Being overweight in pregnancy and after birth

About this information

This information is for you if you are overweight and pregnant or have recently given birth.

Your weight should not be a reason for you to be discriminated against or treated without dignity and respect. If you do experience this at any point during your maternity care, please report this to the UHB Patient Advice and Liaison Service (PALS):0121 424 0808 / pals@uhb.nhs.uk. You may also wish to discuss this with the Birmingham and Solihull Maternity and Neonatal Voices Partnership (MNVP), who represent service users.

Most women who are overweight have a straightforward pregnancy and birth and have healthy babies. However, being overweight or obese does increase the risk of complications to both you and your baby. You and your healthcare professionals can work together to reduce some of these risks.

Key points

- Body mass index (BMI) calculation is a simple way to find out whether you are a healthy weight for your height. A BMI of 18.5–24.9kg/m^2 is considered healthy.
- A BMI of 25kg/m^2 or above is associated with risks for you and your baby.
- The higher your BMI, the greater the risks are.
- Some of the risks with raised BMI include increased risk of blood clots (thrombosis), diabetes in pregnancy (gestational diabetes), high blood pressure, pre-eclampsia, induction of labour, caesarean birth, anaesthetic complications, and wound infections.
- A raised BMI also increases your risk of having a miscarriage, giving birth early, having a big baby or having a stillbirth.
- Healthy eating and exercise can benefit you and your baby.
- If your BMI is 30kg/m^2 or above, you are advised to take a higher dose of folic acid (5mg per day).

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 in the range of 18.5 to 24.9kg/m^2. A person with a BMI in the range of 25 to 29.9kg/m^2 is considered overweight. A person with a BMI of 30kg/m^2 or above is considered to be obese.

When will BMI be calculated in pregnancy?

Your BMI will be calculated at your first antenatal booking appointment.

You may be weighed again later in your pregnancy.

You can calculate your BMI by using the calculator on the NHS website: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/

What are the risks of a high BMI in pregnancy?

Most women with a high BMI have a straightforward pregnancy and have healthy babies. However, being overweight or obese does increase the risk of complications for you and your baby. The higher your BMI, the greater the risks.

If your BMI at your antenatal booking visit is 30kg/m^2 or above, you may be offered consultant-led antenatal care. Your healthcare professional will discuss with you any additional risks for you and your baby as well as how these can be reduced.

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 will be monitored during your pregnancy. You may be offered injections of a medication called low-molecular-weight heparin to reduce your risk of thrombosis. This is safe to take during pregnancy. For more information, see the Royal College of Obstetricians and Gynaecologists (RCOG) patient information, 'Reducing the risk of venous thrombosis in pregnancy and after birth': https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth-patient-information-leaflet/

Gestational Diabetes

Diabetes that is first diagnosed in pregnancy is known as gestational diabetes. If your BMI is 30kg/m^2 or above, you are three times more likely to develop gestational diabetes compared with women with a BMI under 25kg/m^2.

You will be offered a test for gestational diabetes when you are between 24 and 28 weeks pregnant. If the test shows that you have gestational diabetes, you will be referred to a specialist for further testing and treatment as required.

For further information, see the RCOG patient information, 'Gestational diabetes': https://www.rcog.org.uk/for-the-public/browse-our-patient-information/gestational-diabetes/

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 30kg/m^2 or above, your risk of pre-eclampsia is two to four times higher compared with those with a BMI under 25kg/m^2.

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. For further information, see the RCOG patient information, 'Pre-eclampsia': https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/pre-eclampsia-patient-information-leaflet/

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

- The overall likelihood of a miscarriage in early pregnancy is 1 in 5 (20%), but if you have a BMI of 30kg/m^2 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 1,000 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 30kg/m^2 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 4kg, which increases the risk of complications for you and your baby during birth. If your BMI is 30kg/m^2 or above, your risk is doubled from 7 in 100 to 14 in 100 compared with women with a BMI of between 20 and 30kg/m^2
- The overall likelihood of stillbirth in the UK is 1 in every 200 births. If you have a BMI of 30kg/m^2 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 35kg/m^2, it may be difficult to be accurate with a tape measure so you will be offered 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 I reduce the risks to me and my baby?

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 https://www.nhs.uk/live-well/eat-well/ provides 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.

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/for-the-public/browse-all-patient-information-leaflets/physical-activity-and-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.

Labour and birth

There is an increased risk of complications during labour and birth, particularly if your BMI is 40kg/m^2 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); for further information, see the RCOG patient information, 'Shoulder dystocia': https://www.rcog.org.uk/for-the-public/browse-our-patient-information/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

During your pregnancy, you may be offered an appointment to talk to an anaesthetic consultant. If your BMI is over 50kg/m^2 at your antenatal / booking appointment, then you will be referred to the obstetric anaesthetic clinic for a face-to-face anaesthetic assessment. If your BMI is over 40kg/m^2 but less than 50kg/m^2 it may be decided that you are suitable to be seen by the anaesthetist when admitted in labour.

