

**Patient
Information**

Your weight during pregnancy

Introduction

Most women who are overweight have a straightforward pregnancy and birth, however being overweight in pregnancy does increase the risk of complications happening to both mother and baby. This leaflet explains why it is important to keep a healthy weight and gives advice on how you can reduce the risks to you and your baby for this pregnancy and future pregnancies.

How is my weight calculated?

When you attend your antenatal booking appointment your midwife will weigh you using calibrated scales, this is a scales which has been adjusted for a true weight measurement. The midwife will also record your height. By taking these measurements the midwife will be able to calculate your Body Mass Index (BMI). Your BMI is a measure of your weight in relation to your height.

How do I know if I am considered overweight?

A healthy BMI is considered to be 18.5 to 25. You are considered to be overweight if your BMI is between 25 and 29.9 and obese if your BMI is 30 or above. Around 20 to 25 in every 100 pregnant women in the UK now fall into the obese category.

Reference No.

GHPI0961_02_17

Department

Maternity

Review due

February 2020

**Patient
Information**

BMI	Advice
Underweight Below 18.5	Follow a healthy diet and discuss your diet with your midwife.
Normal 18.5 to 24.9	You are a good weight, follow a healthy diet.
Overweight 25.0 to 29.9	You are classed as over-weight, we recommend that you discuss your diet with a midwife and follow the advice in this leaflet.
Obese 30.0 to 34.9	You are classed as very overweight and need to follow the healthy eating and healthy diet advice given later in this leaflet. You can also discuss this with your midwife.
Morbidly obese 35 and above Morbidly obese	You are at risk of increased problems during your pregnancy and labour, you need to discuss the plan for your care with your midwife. We strongly recommend that you follow the advice on healthy eating and a healthy diet given later in this leaflet.

Being overweight (having a BMI of above 25), increases the risk of problems occurring during pregnancy and birth for you and your baby. The higher the BMI, the more likely the risks become.

If I am overweight during pregnancy what are the risks to me?

- **Gestational diabetes** (high blood sugars that develop in pregnancy): If your BMI is 30 or above you are 3 times more likely to develop gestational diabetes than women whose BMI is below 30. If you have gestational diabetes you are much more likely to be diabetic later in life

Patient Information

- **High blood pressure and pre-eclampsia:** A BMI of 30 or above increases your risk of developing high blood pressure (hypertension). Pre-eclampsia is a condition in pregnancy which is associated with high blood pressure, protein in urine and fluid retention. If you have a BMI of 35 or above at the beginning of your pregnancy, your risk of pre-eclampsia is twice that of a woman who has a BMI under 25
- **Thrombosis:** Thrombosis is a blood clot in your legs (venous thrombosis) or in your lungs (pulmonary embolism). All pregnant women have a higher risk of developing blood clots compared with women who are not pregnant. However if you have a BMI of 30 or above, your risk of developing blood clots is further increased.

If I am overweight during pregnancy what are the risks to my baby?

- **Miscarriage:** The overall risk of miscarriage under 12 weeks is 1 in 5. If you have a BMI of over 30, the risk increases to 1 in 4
- **Development of your baby's spine and brain (neural tube defects):** Overall 1 in 1000 babies are born with a neural tube defect in the United Kingdom but if your BMI is over 40, your risk is 3 times higher than a woman with a BMI under 30
- **Premature birth:** Your baby is more likely to be born before 37 weeks and will need additional support when it is born
- **Stillbirth:** The overall risk of a baby being stillborn is approximately 1 in 200 in the United Kingdom, but if your BMI is 30 or more the risk of stillbirth is approximately 1 in 100.
- **Childhood obesity:** If you are overweight it is more likely that your child will develop problems with obesity.

The higher your BMI the more difficult it is for the midwife to accurately feel the size and position of your baby during pregnancy. Listening to your baby's heartbeat and scanning may also be more difficult.

**Patient
Information**

How can being overweight affect my labour and birth?

