



Belfast Health and
Social Care Trust



Pregnancy and your weight

All pregnant women have their height and weight measured as part of the general health check carried out at the first booking appointment. BMI is a means of classifying whether your weight lies within the healthy range for your height and is always recorded in your handheld maternity record.

Research has shown that complications in pregnancy are increased when your BMI is greater than 30. It is our aim to make your pregnancy as healthy and safe as possible.

If you are aware of the possible risks and complications this can help you to understand and take active role in making decisions about your care during pregnancy, labour and after delivery of your baby.

Before pregnancy and in the first trimester (first 12 weeks)

- There is an increase in the rate of neural tube defects such as spina bifida in women with BMI greater than 30
 - It has also been shown that the levels of folic acid in overweight women can be lower. Folic acid is a nutrient known to decrease the risk of conditions like spina bifida. It is therefore recommended that woman with BMI greater than 30 take the higher dose of folic acid while trying to get pregnant and up until the twelfth week of pregnancy. The recommended dose is 5 mg daily (women in low risk groups are advised to take 400micrograms of folic acid daily)
 - If you are unsure about the dose you have been prescribed please consult your doctor or midwife.
- Overweight women also tend to have lower levels of Vitamin D in their bodies and are advised to take Vitamin D 10 micrograms supplements during their pregnancy and while breastfeeding.



Antenatal Care

Unless you have other medical conditions requiring specialist antenatal care such as diabetes, epilepsy, heart problems etc you will be seen at the general antenatal clinic – usually for shared care which means some appointments with your GP or midwife and some at the hospital antenatal clinic.

Diabetes

Overweight women are at high risk of developing diabetes (high blood sugar) at some stage of their life. During pregnancy there is a particular form of diabetes called gestational diabetes which may settle after the pregnancy or become a longer term problem. This will be checked for during your pregnancy. If you are found to have gestational diabetes you will attend a specialised antenatal clinic and you and your baby will be closely monitored due to the complications which can arise from high blood sugar levels. In some cases you may need to be treated with insulin injections.

If you lose weight between pregnancies this decreases your chance of developing gestational diabetes during the next pregnancy and Type II diabetes later in life.

Birth plans

We would advise to try for as normal labour as possible, which means avoiding induction of labour if possible. We usually advise to await spontaneous labour (if there are no other problems) till term +10 days.

Water birth may carry more risks for women with BMI over 30 and therefore is not recommended.

Ultrasound Scans

Routinely you will be offered a scan at your booking appointment and an anomaly scan at around 20 weeks. There may be further scans at later appointments to check your baby's growth, fluid around the baby and the placenta.

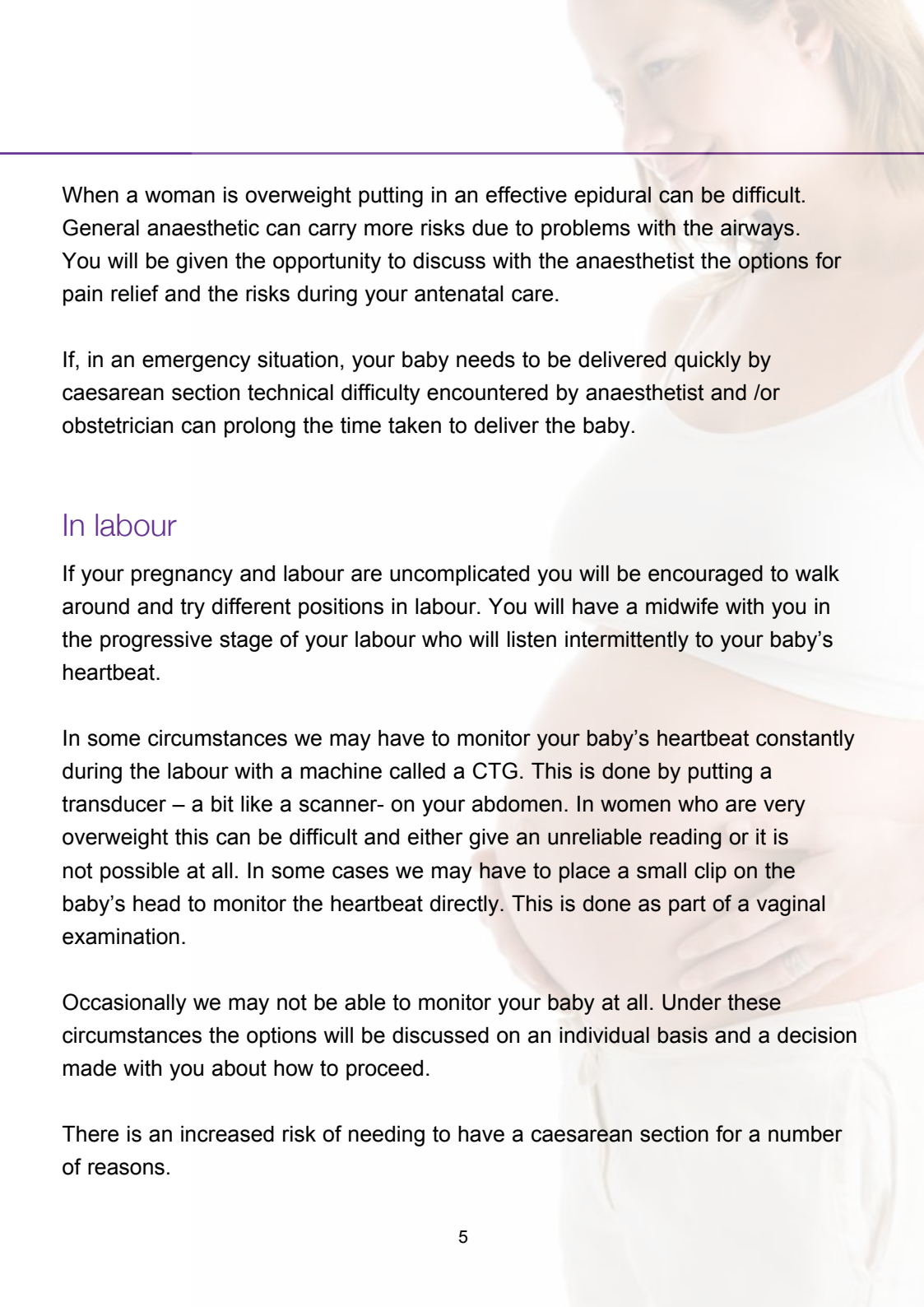
When a woman is overweight there is often increased tissue around the abdominal area. This makes scanning more difficult. A recent audit showed that women who are overweight often have to return to have scans repeated to help see the baby more clearly. The 20 week scan will only be repeated once. In some cases it is impossible to see baby very clearly and estimation of baby's weight is very difficult.

