

Information for Patients

Raised Body Mass Index (BMI) in pregnancy

The body mass index

The body mass index (BMI) is a measure of your weight in relation to your height. You are considered to be overweight if your BMI is between 25 and 29.9 and obese if your BMI is 30 or above. Your BMI will be calculated at your first booking appointment and an appropriate plan of care for your pregnancy and delivery will be made.

What are the risks of a raised BMI in pregnancy?

In the last few years a great deal of evidence has emerged showing that a mother's BMI at the time of booking her antenatal care is related to an increase in many pregnancy complications¹. In general, the greater the mother's BMI, the greater the risk of problems¹. Some of these complications are listed below:

Complications for the mother

- Raised blood pressure.
- Miscarriage.
- Diabetes in pregnancy.
- Difficulty delivering both vaginally and by caesarean section.
- Difficulty monitoring the baby in labour.
- Postpartum haemorrhage.
- Venous thromboembolism (blood clots in legs and lungs).

Complications for the baby

- Birth defects.
- Stillbirth and neonatal death.
- Prematurity.
- Macrosomia – a newborn significantly larger than average.
- Shoulder dystocia.
- Admission to the neonatal unit.

It is still worth bearing in mind that most women with a BMI greater than 30 will have a healthy baby

What can I do about these risks now that I am pregnant?

Healthy Eating

You will have the opportunity to speak to a dietician about developing and maintaining a healthy eating plan during pregnancy. Dieting during pregnancy is not the solution, and we do not recommend weight loss during pregnancy², although weight gain can and should be limited. “Eating for two” is a myth, as you do not need any additional kilocalories (kcal) in the first 2 trimesters and you only need an extra 200 kilocalories per day in the last trimester. This is equivalent to 2 slices of wholemeal bread. You may find that by adopting a healthier diet you will lose a little weight during pregnancy. This is not harmful.

Speak to your midwife about your options and how you can address any barriers you may be experiencing to changing your eating habits. We will be here to offer you support throughout the pregnancy if you are finding it difficult.

Exercise

The Royal College of Obstetricians and Gynaecologists recommends 30 minutes or more moderate physical activity per day for pregnant women, so try to take part in physical exercise whilst pregnant – take the stairs instead of the lift or walk to the shops instead of driving; look on-line for local pregnancy fitness and aquanatal classes. Women who were not physically active before pregnancy are advised to plan a safe exercise programme with their GP.

Folic Acid

You should take 5mg of folic acid from 1 month before you conceive until the 13th week of pregnancy to prevent neural tube defects in your baby. This is a higher dose than you can buy in the shops so will need to be prescribed by your doctor.

Vitamin D supplements

We recommend all pregnant women take 10mcg of vitamin D whilst pregnant and during breast feeding. This is especially important if your BMI is 30 or more as you are more likely to be deficient in vitamin D.

Venous thromboembolism (VTE)

All pregnant women have an increased risk of VTE. Your midwife will carry out a risk assessment at your booking appointment and if you are thought to be at significant increased risk, you will have a discussion with a doctor regarding starting injections of low molecular weight heparin to reduce this risk.

Will I need any extra appointments or tests?

Gestational diabetes

You will be offered a blood test called a glucose tolerance test when you are 26 weeks pregnant (if your BMI is 50 or more you will also have this test at 16 weeks) to rule out the onset of diabetes in pregnancy. Your midwife will provide you with more information about this test.

Additional ultrasound scanning

You may need extra scans after your 20 week scan as it can sometimes be difficult to tell how your baby is growing or which way round they are lying in the womb.

Anaesthetic referral

An anaesthetist is a doctor who specialises in pain relief in labour and administering both spinal and general anaesthetics. You may receive an appointment with an anaesthetist to discuss your medical and surgical history, together with the various forms of pain relief and anaesthesia you might need during labour. Because of the increased potential for instrumental (ventouse or forceps delivery) and caesarean delivery, you are more likely to require help from an anaesthetist. This meeting will provide the opportunity to ask any questions you may have surrounding this subject.

Monitoring for blood pressure problems

Due to an increased risk of raised blood pressure and pre-eclampsia, your midwife may refer you obstetrician/doctor led care, meaning you may need more antenatal appointments. You may also be asked to take low dose aspirin tablets to reduce your risk. Ask your midwife if this applies to you.

Where will I receive my antenatal care?

If your BMI is 30-34.5 and you have no other risk factors in your pregnancy, you will receive care from you community midwife.

If your BMI is 35-39.9 and you have no other risk factors, you can receive care from our dedicated midwife with a specialist interest in raised BMI in pregnancy.

If your BMI is 40 or more, you will receive care in the consultant-led raised BMI antenatal clinic. If you have additional risk factors in your pregnancy, this will be discussed with you at your booking appointment as it may mean you are cared for primarily in another specialist antenatal clinic with input from the raised BMI antenatal clinic.

Where will I deliver?

Due to the increased likelihood of complications following an assessment your midwife and doctor may recommend delivery in hospital. If your BMI is 40 or more, you will be advised to deliver in the consultant led delivery unit. Ask your midwife or doctor to discuss your options in more depth.

Useful Links

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

Choose to Change: <http://www.choose-to-change.co.uk/maternity-services>

References

¹Confidential Enquiries into Maternal and Child Health (2007) *Saving Mothers' lives: reviewing maternal deaths to make motherhood safer. The seventh report of the confidential enquiries into maternal deaths in the United Kingdom.* London: Confidential Enquiry into Maternal and Child Health.

²Food Standards Agency (2008) *when you're pregnant* (online). Available from: www.eatwell.gov.uk/agesandstages/pregnancy/whenyrpregnant/

³NICE (2008) *Excessive weight gain in pregnancy draft scope for consultation* (online). Available from www.nice.org.uk

⁴Viswanathan M, Siega-Riz AM, Moos MK et al. (2008), *Outcomes of maternal weight gain*, Evidence report/technology assessment 168. Rockville USA: Agency for Healthcare Research and Quality.