If you are overweight you are at increased risk of having problems during labour and birth, especially if your BMI is 40 or more. These risks include:

- **Longer labour:** Your labour is more likely to progress slower if you are overweight
- **Large baby weighing more than 4kgs (8lb 14oz):**
- The overall risk for this for a woman with a BMI of 20 to 30 is 7 in 100. If your BMI is over 30, your risk is doubled to 14 in 100. A larger baby can make delivery more difficult
- **Shoulder dystocia:** This is when the baby's shoulder becomes 'stuck' during birth (for more information follow the link at the end of the leaflet)
- **Instrumental birth:** You are more likely to need an instrumental birth (ventouse or forceps)
- **Emergency Caesarean Section (CS):** Your chance of having an emergency CS is increased and your chance of having problems after the CS such as your wound becoming infected is also increased
- **Anaesthetic complications:** Being overweight makes it more difficult to have an epidural/spinal sited or general anaesthetic administered and you are more likely to have problems with general anaesthesia
- **Heavy bleeding after birth:** This is known as Postpartum Haemorrhage (PPH) and is more common if you are overweight.

What should I do if I am overweight and how can I minimise my risks?

Attending your antenatal appointments regularly will help to reduce the risks to you and your baby as your midwife will be able to help identify if any problems start to develop.

Can I lose weight in pregnancy?

There is no evidence that losing weight whilst you are pregnant will reduce the risks to you and your baby.

Patient Information

If your BMI is greater than 30 or greater than 28 with other risk factors such as; diabetes, hypertension, osteoarthritis and depression you should be able to receive a free subscription to attend local Slimming World™ classes. This will be free and the Slimming World™ advisors will support you to eat healthily and maintain your weight during pregnancy. Please discuss this with your midwife who will advise whether you are suitable for a free referral. If your BMI is between 25 and 30 you will not be able to receive a funded Slimming World™ programme, however we would encourage you to attend these classes for advice on healthy eating and weight maintenance.

How much weight is it normal to gain in pregnancy?

It is generally considered normal to gain between 10 and 13kgs (22 to 28lb) during pregnancy. Women who are already overweight when they become pregnant are putting themselves and their babies at increased risk if they gain more weight during pregnancy. Women who are already overweight when they become pregnant are advised to follow a healthy diet and gain little or no additional weight during pregnancy.

What is a healthy diet to follow in pregnancy?

Healthy eating in pregnancy will greatly benefit both you and your baby. You should aim to eat foods from the following main food groups:

- **Starchy foods** such as bread, cereals, potato, rice, pasta and couscous. Where possible try to choose wholegrain/higher fibre varieties such as; wholemeal pasta, brown rice, potatoes with skins on, as they are more filling and will reduce constipation. Starchy foods provide you with energy and snacks can be based around these foods to keep your energy levels up
- **Fruit and vegetables** are essential to provide you and your baby with vitamins and minerals as well as being a good source of fibre. Aim to eat at least 5 different portions of fruit or vegetables a day. These foods should make up a third of each meal and can be used as snacks. They are filling without too many calories

Patient Information

- **Meat, fish, pulses, lentils, beans and eggs** provide you with protein and iron. Try to choose lean cuts of meat and have fish. Eating oily fish once a week such as salmon, herring, sardines, pilchards or mackerel is recommended. Pulses are an excellent source of fibre and can be used in casseroles or salads. These foods should make up a third to a quarter of the main meal
- **Milk and dairy foods** are an important source of calcium, which is vital for strong bones and teeth.

You should aim to have three 3 portions every day (1 portion is equal to a third of a pint of milk, 1x125g yoghurt, or 25g of cheese. Choose low or reduced fat products where possible.

What foods should I limit when I am pregnant?

Foods containing fat and sugar such as margarine, butter, oil and cakes as well as sugary foods like sweets, biscuits, pastries and ordinary squash and fizzy drinks should be kept to a minimum. You should choose low fat, low sugar varieties where possible.

Are there any healthy eating tips to follow?

- Try to eat 3 regular meals each day with a healthy snack in between if required
- Reduce your sugar intake by choosing low calorie fizzy drinks and sugar free cordials and cereals. Food can be sweetened with dried or fresh fruit and artificial sweeteners
- Use only a very small amount of salt in cooking and avoid adding it at the table. Instead of using salt, use herbs, spices, mustard to flavour food
- Use low fat oil sprays instead of cooking oil or if using oil use only a very small amount. When using butter or spreads use only thin scrapes
- Reduce the amount of mayonnaise and other fatty sauces or salad dressing
- Steam, bake or grill your food to avoid adding extra fats.

**Patient
Information**

Can I exercise in pregnancy?