In early pregnancy you may be offered a transvaginal scan where the probe is put into the vagina to see the baby more clearly and to confirm that there is a heartbeat and make measurements to determine your due date. This procedure is safe for you and your baby. Any concerns may be discussed with the midwife or doctor performing the scan.

A large proportion of abnormalities can be picked up on scans but if we find scanning your baby technically difficult due to weight some more subtle abnormalities may not be seen until your baby is born. This especially applies to heart abnormalities which can be difficult to see even in ideal circumstances. In women who are severely overweight we may need to use the scanner to confirm the position of the baby in labour as examination can be difficult.

The anaesthetist

The anaesthetist is the doctor who will deal with issues of pain relief in labour such as epidural and also give spinal or general anaesthetic for more difficult deliveries and caesarean section.



When a woman is overweight putting in an effective epidural can be difficult. General anaesthetic can carry more risks due to problems with the airways. You will be given the opportunity to discuss with the anaesthetist the options for pain relief and the risks during your antenatal care.

If, in an emergency situation, your baby needs to be delivered quickly by caesarean section technical difficulty encountered by anaesthetist and /or obstetrician can prolong the time taken to deliver the baby.

In labour

If your pregnancy and labour are uncomplicated you will be encouraged to walk around and try different positions in labour. You will have a midwife with you in the progressive stage of your labour who will listen intermittently to your baby's heartbeat.

In some circumstances we may have to monitor your baby's heartbeat constantly during the labour with a machine called a CTG. This is done by putting a transducer – a bit like a scanner- on your abdomen. In women who are very overweight this can be difficult and either give an unreliable reading or it is not possible at all. In some cases we may have to place a small clip on the baby's head to monitor the heartbeat directly. This is done as part of a vaginal examination.

Occasionally we may not be able to monitor your baby at all. Under these circumstances the options will be discussed on an individual basis and a decision made with you about how to proceed.

There is an increased risk of needing to have a caesarean section for a number of reasons.

At delivery, babies born to overweight mums have an increased risk of their shoulders becoming trapped when the head is delivered (shoulder dystocia). In some circumstances this is because the baby is bigger than expected– often in association with gestational diabetes. But it can happen also in average sized babies. The team looking after you will be vigilant for this complication.

