

Information for pregnant women who have a high body mass index (BMI) of 30 and greater

Maternity Services



INTRODUCTION

This leaflet provides information on the risks to both you and your baby's health when you have a Body Mass Index (BMI) of 30 and greater.

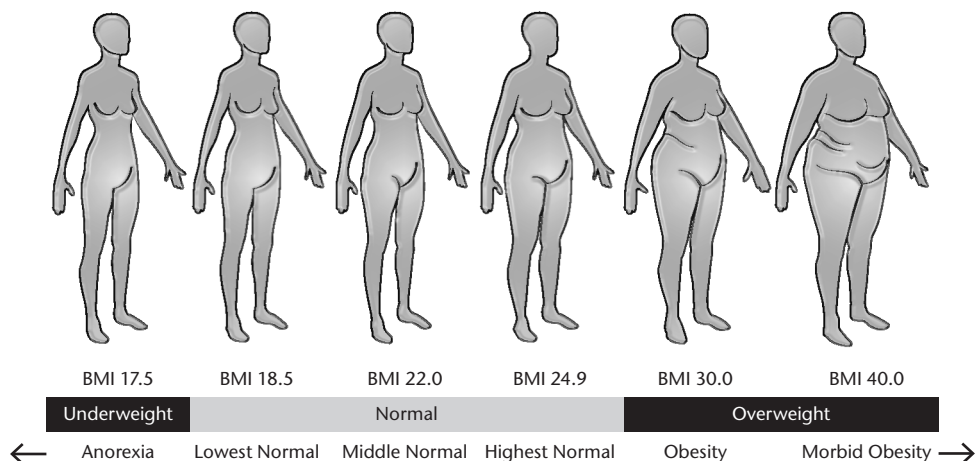
Recent evidence has shown that women with a BMI of 30 and greater have an increased risk of complications during pregnancy, labour and after childbirth. Conditions such as Diabetes, High Blood Pressure and Heart disease also occur with increasing BMI.

Although your increased weight puts you and your baby at potential risk of serious complications during pregnancy, labour and after having your baby it is important to remember that many women will deliver their babies without any complications and minimal intervention.

At your booking visit your midwife will measure your height and weight using the correct weight scales and stadiometer (height measuring tool). This will enable your midwife to discuss and plan your care appropriately for pregnancy, labour and after childbirth.

WHAT IS BMI?

BMI is a tool which uses height and weight to work out weight categories for adults over 20 years of age. BMI ranges are based on the effect that body weight has on health. Two people could have the same BMI, however they could be very different in shape and fitness.



BMI CATEGORIES

BMI kg/m ²	Definition	Recommended Weight Gain For Pregnancy
<18.5	Underweight	12.5 to 18kgs
18.5-24.9	Normal Range	11.5 to 16kgs
25-29.9	Overweight	7 to 11.5kgs
30-34.9	Obesity I	5 to 9kgs
35-39.9	Obesity II	5 to 9kgs
≥ 40	Obesity III	5 to 9 kgs

(SIGN, NICE, 2006)

WHAT ARE THE RISKS FOR ME IF MY BMI IS 30 OR MORE?

- ❖ **Infertility Problems**
- ❖ **Miscarriage**
- ❖ **Ultrasound scanning can be difficult** and scans to check for abnormalities of the baby are not as accurate in larger ladies. You may need further scans to check your baby's growth and position.
- ❖ **Difficult to check growth and the position your baby is lying in.**
- ❖ **Difficult to monitor your baby's heart beat** during labour and it may be necessary to attach a small clip to your baby's head to give a more accurate recording.
- ❖ **You have a higher risk of Anaesthetic problems:**
 - ◆ If you require an epidural for labour this can be more difficult to put in. It can take longer and despite a few attempts may not be possible to put in at all.
 - ◆ There may be an increased incidence of complications such as headaches or nerve damage.
 - ◆ Spinal or epidural anaesthesia (*where you are awake*) is preferred if you require caesarean section. These can be more difficult to put in or may not be possible to put in especially if you are in labour. This can cause problems such as headache or nerve damage.
 - ◆ On some occasions it is necessary to have a general anaesthesia (*where you are asleep*) for caesarean section. If you have a high BMI it can be more difficult to put the tube in your wind pipe when you are asleep, resulting in low oxygen. It can also be difficult to help your breathing when you are asleep and this may cause low oxygen.