It is important for every pregnant woman to get some physical activity each day. Exercise does not have to be exhausting to be valuable. Activities such as walking and swimming are good. As a general rule, you should be able to hold a conversation as you exercise when pregnant. Being physically active in this way during pregnancy will not harm your baby

If I am overweight will my pregnancy care differ?

Depending on what your BMI is, your care pathway (whether it is a midwife or obstetrician who leads your care during pregnancy and the number of appointments and tests you have) may differ. Please look at the section below that is relevant to your BMI:

BMI 25 to 29.9

The likelihood of you having problems caused by your weight is low, therefore you will remain under the care of a midwife during your pregnancy unless you have any other identified complications.

BMI 30 to 34.9

You will remain under the care of a midwife, however:

- As your risk of getting gestational diabetes is increased you will have a Glucose Tolerance Test (GTT) to test for gestational diabetes at around 24 to 28 weeks of your pregnancy. If the results of your GTT test show that you have gestational diabetes or your weight gain during pregnancy significantly increases your BMI you will be referred to a consultant for review and a plan of care
- If you have no other risk factors identified in your pregnancy you will still have the option to give birth in one of our birth centres.

**Patient
Information****BMI 35 to 39.9**

- As your risk of having a baby with a neural tube defect is increased, you will be prescribed a higher dose of folic acid to take until you are 12 weeks pregnant
- You will be booked for combined consultant and midwife care and an appointment will be made for you to come to the hospital early on in your pregnancy to discuss with one of our medical teams your individual risks and the plan for your pregnancy
- You will be advised to take Vitamin D supplements
- From 24 weeks of pregnancy you will see your midwife more regularly (every 3 weeks) so you will be monitored more closely
- As your risk of getting gestational diabetes is increased you will have a glucose tolerance test (GTT) to test for gestational diabetes at around 24 to 28 weeks
- At around 28 and 34 weeks of pregnancy you will have additional ultrasound scans to check the growth of your baby as it is more difficult for your midwife to determine if your baby is growing as it should be. From 32 weeks of pregnancy you will see your midwife every 2 weeks
- Around 36 weeks your midwife will discuss your birth with you. If it is your first baby you will be advised to give birth on the consultant-led delivery suite. If it is a second or subsequent baby and you have no other risk factors you may be able to have your baby in one of our birth centres – your midwife will discuss this with you
- Around 36 weeks of pregnancy you will be re--weighed and your BMI recalculated. If your BMI is 40 or above you will be referred for assessments as outlined in the next section
- You will be advised to have active management of the third stage of labour (medication to help deliver your placenta)
- As you are at increased risk of thrombosis you will be advised on whether you require any medication to thin your blood.

Patient Information

BMI 40 or above:

You are at the highest risk of complications related to your weight. You will have the same additional care as outlined in the BMI 35 to 39.9 section above as well as being referred for:

- **Anaesthetic referral** – As administering anaesthetic (epidural, spinal and general anaesthesia) is more difficult in women with an increased BMI, you will be given an appointment to come and meet with an anaesthetist prior to labour. They will assess you and make notes/recommendations for your labour
- **Manual handling assessment** – Movement in labour will be discussed with you. Some of our equipment has weight restrictions and we will do a checklist to ensure that we have the appropriate equipment available when you give birth
- **Tissue viability** – A raised BMI means that your risk of having pressure ulcers is increased. This will be discussed with you, along with ways to reduce these risks.

Contact information

If you would like to speak to a midwife about your weight please contact your community midwife on the numbers you have been given.

Further information

Centre for Maternal and Child Enquiries

CEMACE (2010) Maternal Obesity in the UK: Findings from a national project United Kingdom.

Website:

www.publichealth.hscni.net/sites/default/files/Maternal%20Obesity%20in%20the%20UK.pdf

Gestational diabetes

Website:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-gestational-diabetes.pdf>

**Patient
Information**

Shoulder dystocia:

Website:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-shoulder-dystocia.pdf>

Pre-eclampsia:

Website:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-pre-eclampsia.pdf>

Thrombosis:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/dvt-blood-clot-pregnant.aspx>

Content reviewed: February 2017



Help provide extra care & equipment on the ward of your choice by sending a donation payable to 'Chelt & Glos Hospitals Charity' to the Charity Office, Cheltenham General Hospital, GL53 7AN
Tel: 0300 422 3231
www.gloshospitals.nhs.uk/charity