

## Obstetrics & Gynaecology

# Being overweight and pregnant: Achieving a healthy and safe birth

### Obesity in Pregnancy

Pregnancy is considered to be a happy and joyful period in a woman's life, full of excitement and anticipation. All women are being advised by health professionals to stay healthy and achieve the best possible outcome for themselves and their babies. This leaflet explains why you have been offered an appointment with the hospital's Maternity team and it will help you understand the possible risks of being overweight during pregnancy.

Weight gain in pregnancy could be a sensitive issue for a lot of women. Although it is generally acceptable to gain 22-28 lbs (10 -13 kg), women who are already overweight are putting themselves and their babies at a possible risk of various complications during their pregnancy and their delivery.

The best way to protect your health and your baby's wellbeing is to lose weight before you become pregnant.

However, if you are very overweight and pregnant it is advisable not to try and lose weight during your pregnancy as this may not be safe.

Instead, it will be more realistic to try to maintain your current weight and have a zero weight gain pregnancy by following dietary and healthy lifestyle instructions.



### Body Mass Index (BMI)

Your BMI is an indicator of body fat based on height and weight and will be calculated by your booking midwife. It is calculated by dividing the weight in kilograms by the square of your height in metres (BMI= weight (kg) / [height (m)]<sup>2</sup>). All women will be measured throughout pregnancy to help them track their progress.

### BMI Weight Status

Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 - 34.9	Obese category I
35.0 - 39.9	Obese category II
More than 40	Obese category III

Pregnancy provides you with the golden opportunity to make changes regarding your lifestyle, with immediate and long-term effects for you and your family. This is especially important if your BMI has been identified as significantly raised (more than 30). Obesity has been recognised as a risk factor for developing complications in pregnancy and childbirth. **The risks associated with obesity include:**

## Patient Information

<b>Risks for the mother</b>	<b>Risks for the baby</b>
Spontaneous first trimester and recurrent miscarriages	Stillbirth and neonatal death
Gestational diabetes	Prematurity
Increase in interventions in labour, instrumental deliveries and Caesarean Sections (owing to failure to progress, difficulties with monitoring the baby's heart rate etc.)	The baby's position may be difficult to identify during the pregnancy or labour
Excessive bleeding after the delivery of the baby	Difficulties in delivering the baby's shoulders
Heart problems (Cardiac disease)	Increased possibility of low blood sugars after birth
Maternal death or severe illness	Low breast feeding rates
Complications from anaesthetic drugs and procedures, leading to admission to Intensive care	Subsequent child obesity
Increased risk of clots in the lung or leg (Venous thromboembolism) which can lead to serious consequences	

## Patient Information

At **your initial booking appointment** with your midwife, she measured your weight and height and calculated your Body Mass Index (BMI). As it was more than 35, she referred you to the hospital. The team includes a midwife and a specialist obstetrician.

The aims of the clinic are to provide support, advice and individualised care, with dignity and respect for your wishes, and to achieve a good outcome for you and your baby.

### Your first appointment with the hospital team

At your first appointment with the hospital team the following will take place:

- A detailed history of your medical and personal history will be taken
- Advice will be given regarding your nutrition and physical activities including a referral to “Just For Mums” Exercise support group for Coventry patients
- The team will advise you as to whether you need to take specific medication, such as vitamin supplements (Vitamin D, Folic acid), aspirin or rarely other blood thinners via an injection:
  - Aspirin is a blood thinner, which reduces the risk of blood clots in your legs and lungs and prevents early development of high blood pressure, but the decision for this will be made by the obstetric consultant after looking at your history.
  - Vitamin D is recommended, as this helps the bone growth and health of both you and your baby.
  - Folic acid supplementation is beneficial to reduce the risk of having a baby with neural tube defects, for example spina bifida.

If you have additional medical problems, you will be sent to see another team of doctors in the hospital; otherwise you will continue to visit the Maternity team at regular intervals.

## Patient Information

In addition to your 12 week and 20 week fetal anomaly scans, you will be offered further scans to monitor the baby's growth and position if your BMI is 35 and over. A test to diagnose diabetes will be booked for you between 26 and 30 weeks (Glucose Tolerance Test - GTT) and a leaflet with detailed information will be given or sent to you.

If your BMI is 40 or over, you will also see an anaesthetist who will check your spine and neck to assess suitability for regional (epidural/ spinal) and general anaesthesia in case these are required. Alternative pain relief options for labour and anaesthesia for a Caesarean Section will also be discussed.

The most appropriate place of birth for you is the Delivery Suite, where you will receive one to one care by a midwife, but will be additionally under the doctor's care.

If you want to consider another plan of birth or even the possibility of a home birth, we will arrange a meeting with the obstetric/ midwifery team to discuss this.

You are also entitled to have access to a Supervisor of Midwives to discuss your birth plan if you wish.

Breastfeeding is the optimal way to feed your baby; the health benefits are very important for both you and your baby. At UHCW NHS TRUST, we promote exclusive breastfeeding and we will give information and support through out your pregnancy.

For more information about healthy eating at this time please ask for a copy of our leaflet 'Eat Well in Pregnancy', produced by our Dieticians.

If you need any further information, please ask at your clinic appointment.

# Patient Information

## References

CEMACE Maternal obesity in the UK: findings from a national project 2010

Management of Obesity in Pregnancy CEMACE/RCOG Guideline 2010

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British medical Journal *Effects of interventions in pregnancy on maternal weight and obstetric outcomes: meta-analysis of randomised evidence*. S Thangaratinam, E Rogozinska, K Jolly, S Glinkowski, T Roseboom, J W Tomlinson, R Kunz, B W Mol, A Coomarasamy, K S Khan. 2012; 344:e2088.

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### Document History

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