoid increasing your fat and/or calorie intake.
- Eat as little as possible of the following: fried food, drinks and confectionary high in added sugars, and other foods high in fat and sugar.
- Eat fibre-rich foods such as oats, beans, lentils, grains, seeds, fruit and vegetables as well as wholegrain bread, brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories. Always eat breakfast.
- **All pregnant women are advised to take a daily dose of 10 micrograms of vitamin D supplements.**

Trying to lose weight by dieting during pregnancy is not recommended even if you are overweight, as it may harm the health of your unborn baby. However, by making healthy changes to your diet you may not gain any weight during pregnancy and you may even lose a small amount. This is not harmful.

Exercise

- Your midwife should ask you about how physically active you are. You may be given information and advice about being physically active as this will be a benefit to both you and your baby.
- Some examples of healthy exercise include swimming, walking and pregnancy yoga.
- You should minimise sedentary activities, such as sitting for long periods watching television or sitting at a computer.

However, if you have not exercised routinely you should begin with about 15 minutes of continuous exercise, three times per week, increasing gradually to 30 minute sessions every day.

An increased dose of Folic Acid

Folic acid helps to reduce the risk of your baby having a neural tube defect. If your BMI is 30 or above, a daily dose of 5 mg of folic acid is recommended. This is higher than the usual pregnancy dose and is only available on prescription. Ideally, you should start taking this a month before you conceive and continue to take it until you reach your 13th week of pregnancy. However, if you have not started taking it early, there is still a benefit from taking it when you find out that you are pregnant.

Labour and giving birth

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

- your baby being born before 37 weeks of pregnancy (preterm birth)
- a longer labour
- your baby's shoulder becoming 'stuck' during birth (shoulder dystocia)
- an emergency caesarean birth
- more complications during and after a caesarean birth, such as heavy bleeding, anaesthetic complications and wound infection.

Planning for labour and birth

You should have a discussion with your obstetrician and/or midwife about the safest way and place for you to give birth. If you have a BMI of 40 or more, an appointment should be made for you to see an anaesthetist to discuss a specific plan for pain relief during labour and birth.

Where you give birth

All women should be assessed during pregnancy to identify any risk factors that may be significant in planning place of birth. Your midwife will complete a clinical risk assessment for place of birth with you at your 36 week visit.

If your BMI is 40 or more you will be advised to give birth on the Delivery Suite (consultant led unit) with easy access to medical support.

If your BMI is between 35 and 39.9, your healthcare professional will discuss with you the safest place for you to give birth depending on your specific health needs. This could be on the Sapphire Suite (midwifery led unit) or the Delivery Suite (consultant led unit).

If your BMI is less than 35, your healthcare professional will discuss with you the safest place for you to give birth depending on your specific health needs. This could be at home, on the Sapphire Suite (midwifery led unit) or on the Delivery Suite (consultant led unit).

What happens in early labour?

You may be offered a cannula (a fine plastic tube that is inserted into a vein to allow drugs and/or fluid to be given directly into your bloodstream) early in labour. If you are overweight, it may be more difficult for your healthcare professional to do this, which may lead to a delay if it is not done until it is needed in an emergency situation.

Pain relief

All types of pain relief are available to you. However, having an epidural (a regional anaesthetic injection given into the space around the nerves in your back to numb the lower body) can be more difficult if you are overweight. Your anaesthetist should have a discussion with you about the anticipated difficulties. He or she may recommend that you have an epidural early in the course of labour.

Delivering the placenta (afterbirth)

To reduce your risk of postpartum haemorrhage (heavy bleeding after childbirth), your healthcare professional will recommend having an injection to help with the delivery of the placenta (afterbirth).

What happens after birth?

After birth some of your risks continue. By working together with your healthcare professionals, you can minimise the risks in the following ways:

Monitoring blood pressure

If you developed high blood pressure or pre-eclampsia during pregnancy, you are at increased risk of high blood pressure for a few weeks after the birth of your baby. This will be monitored by your general practitioner or practice nurse.

Prevention of thrombosis

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

- Try to be active as soon as you feel comfortable – avoid sitting still for long periods.
- Wear special compression stockings if you have been advised you need them.
- If you have a BMI of 40 or above, you should have low molecular weight heparin treatment for at least 10 days after the birth of your baby to thin your blood. It may be necessary to continue taking this for 6 weeks depending on your specific risk factors.

Information and support about breastfeeding

How you choose to feed your baby is a very personal decision. There are many benefits of breastfeeding for you and your baby. It is possible to breastfeed whatever your weight. Extra help is available if you need it from your healthcare professional, Infant Feeding Team (0151 290 4166) and local breastfeeding support organisations.

Healthy eating and exercise

Continue to follow the advice on healthy eating and exercise. If you want to lose weight once you have had your baby, you can discuss this with your GP.

Planning for a future pregnancy

If you have a BMI of 30 or above, whether you are planning your first pregnancy or are between pregnancies, it is advisable to lose weight. By losing weight, you:

- increase your ability to become pregnant and have a healthy pregnancy
- reduce the additional risks to you and your baby during pregnancy
- reduce your risk of developing diabetes in further pregnancies and in later life
- reduce the risk of your baby being overweight or developing diabetes in later life

If you have fertility problems it is also advisable to lose weight. Having a BMI of 30 or above may mean you would not be eligible for fertility treatments such as IVF under the National Health Service.


Your healthcare professional can offer you advice and support to lose weight. Crash dieting is not good for your health. Remember even a small weight loss can give you significant benefits.

You may be offered a referral to a dietician or an appropriately trained health professional. If you are not yet ready to lose weight, you should be given contact details for support for when you are ready.

An increased dose of folic acid

If you have a BMI of 30 or above, remember to start taking 5 mg of folic acid at least a month before you start trying to conceive. Continue taking this until you reach your 13th week of pregnancy.

Reference: - Based on the Royal College of Obstetricians & Gynaecologists (2018) Patient Information – Being overweight during pregnancy and after birth.



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