

Women and Children's Care Group

Information for pregnant women with a body mass index (BMI) of 35 or above



This leaflet gives you information on a healthy diet and lifestyle to help you keep well during pregnancy. It also discusses your care during pregnancy and labour.



Introduction

We understand that it may be difficult or embarrassing to talk about your weight. Please be reassured that all health professionals will be sensitive towards you and your situation.

Recent evidence has shown that women with a high BMI in pregnancy are at greater risk of complications in pregnancy than the general population. This information leaflet will enable you to find the best way of working in partnership with your health professionals to understand your choices, thereby helping reduce the risk to you and your baby's health.

What is Body Mass Index?

When you are pregnant, your GP or midwife will work out your Body Mass Index (BMI) from your height and weight measurements* at your first visit. This information will be recorded in your notes and used to help guide and plan your care.

If your BMI is 35 and above you fall into a category of women who are at greater risk in pregnancy than the general population. You will be offered specialist advice and guidance.

- (BMI is calculated by multiplying your height in Metres by itself and dividing your weight in Kilograms by this number. For example: height is 1.6m and weight is 65kg. $1.6 \times 1.6 = 2.56$. BMI would be $65 \div 2.56 = 25.39$).
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How can having a high BMI affect my pregnancy?

If you have a high BMI you are at greater risk of:

- Developing high blood pressure
- Developing pre-eclampsia (a condition that occurs in pregnancy, usually associated with high blood pressure and protein in the urine)
- Developing diabetes during pregnancy (problems with blood sugar control)
- Blood clotting problems (thrombosis)
- Infections of the urinary tract and the vagina and uterus

Your baby is more at risk of

- Having birth defects
- Being stillborn
- Being overweight later in life

It may be more difficult to monitor your baby's growth and development using ultrasound scanning.



Care during pregnancy and labour

If your BMI is 35 or more, your care will be shared with a consultant obstetrician, midwife and your GP. Your midwife will offer you a glucose tolerance test between 24 – 28 weeks of pregnancy to check for gestational diabetes (abnormal blood sugar control during pregnancy). Your blood pressure will also be taken regularly. Your baby will be closely monitored throughout your pregnancy and additional scans at 32 and 36 weeks will assess the growth and position of the baby.

If you have a BMI of 35 or over you'll be advised to give birth on the Consultant Led Delivery Suite at the Princess Royal Hospital in Telford. This is because of the higher risk of complications during labour. You will need to be weighed at 36 weeks to enable a risk assessment for any additional equipment that may be necessary. Most equipment can be used up to weights of 220 kg (34½ stone) apart from, bedside chairs and toilet seats which can be safely used up to 125 kg (19½ stone).

What can I do?

It's important that you attend all the appointments offered to monitor you and your baby during pregnancy. If you are having difficulties attending these appointments, please discuss this with your midwife.

Please let us know about any problems that occurred during any previous surgery.


It's really important that you try not to put on excessive amounts of weight during pregnancy. Aim for a weight gain of less than 7kg (15 pounds) or ideally try to maintain your current weight, especially if your BMI is over 40. It will not harm your baby if you do not gain weight in your pregnancy. To get local help and support to be more active, eat well, minimise weight gain during pregnancy and help with weight loss after the birth see the Contact Information under 'Healthy Mums' at the back of your Pregnancy Information Book.

From the time you stop using contraception until the 12th week of your pregnancy it's recommended that you take a supplement of 5 milligrams of folic acid each day. You are also at risk of having lower levels of vitamin D. The best source of vitamin D is sunlight but having a vitamin D rich diet also helps – oily fish, eggs, meat and fortified cereals and margarine. However, you can take a vitamin D supplement (10 micrograms a day) to ensure you get enough vitamin D.

Eating healthily whilst you are pregnant

It's important that everyone eats well during pregnancy, ensuring that they eat a variety of foods including:

- Plenty of fruit and vegetables - aim for at least five portions each day.
- Try to choose wholegrain options of starchy foods such as bread, pasta and rice.
- Foods rich in protein such as lean meat and chicken, fish (aim for at least two servings of fish a week, including one of oily fish), eggs and pulses (such as beans and lentils). These foods are also good sources of iron.
- Plenty of fibre. This helps prevent constipation and is found in wholegrain bread, pasta, rice, pulses and fruit and vegetables.