Caesarean Section

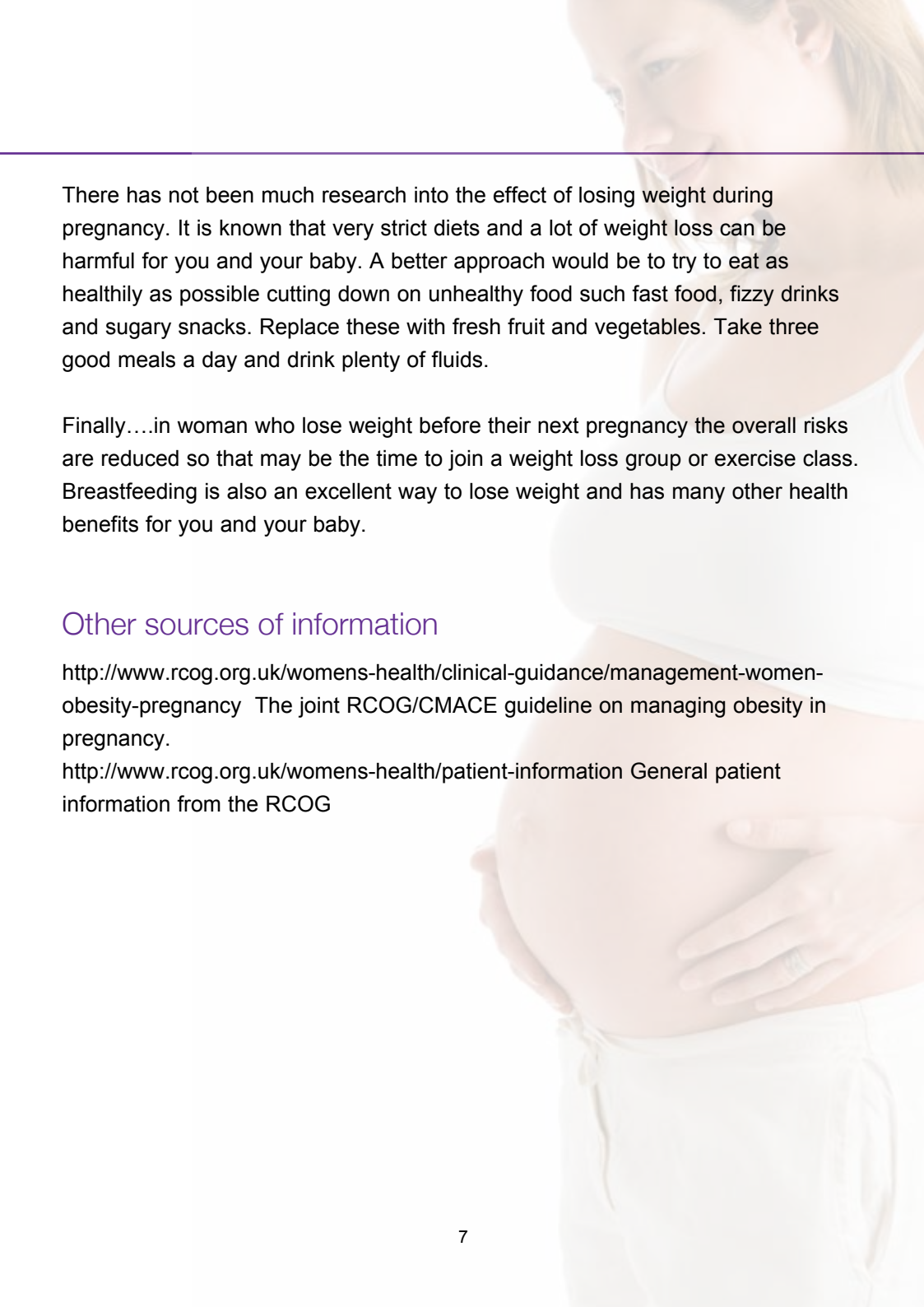
Caesarean Section will sometimes be the safest means of delivery. This is a major operation and can have complications and lasting effects for mum. In women who are overweight it can be a difficult operation to perform. Often it takes longer and there are increased risks of technical difficulties, damage to organs like the bladder or bowel. There is also higher risk of wound infection and healing problems afterwards.

Blood clots

Pregnancy itself increases any woman's risk of blood clots in the legs or the lungs. This is a potentially life threatening complication. Increased weight increases the risk further. You may be offered injections to prevent clots during your pregnancy, after delivery and after you go home depending on your own circumstances.

Managing weight during your pregnancy

Pregnancy is an ideal time to make your lifestyle as healthy as possible to benefit you and your baby. Ideally you should aim to eat a healthy balanced diet with plenty of fruit and vegetable, lean meat and fish and to take mild exercise such as walking or swimming. Avoid strenuous exercise if you are not used to it.



There has not been much research into the effect of losing weight during pregnancy. It is known that very strict diets and a lot of weight loss can be harmful for you and your baby. A better approach would be to try to eat as healthily as possible cutting down on unhealthy food such as fast food, fizzy drinks and sugary snacks. Replace these with fresh fruit and vegetables. Take three good meals a day and drink plenty of fluids.

Finally...in women who lose weight before their next pregnancy the overall risks are reduced so that may be the time to join a weight loss group or exercise class. Breastfeeding is also an excellent way to lose weight and has many other health benefits for you and your baby.

Other sources of information

<http://www.rcog.org.uk/womens-health/clinical-guidance/management-women-obesity-pregnancy> The joint RCOG/CMACE guideline on managing obesity in pregnancy.

<http://www.rcog.org.uk/womens-health/patient-information> General patient information from the RCOG

