

Maternity Services

# Pregnancy and body mass index (BMI)

Information for women with a BMI of 30 or more



Your body mass index (BMI) is the balance between your height and weight. It is used to work out whether you are underweight, just right, overweight or obese. Your BMI is recorded in your pregnancy notes and is a useful measurement during your pregnancy.

### **BMI measurements**

- BMI less than 18.5 = underweight
- BMI 18.5 - 25 = healthy weight
- BMI over 25 = overweight
- BMI over 30 = obese
- BMI over 40 = seriously obese

If you are overweight this will affect your health and the health of your baby. We do not recommend dieting in pregnancy but there are positive steps you can take to help improve the well-being of you and your baby. More information can be found on the NHS Choices website:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/overweight-pregnant.aspx#close>

## Eating healthily while you are pregnant

Eating healthily during pregnancy will help your baby to develop and grow. It will also help to keep you well. It is recommended that you have a low fat (unsaturated fat), low sugar and high fibre diet. You don't need to go on a special diet, but it's important to eat a variety of different foods every day to get the right balance of nutrients that you and your baby need. Make sure you drink plenty of water and try and eat 5 portions of fruit or vegetables each day. You should also try to eat foods rich in iron (e.g. red meat, bread, green vegetables, pulses and fortified breakfast cereal).

It is best to get vitamins and minerals from the foods you eat, but when you're pregnant you need to take some supplements as well. This is to make sure your body is getting everything it needs to support your growing/developing baby.

If you have a BMI of 30 or more, we recommend that you take a high dose folic acid supplement of 5mg (milligrams) daily for the first 12 weeks of pregnancy. Folic acid helps to reduce the risk of neural tube defects (defects of the brain and spinal cord). You are also advised to take a daily supplement of 10mcg (micrograms) of vitamin D throughout your pregnancy and while you are breast feeding. Vitamin D regulates the amount of calcium and phosphate in your body; these are needed to keep your bones and teeth healthy.

You can get information on healthy eating from your midwife, GP and at:

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx#close>

## Weight gain

The amount of weight a woman may gain in pregnancy can vary a great deal. Only some of it is due to increased body fat – your baby, placenta, amniotic fluid (fluid around the baby) and increases in maternal blood and fluid retention all contribute to an increase in weight.

Most pregnant women gain between 10kg and 12.5kg (22lb to 26lb), putting most of the weight on after week 20. However, if you have a raised BMI you will be encouraged to keep any increase in your weight to within the Institute of Medicine (IOM) guidelines:

- BMI over 25 = 7 - 11.5kg (15 - 25lbs)
- BMI over 30 = 6kgs (15lbs) or less

If you have a BMI of 30 or more at your booking appointment, your midwife will offer you information about the Slimming World voucher scheme. The Slimming World scheme in pregnancy is supported by the Royal College of Midwives. The scheme doesn't encourage weight loss or 'dieting' during pregnancy, instead it can support you to adopt a balanced, healthy diet to prevent excess weight gain. It can also help you to manage your weight healthily following the birth of your baby and while breast-feeding.

<http://www.slimmingworld.com/rcm/>

## Exercise in pregnancy

Moderate-intensity physical activity will not harm you or your baby. We recommend that you try to do at least 30 minutes per day; this could include swimming or brisk walking.

If you exercised regularly before pregnancy you should be able to continue with no adverse effects. However, the aim of recreational exercise is to stay fit, rather than to reach peak fitness.

If you have not exercised routinely before your pregnancy then you should begin with no more than 15 minutes of continuous exercise, three times per week, increasing gradually to daily 30 minute sessions.

## How can a raised BMI affect pregnancy?

Research shows us that women who have a high BMI when they become pregnant are at a higher risk of complications during their pregnancy and labour. If you weigh over 100kg (15st 10lb) or your BMI is more than 35 at the start of your pregnancy, your midwife will refer you to an obstetrician. This is a doctor who specialises in caring for women in pregnancy.