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- Dairy foods such as milk, cheese and yoghurt, which are important for calcium – choose low fat options.

It's also a good idea to cut down on foods such as cakes and biscuits, because these are high in fat and sugar. This can also help you to avoid putting on too much weight during pregnancy.

Go to NHS choices website Pregnancy and baby guide for further information and follow the links to 'Healthy Diet in Pregnancy'.

Exercise whilst you are pregnant

It's important to keep as active as you can during pregnancy. It will also help you cope with labour and the early days following the birth of your baby. Activities such as swimming and walking will help to keep you active and supple. Walk to the shops rather than take the bus - or just get off a couple of stops early and walk the rest of the way. Go to the NHS Choices website Pregnancy and baby guide for further information and follow the links to 'Exercise in Pregnancy'.

How can having a high BMI affect my labour?

Most women with a high BMI experience a normal labour and birth. However, compared to women who have an ideal BMI, they are more likely to have difficulties in labour.

You are more likely to:


- Have an operative vaginal delivery (forceps or ventouse)
- Have a caesarean section
- Have a larger than average baby
- Have a shoulder dystocia (where the baby's shoulders get stuck during the birth)
- Have heavy bleeding after the baby is born
- Have a blood clot (thrombosis)
- Have an infection in a wound, or in your vagina or uterus
- Stay in hospital for longer

Monitoring your baby's heart beat during labour may be more difficult because of a high BMI. It may be necessary to use an electronic monitor with a small clip attached to your baby's scalp to give a more accurate recording, which will restrict your movement.

Sometimes you may need a drip inserted into a vein in your arm or hand so that medication can be given easily and quickly e.g. medication to help speed up labour, or antibiotics. This may prove more difficult if you have a high BMI. In extremely rare cases it may be necessary to insert the tube into a vein in the neck or chest but a member of the medical team will discuss this fully should it become necessary.

Pain relief

Pain relief options such as TENS and gas and air (Entonox) are unaffected by BMI but a larger dose of Pethidine may be needed to give you adequate pain relief. Epidurals (administering drugs through a small tube inserted into the middle of the back to anaesthetise the nerve endings) can be more difficult to place and unfortunately are likely to



be less effective. As it may take longer to achieve a good level of pain relief you may like to consider having your epidural at an early stage of your labour.

If you have a caesarean section it is much safer for you to have a spinal or epidural anaesthetic. A general anaesthetic – where you are put to sleep – carries greater risk for both you and your baby. If a general anaesthetic is necessary, e.g. when a spinal or epidural has failed or there is an emergency, then the Anaesthetist will discuss this option with you.

If your BMI is 40 or more

If your BMI is 40 or more, you will be offered an appointment with an anaesthetist to discuss your options for pain relief in labour.

During your clinic appointment at around 36 weeks, a midwife will offer a ‘Tissue viability and Manual handling assessment’. This is to look at the risk of you having any damage to your skin and other tissues during labour, and to see if additional equipment needs to be ordered for you.

It is important to remember that the vast majority of women with a higher BMI give birth without any difficulties. Our aim is to ensure that all risks are minimised so that you can enjoy a safe and uncomplicated pregnancy and birth.

After your baby’s birth

To reduce the risk of blood clotting problems all women are encouraged to get up and about as soon as possible after the birth of their baby. If you have a BMI of 30 or more, and at least one additional risk factor, you will be offered injections to prevent blood clots for 7 days after the birth. If you have a BMI of 40 or more, you will be strongly advised to have these injections for 7 days after the birth.

You and your baby’s future health

One of the best things you can do for you and your baby’s health is to breastfeed, although you may need extra help and support. Breastfeeding helps to protect your baby from infection, reduces the likelihood of your baby having asthma, eczema, diabetes and being overweight in later life. Most women find they lose weight naturally when breastfeeding and you should not start any strict weight-reducing diets while you are breastfeeding.

It is important to try to lose any weight you gained whilst you were pregnant and if possible to reduce it to your optimal weight. Not only will it mean that you are fitter but you will be able to cope better with the demands of a young family. Reducing weight before another pregnancy is important as women with a higher BMI are more likely to have difficulty in getting pregnant and also have a greater risk of miscarriage.

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information:
www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics.
www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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