

# Why Your Weight Matters In Pregnancy

## Why does my weight matter during my pregnancy?

Most women who are overweight have a straightforward pregnancy and birth and go on to have a healthy baby, however, being overweight 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. You and your healthcare professionals can work together to reduce some of these risks.

## What is classed as overweight?

At the start of pregnancy 50% of women are categorised as overweight or obese

28% of women as overweight (BMI≥25)

22% of women as obese (BMI≥30)

We know that weight can be very personal to lots of people. However, there are clinical words which your midwife or doctor may use to describe weight and risk. These are not meant to be offensive.

BMI	Weight status	Risk
Below 18.5	Underweight	Increased
18.5–24.9	Healthy	Average
25.0–29.9	Overweight	Mildly increased
30.0 and above	Obese	Increased

Your community midwife or midwifery support worker 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.

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, if your BMI is above 35

If your BMI is under 35 throughout your pregnancy and you have no other problems you will remain under the care of the midwifery team.

If your BMI is 40 or over at the start of your pregnancy you will be referred to see a Consultant Obstetrician and we recommend that you deliver your baby in the obstetric unit at the Conquest Hospital. You will also receive an appointment to see an anaesthetist during your pregnancy.

## What are the risks to me?

### 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 will be monitored during your pregnancy. If your BMI is 35 or above you will be offered injections of a medication called 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 compared with women with a BMI under 25. You will be offered a test for gestational diabetes between 24 and 28 weeks. If the test shows that you have gestational diabetes, you will be referred to the specialist pregnancy diabetes team for guidance and treatment as required.

### High Blood Pressure and Pre-Eclampsia

Being overweight increases your risk of developing high blood pressure and pre-eclampsia. If you have a BMI of 35 or above, your risk of pre-eclampsia is 2–4 times higher compared with those with 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 have had pre-eclampsia in a previous pregnancy
- your blood pressure was already high before pregnancy.

If you have these or other risk factors, your healthcare professional may recommend a low dose of aspirin to reduce the risk of you developing pre-eclampsia.

## What are the risks to my baby?

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.
- All women in the UK are offered an ultrasound scan at around 20 weeks to look for structural problems that your baby may have. With a raised BMI scans can become less accurate and

views may be restricted. You may need additional ultrasound scans to check your baby's development, growth and position. It may also be more difficult to listen to your baby's heartrate during pregnancy and labour.

## 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 and after birth. You may be referred to a dietician for specialist advice about healthy eating.

The website <http://www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx> can provide more information about a healthy diet. Trying to lose weight by dieting during pregnancy is not recommended. 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.

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

### Exercise

You will be offered information and advice about being physically active during pregnancy. There is further information about physical activity for pregnant women on the RCOG website at: <https://www.rcog.org.uk/en/patients/patient-leaflets/physical-activity-pregnancy/>

Physical activity will benefit both you and your baby. If you have not previously exercised routinely, you should begin with about 15 minutes of continuous exercise, three times per week, increasing gradually to 30 minute sessions every day. Some examples of healthy exercise include swimming, walking and pregnancy yoga. A good indication that you are not doing too much is still being able to have a conversation whilst exercising.

## How do I plan for labour and 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 and the complications associated with, during and after a caesarean birth; such as heavy bleeding, anaesthetic complications and wound infection.

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 at booking

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, EMU birth centre or on the labour ward at the Conquest

#### If your BMI is between 35-39.9 at booking

You can be considered for an out of hospital birth providing there are no other complications in your pregnancy.

#### If your BMI is greater than 40 at booking

You will be sent an appointment 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 at the Conquest Hospital.

### **What are my options for pain relief in labour?**

All types of pain relief are available to you. However, having an epidural can be more difficult if you are overweight. You may be offered a discussion with an anaesthetist to talk about your choices for pain relief during labour.

### **What happens after having my baby?**

After giving birth, some of your risks continue. By working together with your healthcare professionals, you can minimise the risks in a number of ways, as discussed below.

#### 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 and this will therefore be monitored.

#### Prevention of thrombosis

You are at increased risk of thrombosis for a few weeks after the birth of your baby. Your risk will be reassessed 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 may be offered blood-thinning injections (low-molecular weight heparin treatment) for at least 10 days after the birth of your baby; it may be necessary to continue taking this for 6 weeks.



## Information and support about feeding

How you choose to feed your baby is a personal decision. There are many benefits of breastfeeding or giving expressed milk for you and your baby. It is possible to breastfeed or express whatever your weight and you will be offered support antenatally (to practice expressing) and postnatally from our ESHT Midwives, Nursery Nurses and Maternity Support workers. You and your baby will be given extra support as part of our 'red bobble hat' care pathway. Once you are discharged you can access support from all the local breastfeeding support organisations. If you choose to feed your baby with artificial Formula we will discuss responsive feeding and pacing feeds to ensure baby is feeding safely.

Our Infant Feeding Specialist Midwife is also able to discuss your feeding plans antenatally via referral from your named midwife or team.

## **Planning for future pregnancies**

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 that 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 that even a small weight loss can give you significant benefits.

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

## **Further Information**

How to Prevent Gestational Diabetes: ESHT Patient information leaflet.

RCOG patient information:

- Reducing the risk of venous thrombosis in pregnancy and after birth ([www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth](http://www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth))
- Gestational diabetes ([www.rcog.org.uk/en/patients/patient-leaflets/gestational-diabetes/](http://www.rcog.org.uk/en/patients/patient-leaflets/gestational-diabetes/))
- Pre-eclampsia ([www.rcog.org.uk/en/patients/patient-leaflets/pre-eclampsia/](http://www.rcog.org.uk/en/patients/patient-leaflets/pre-eclampsia/))
- Shoulder dystocia ([www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia/](http://www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia/))

- Understanding how risk is discussed in healthcare ([www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare/](http://www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare/))

NHS – Eat well: [www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx](http://www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx)

Guidance from the Physical Activity and Pregnancy Study, commissioned by the UK Chief Medical Officers:

[www.rcog.org.uk/en/patients/patient-leaflets/physical-activity-pregnancy/](http://www.rcog.org.uk/en/patients/patient-leaflets/physical-activity-pregnancy/)

Tommy's information on weight management during pregnancy: [www.tommys.org/pregnancy-information/im-pregnant/weight-management-pregnancy](http://www.tommys.org/pregnancy-information/im-pregnant/weight-management-pregnancy)

NHS BMI calculator: [www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx](http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx)

## Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or email: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

This information leaflet has been adapted from the 2018 RCOG patient information leaflet: 'Being overweight during pregnancy and after birth'

Available at <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-being-overweight-during-pregnancy-and-after-birth-002.pdf>

The following clinicians have been consulted and agreed this patient information:

Members of the *Women and Children's Guideline Implementation group*

The Clinical Specialty/Unit that have agreed this patient information leaflet:

*Women and Children's Governance and Accountability Members*

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