### **Diabetes**

The risk of developing diabetes in pregnancy can be related to your BMI. The higher your BMI, the greater risk you have of developing diabetes.

### **High blood pressure**

Women who have a high BMI are at a greater risk of developing high blood pressure. Your midwife or doctor will be assessing your health at each antenatal visit and will check your blood pressure regularly. Developing high blood pressure in pregnancy can lead to a more serious condition called pre-eclampsia. Your midwife will discuss the symptoms of this with you.

### **Urinary tract infections**

Some women with a high BMI may be more prone to urinary tract infections (urine/bladder infections). Your midwife can refer you to a doctor if this becomes a problem for you.

### **Pelvic joint pain**

Women with a high BMI are more likely to have pelvic joint pain during pregnancy (called pelvic girdle pain). It is important to keep moving as much as possible during your pregnancy. If you experience any pelvic pain please speak to your midwife. They can give you advice and refer you for physiotherapy, if needed. The following links may also be helpful:

<http://www.ouh.nhs.uk/patient-guide/leaflets/files/10680Ppelvicgirdle.pdf>

<http://www.pelvicpartnership.org.uk/>

## **Blood clots**

A raised BMI is linked to an increased risk of blood clots. This is especially true if you have had a blood clot before or a close relative has had one before they were 50. Your midwife or doctor will refer you to an obstetrician if they have concerns about this.

## **Checking the position and size of your baby**

If you have a high BMI it may be difficult for midwives and doctors to find out which way your baby is lying and how big it is. Feeling your tummy (called 'abdominal palpation') can be less accurate and occasionally it may be necessary to have another scan to check the growth of your baby.

## **Ultrasound scanning**

All women are offered two scans in their pregnancy. If you have a high BMI and a lot of excess body fat around your tummy, ultrasound scan pictures can be unclear and the baby cannot be seen as well. This limits the ability for us to pick up any problems with the baby and reduces how clearly we can see that your baby is growing.

## How can your BMI affect your labour?

Women who have a high BMI may experience more difficulties in labour. However, it is worth remembering that many women will still have straightforward births. We know that women who have a high BMI are at an increased risk of having:

- an induction of labour (when labour is started artificially). However, you will not have an induction of labour based on your BMI alone. Induction of labour should be avoided unless it is considered absolutely essential, because it is more likely to fail if you have a high BMI, than in women of normal weight. The decision whether we need to induce you will be made by a senior obstetrician.
- a longer labour
- a Caesarean section
- difficulties in hearing (monitoring) the baby's heartbeat
- larger babies and difficulties delivering the baby's shoulders
- heavy bleeding after your baby is born

- problems having epidurals and drips inserted
- less chance of having a successful vaginal birth after a previous Caesarean section
- a baby who has breathing difficulties after birth.

## Where should your baby be born?

### **All women with a BMI of 40 or over**

If your BMI is over 40 at your booking appointment we recommend that you give birth on the main Labour Ward at the John Radcliffe or Horton General Hospital. This is to make certain that doctors and midwives can respond quickly if any problems occur.

### **If this is your first baby**

If you have a **BMI of 35 or less** and no other complications, you can choose a home birth, a birth at one of the Midwife Led Units or birth at the John Radcliffe or Horton General Hospital.

If your **BMI is over 35** at your booking appointment we recommend that you give birth on the main Labour Ward at the John Radcliffe or Horton General Hospital. This is to make certain that doctors and midwives can respond quickly if any problems occur.

### **If you have had a normal birth before**

If your **BMI is 40 or less**, you are well in this pregnancy and you have had a normal birth before with no complications, you can choose a home birth, a birth at one of the Midwife Led Units or birth at the John Radcliffe or Horton General Hospital.

### **Care in labour**

Remaining upright and active in labour will promote normal labour and birth. It will also lower the risks associated with not moving, such as developing blood clots and skin damage from pressure areas.

