

Why your weight matters in pregnancy

Why your weight matters during pregnancy and after birth

BMI stands for 'Body Mass Index' which is a calculation of your weight in relation to how tall you are. A healthy BMI is one between the ranges of 18.5 and 25. A person is considered to be 'Overweight' if their BMI is between 25 and 29.9 or 'Obese' if their BMI is over 30. Almost 1 in 5 women have a BMI over 30 at the beginning of their pregnancy.

Most women with a raised BMI have a straightforward pregnancy and birth and go on to have a healthy baby, however, having a raised BMI does increase the risk of complications for you and your baby. It is important for you to have a good understanding of what these risks are and the steps that you can take to reduce the impact that they have on your pregnancy.

Having a BMI of more than 30 can affect the way a baby develops in the womb and so further scans may sometimes be recommended (usually when BMI is over 40).

Assessing the growth of your baby and its position in the womb can also be more difficult and therefore your midwife may recommend further scans to confirm good growth and an optimum position of your baby towards the end of your pregnancy.

Your community midwife will calculate your BMI at your first antenatal booking appointment. If you have a BMI of 30 or above, you will be provided with information relating to having a raised BMI in pregnancy. The higher your BMI the more impact this may have on your pregnancy.

Following your initial BMI calculation, your midwife will weigh you again at 34 weeks of pregnancy and re-calculate your BMI to give us an accurate measurement towards the end of your pregnancy.

If your BMI is under 40 throughout your pregnancy and you have no other problems, you will remain under the care of the midwifery team, but will also be referred to the specialist midwife public health, to the Healthy mums Healthy tums clinic. However, if your BMI is found to be greater than 35, the risks to you and your baby are higher and you will also be referred for a consultant opinion.

If at 34 weeks of pregnancy your BMI is below 40 and if this is your second or subsequent baby with no other complications then you will be eligible to have your baby within the Exeter Birth Centre.

Maternal risks associated with being overweight

- **Thrombosis** – this is when a blood clot forms in your legs or in your lungs. Pregnant women already have a higher risk of developing blood clots compared with non-pregnant women but this risk increases further if your BMI is greater than 30.
- **Gestational Diabetes** – this is when diabetes is first diagnosed in pregnancy. If you have a raised BMI you are three times more likely to develop gestational diabetes than women with a healthy BMI. Any women with a raised BMI will be offered an Oral Glucose Tolerance Test (OGTT) at 28 weeks of pregnancy to screen for diabetes.

- **High Blood Pressure and Pre-Eclampsia** – A BMI over 30 increases your risk of developing high blood pressure. Your midwife will monitor your blood pressure at each of your antenatal appointments to ensure that it remains within normal limits and refer you appropriately if it doesn't.

Pre-eclampsia is a condition in pregnancy associated with raised blood pressure and protein in your urine. Women with a BMI over 35 at the beginning of their pregnancy are twice as likely to develop pre-eclampsia as women with a BMI below this.

Fetal risks associated with being overweight

- **Miscarriage** – the overall risk of having a miscarriage before 12 weeks of pregnancy is 1 in 5 (20%); with a BMI over 30 this risk increases to 1 in 4 (25%)
- **Large Baby** – with a BMI over 30 you are twice as likely to give birth to a baby weighing over 4kg (8lb14oz) compared to those with a BMI below 30.
- **Stillbirth** – the UK risk of stillbirth is 1 in 200 pregnancies (0.5%). This rises to 1 in 100 (1%) if your BMI is over 30.
- **Diabetes** – with a raised BMI in pregnancy, your baby will have an increased risk of developing diabetes and suffering with obesity in later life

Risks in labour associated with being overweight

- Your baby is more likely to be born prematurely (before 37 weeks of pregnancy)
- The length of time that you are in labour is likely to be increased
- There is an increased risk of Shoulder Dystocia (baby's shoulders becoming stuck during birth), this is managed by manoeuvres which are more difficult the more overweight you are.
- You are more likely to require an emergency caesarean section

- If you do need a caesarean section there is a higher risk of your wound becoming infected
- Anaesthetic complications are more common in women with a raised BMI – particularly with general anaesthetic
- You are more likely to have heavy bleeding following birth or at the time of a caesarean section

Planning for labour and birth

Because of the potential complications listed above, you should have a discussion with your midwife and/or consultant about the safest place recommended for you to have your baby.

If your BMI is between 30-34.9 - your healthcare professional will discuss with you the safest place to have your baby dependant on your specific health needs and preferences. This could be within your own home, within one of our birth centres or on the labour ward.

If your BMI is between 35-39.9 - we will recommend that you give birth within the RD&E Hospital. However, this could be within the Exeter Birth Centre based at the RD&E if this is your second or subsequent baby and you have no other risk factors.

If your BMI is greater than 40 - your midwife will arrange for you to meet with an anaesthetist to discuss a specific plan for pain relief during labour and birth. We would strongly recommend you have your baby within the labour ward setting.

How can these risks be reduced?

Healthy Eating

The amount of weight that women gain throughout pregnancy varies greatly. A healthy diet will benefit both yourself and your baby. It will also help you to achieve and maintain a healthy weight following the birth of your baby. Trying to lose weight by dieting during pregnancy is not recommended. However, by making healthy changes to your diet you may prevent any weight gain during your pregnancy and potentially lose a small amount.

Here are a few recommendations:

- Base your meals on starchy foods such as potatoes, bread, rice and pasta (wholegrain where possible)
- There is no need to 'eat for two' – a normal adult portion contains enough nutrients to sustain both you and your baby
- Aim for a low fat diet, restricting your intake of fried foods, drinks high in added sugars, sweets etc.
- Eat fibre-rich foods such as oats, beans, seeds, fruit and vegetables as well as wholegrain bread, brown rice and pasta
- Eat at least 5 portions of fruit and vegetables every day
- Always eat breakfast

Physical Activity

Try and make activities such as walking, cycling, swimming and other low impact exercise part of your everyday life. You can try and build this into your normal routine by taking the stairs rather than using the lift or going for a walk at lunch time. Speak to the specialist midwife about local exercise classes specifically designed for mums to be. Aim to reduce the amount of time that you sit for long periods watching television or at the computer.

Physical activity will not harm you or your unborn baby. However, if you are not in the routine of exercising regularly then you should begin with no more than 15 minutes of continuous exercise, 3 times per week and gradually increase this to 30 minute sessions every day. A good indication that you are not doing too much is still being able to have a conversation whilst exercising.

Please speak to your midwife or doctor if you are unsure about exercising during pregnancy and they will be able to advise you.

An Increased Dose of Folic Acid

Folic Acid helps to reduce the risks of your baby having a neural tube defect (when the baby's spine or skull isn't formed properly). If your BMI is over 30 you should take a higher than usual dose of Folic Acid tablets – 5mg per day. This will need to be prescribed by a doctor. It should ideally be taken prior to conception and until you reach 13 weeks of pregnancy. Don't worry if you haven't started taking it early – it is still beneficial to take it once you find out you are pregnant.

Vitamin D Supplements

All women are advised to take 10 micrograms of Vitamin D supplements per day. However, this is particularly important if you have a raised BMI as you are at an increased risk of Vitamin D deficiency.

Adapted from RCOG (2011), *Why your weight matters during pregnancy and after birth*. London, 2011. Available at www.rcog.org.uk/en/patients/patient-leaflets/why-your-weight-matters-during-pregnancy-and-after-birth

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