- ♦ If your BMI is 40 and greater your midwife will refer you to the Anaesthetic clinic where you will be seen around 28-34 weeks.
- ❖ **Blood Clots (thrombosis)** which can lead to serious complications and may be fatal. Post-natally you will be encouraged to get out of bed and move about as soon as you are able. You may be given an injection to prevent blood clots for several days. If your BMI is 40 and greater you will be given anti embolism stockings to wear which help reduce your risk of developing a blood clot.
- ❖ **Increased insulin resistance**
- ❖ **Gestational diabetes**, your midwife will check your urine sample at all antenatal visits. If your BMI is 35 or greater you will be offered a Glucose Tolerance Test (GTT) at 28 weeks pregnant. This will be done to assess if you have developed this condition.
- ❖ **High blood pressure and Pre-eclampsia.** Your midwife will check your blood pressure at all antenatal visits.
- ❖ **Complications in labour – such as shoulder dystocia** (*During delivery, the infant's shoulder gets caught on the mother's pubic bone*) which may cause injury to your urinary and genital tract.
- ❖ **Increased risk of Forceps/Caesarean section delivery.**
- ❖ **Wound Infections** following caesarean section and increased risk of genital and urinary tract infections.
- ❖ **Breastfeeding Problems** such as difficulties positioning and attaching baby to the breast.
- ❖ **Increased risk of maternal death**

WHAT ARE THE RISKS FOR MY BABY?

- ❖ **Prematurity** which can cause serious problems for your baby
- ❖ **Birth Defects such as Spina Bifida**
- ❖ **I.U.G.R** (*poor growth*)
- ❖ **Macrosomia** (*big baby*)
- ❖ **Metabolic problems** such as hypoglycaemia (*low blood sugar*)
- ❖ **Birth Injury** such as nerve damage and possible bone fractures resulting from shoulder dystocia (*see complications in labour above*)
- ❖ **Still birth** (*baby dying during pregnancy*)
- ❖ **Neonatal death** (*baby dying after delivery*)
- ❖ **Obesity in childhood and later life.**

What Can I Do to Reduce My Risk?

Weight gain is part of pregnancy. However, it is important you do not 'eat for two' and will be advised not to gain too much weight. Your midwife will advise you on weight gain and you will be weighed at booking and later during your pregnancy. If you have any concerns discuss this with your midwife. The heavier you are at booking the less weight you should gain.

You can manage your weight gain by:

- ❖ Choosing a healthier balanced diet, eating regular meals such as breakfast, lunch and dinner, cutting down on fatty or sugary foods and snacks.
- ❖ Try to eat at least 5 portions of fruit and vegetables, but no more than 9 daily.

- ❖ Drink fluids regularly at least 6-8 cups or glasses (1.5 litres) daily. Choose water, diet or sugar-free drinks and limit caffeine intake. Avoid alcohol completely.
- ❖ Choose foods rich in vitamins and minerals which are very important in pregnancy. Folic acid and foods rich in folate, such as oranges, green vegetables, fortified bread and breakfast cereals and brown rice reduce the risk of neural tube defects such as spina bifida.

All pregnant women are advised to take a 400 microgram folic acid supplement. However, if your BMI is 30 or greater you will be advised to take a higher dose supplement of 5milligrams. This can be given by your G.P. This supplement should be taken daily until 12 completed weeks of pregnancy.

- ❖ Vitamin D supplements of 10 micrograms are advised to be taken throughout pregnancy and whilst your baby is breastfeeding. Supplements are very important as we get Vitamin D from only a few foods such as oily fish. However we get it mostly from sunlight on our skin. Vitamin D is very important for the healthy growth of your baby's bones. You may be entitled to Healthy Start vitamins, discuss this with your midwife.
- ❖ If your BMI is 35 or greater you will be offered referral to a Specialist Dietitian and Midwife who can provide you with support and guidance on eating healthily and managing your weight, this is known as the " Healthy Lifestyle in pregnancy Service"
- ❖ Become more active. Take part in activities such as, walking, housework, swimming, aquanatal classes, and gym exercises specifically for pregnancy. Always tell your gym instructor that you are pregnant. When exercising it is important not to overheat and you should drink water to keep hydrated. Also listen to your body, know your own limitations and don't over do it.

For more information on healthy diet and exercise refer to the pregnancy book 'Ready Steady Baby'. Ask your midwife about local exercise groups available in your area, you can also check out the websites on the back page of this leaflet.

A BMI of 30 and greater can increase your risk of potential serious complications in pregnancy and childbirth. However it is important to remember that many women will deliver their babies without any complications and minimal interventions.

Making lifestyle changes such as eating a balanced healthy diet and becoming more active during your pregnancy can have a positive impact on you, your baby and your family's health now and for the future.

FURTHER WEBSITES

- ❖ www.eatwell.gov
- ❖ www.nhslanarkshire.co.uk
- ❖ www.NL.leisure
- ❖ www.SL.leisure

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 08453 130 130 or e-mail info2@lanarkshire.scot.nhs.uk

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