If your BMI is under 40 you may use the birthing pool as long as you can enter and exit unaided. We would advise you not to use the birthing pool if your body mass index is over 40 at booking. This is to minimise the risk to yourself and your baby as a high BMI may mean

that we are not as able to move you out of the pool quickly if we need to.

It may be necessary to monitor your baby's heartbeat continuously. A fetal scalp electrode (sometimes called a "clip") may be recommended when it is difficult to monitor your baby's heartbeat through your abdomen. This is attached to the top of your baby's head through your vagina and cervix (neck of the womb) and then connected to the monitor.

You will be given a ranitidine tablet regularly when you are in active labour. This will help to reduce the acid content of your stomach. This is a precaution in case you need a Caesarean section.

### **Epidurals and pain relief**

If you have a BMI over 40, a consultant anaesthetist at the John Radcliffe or Horton General Hospital will see you during your pregnancy. This appointment is for the anaesthetist to assess you and then to discuss your options for pain relief in labour.

Having a raised BMI means you are at a slightly higher risk of needing a Caesarean birth. It can also make it more difficult for an epidural to be inserted. An epidural is a method of giving you pain relief through a small tube into your back.

It is safer to have an epidural than a general anaesthetic because there are more complications associated with a general anaesthetic if you have an increased BMI. If you feel that you might want an epidural when you are in labour, the anaesthetist may prefer to insert the epidural quite early in your labour. This is so that they have extra time to carry out the procedure. If we are not able to insert the epidural the anaesthetist can help you with other types of pain relief.

## BMI and your health after baby is born

After the birth of your baby it may be necessary to give you heparin injections for a few days, to prevent blood clots in your legs or chest. You may be asked to continue with these when you go home; you (or your partner) will be shown how to do this.

We will encourage you to move around as soon as possible after the birth and drink plenty of fluids. We will also give you some anti-embolism stockings (called "TEDS") to reduce the risk of blood clots.

You are at increased risk of developing an infection if you have a Caesarean section wound. Taking care to keep your wound clean and dry may help to prevent this from happening.

Women with a high BMI may experience more problems breast-feeding as it can be more difficult to get yourself and the baby into a comfortable position. However, with good support and perseverance you will normally be able to succeed. Make the most of the breast-feeding support in your local community and remember that breast-feeding can help weight loss.

## Urinary incontinence

Some women may experience problems with bladder weakness during and after pregnancy. It is important that you do your pelvic floor exercises during your pregnancy and after the birth of your baby. You can find further information by following the link below:

[www.nhs.uk/Conditions/pregnancy-and-baby/Pages/your-body-after-childbirth.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/your-body-after-childbirth.aspx)

We also have a useful leaflet available about pelvic floor exercises. Please ask for this from your midwife or a member of staff or follow this link:

<http://www.ouh.nhs.uk/patient-guide/leaflets/files/4895Pchildbirth.pdf>

## Further information and support

There are many postnatal groups to help you once you have had your baby. Your midwife will be able to give you more information about these. There is a lot of help available to support you in losing weight and starting exercise. Your GP and practice nurse are a good place to start.

This information leaflet is intended to give you information and answer any of your immediate questions. Please feel free to discuss any further questions and concerns with your midwife or doctor.

There is also useful information on the Royal College of Obstetricians and Gynaecologists website:

[www.rcog.org.uk/womens-health/clinical-guidance/why-your-weight-matters-during-pregnancy-and-after-birth](http://www.rcog.org.uk/womens-health/clinical-guidance/why-your-weight-matters-during-pregnancy-and-after-birth)



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Sian Warriner, Consultant Midwife  
September 2014  
Review: September 2017  
Oxford University Hospitals NHS Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk/patient-guide/leaflets/library.aspx](http://www.ouh.nhs.uk/patient-guide/leaflets/library.aspx)