The purpose of this visit is for the anaesthetist to discuss and plan with you the options available for pain relief in labour and the anaesthetic choices available for birth. It is much easier to have this discussion in relaxed surroundings, rather than trying to explain your options when you're experiencing contractions during labour.

If you have been on blood thinning injections in pregnancy the anaesthetist can also advise when to stop these in relation to labour.

The anaesthetist will also examine your back, look at the veins in your hands and have a look inside your mouth (this helps us assess how easy or difficult it might be, if we ever needed to give you a general anaesthetic).

After this discussion the anaesthetist will suggest one of the following plans for pain relief in labour:

- In the **majority** of cases, you will be advised to keep an open mind and to see how labour progresses. Your midwife will help advise you on pain relief and encourage you to mobilise in the early stages of labour

- If having felt your back the anaesthetist predicts that it may take longer to get an epidural in and working, you may be advised to consider having an epidural inserted earlier in labour.

Having an epidural inserted, means that if your baby needs to be born in theatre, it can happen quickly. If an epidural hasn't been inserted and your back bones are difficult to feel, it may mean that you need to have a general anaesthetic, which means that you will be asleep when the baby is born

What are the advantages of having an epidural in labour?

Having an epidural in labour can take away the majority but not necessarily all of the pain of a contraction. The epidurals available are patient controlled epidurals, which means you can tailor the epidural to your own individual requirement and decide how much or how little of the contraction you want to feel.

If you have a raised BMI and your back bones are more difficult to feel, it can make performing anaesthetic procedures, such as an epidural or spinal, more difficult. It can therefore be helpful to have an epidural inserted earlier in labour when there is no time pressure, and you feel more relaxed. This also gives the anaesthetist time to adjust the epidural or re-site it, in the event that the epidural doesn't work well initially.

There are times in labour when we need to deliver a baby as quickly as possible. If you have an epidural which is working well, we can often use it for either an emergency caesarean birth or if you need to have an assisted birth, for example forceps or a ventouse. This avoids the need to give you a spinal or general anaesthetic and therefore minimises any potential delay in the birth of your baby.

In general, it is better for both you and your baby to have a regional anaesthetic for a caesarean birth. This means either an epidural or spinal. With both techniques you are awake, but the lower part of your body is numb. (A spinal is used just for a caesarean birth, whilst an epidural can be used for pain relief in labour and also for a caesarean birth).

What should I do when I'm admitted in labour?

When you're admitted to labour ward, it is important to tell the midwife that you have seen an anaesthetist during your pregnancy. This allows the anaesthetist on duty to review the birth plan suggested by the anaesthetic consultant who saw you in clinic.

It is worth noting, that things can change very quickly in labour and sometimes it is necessary to amend original birth plans. These changes would be discussed with you.

During labour

Throughout labour you will be given an antacid tablet called omeprazole. This reduces the acidity in your stomach. It is also advisable not to eat any solid food. It is safer to drink just water or non-fizzy sports drinks.

If you have veins that are difficult to find, then it is advisable to have a cannula sited in labour, so that this isn't attempted for the first time in an emergency situation.

In summary

If you have a raised BMI, then you are more likely to need some sort of assistance with the birth of your baby, in comparison to someone with a lower BMI

- If your labour is not straightforward, you should consider having an epidural
- If you have a potentially difficult airway and / or your back bones are very difficult to feel, the anaesthetist may again encourage you to have an epidural
- If you have an epidural, which is working well, and your baby needs birthing quickly, we can use it for either an emergency caesarean birth or a forceps/ventouse birth. This avoids the need to give you a spinal or general anaesthetic
- It can be more difficult and take longer to site an epidural or spinal. It is therefore better to have an epidural early in labour, rather than later
- If you need a caesarean birth, it is generally better to stay awake while your baby is born

After birth

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). For further information, see the RCOG patient information, 'Heavy bleeding after birth (postpartum haemorrhage)': https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/heavy-bleeding-after-birth-postpartum-haemorrhage-patient-information-leaflet

What happens after giving birth?

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 40kg/m^2 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 six weeks

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 and local breastfeeding support organisations. For example, see: www.nct.org.uk/baby-toddler/feeding/early-days/new-baby-feeding-support

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 healthcare professional.

Planning for a future pregnancy

If you have a BMI of 30kg/m^2 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 30kg/m^2 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, a healthcare professional can still provide contact details for support for when you are ready.

Department address and contact information:

Heartlands Hospital Antenatal Clinic: 0121 424 0730
Good Hope Hospital Antenatal Clinic: 0121 424 9622
Solihull Antenatal Clinic: 0121 424 4373

If you require this information in another format, such as a different language, large print, braille or audio version, please ask a member of staff or email: interpreting.service@uhb.nhs.uk