

Pregnancy and Body Mass Index (BMI)

An information guide



Pregnancy and Body Mass Index (BMI)

The information in this leaflet will provide you with an overview of what to expect during your pregnancy birth and once your baby has arrived.

Why is BMI important in pregnancy?

At the beginning of your pregnancy your midwife will measure your height and weight and calculate your BMI.

- If your BMI is 18.5-25 you will be considered to be a normal health weight
- If your BMI is 25-30 you will be considered to be overweight
- If your BMI is over 30 you will be considered to be obese.

The higher your BMI the greater the risk of you having complications during your pregnancy. It is important that we calculate your BMI so we can provide you with the most appropriate care. This information contains an overview of what you can expect during your pregnancy if your BMI is over 30. Do not worry you will not be judged, we know that 20% of pregnant women have a BMI over 30.

Most women who are overweight have a straightforward pregnancy and birth and have healthy babies. However being overweight increases your chances of miscarriage, gestational diabetes, pre-eclampsia, growth problems for babies and even stillbirth. In addition some women can have labour complications such as a ventouse, forceps or caesarean birth.

The amount of weight gain in pregnancy can vary, only some of it is due to increased body fat. Your baby, placenta, amniotic fluid, and increase in your blood volume and fluid retention all contribute. If your BMI is over 30 you will be encouraged not to have excessive weight gain and will be offered support via a community weight

management team. We do not recommend that you diet during pregnancy but adopt a healthy lifestyle. You can find further information at: www.nhs.uk/conditions/pregnancy-and-baby.

If your BMI is over 35 your midwife will refer you to see the consultant or one of the doctors in their team for a review. This review will take into account your personal medical history and any previous pregnancies that you may have had. Following this consultation you and your doctor will decide on a plan of care that is tailored to your individual needs.

You may be prescribed blood thinning injections, compression stockings and aspirin but this will depend on your individual circumstances.

If your BMI is over 40 you will also be referred to the anaesthetic team for a review. This is usually done as an appointment in the antenatal clinic. Birth options and pain relief such as epidurals will be discussed.

Exercise

Moderate-intensity physical exercise such as swimming or brisk walking for 15-30 minutes daily is beneficial for you and your baby. If you are new to exercise then start gradually with 15 minutes and build your up your stamina. However, if you already participate in regular exercise then continue. If you are member of a gym, let them know that you are pregnant as they may advise against certain exercises.

You may wish to seek out aquanatal, yoga and pilates classes which can be fun and a great way of meeting other expectant mothers.

Vitamin Supplements

Women with a BMI over 30 are advised to take the higher dose of 5mg Folic acid for the first 12 weeks of pregnancy. This is to reduce the risk of neural tube defects such as spina bifida. This higher dose can only be obtained by prescription, usually from the GP.

Women with a BMI over 30 are also encouraged to take 25mcg of Vitamin D. This is recommended to not only keep your bones healthy but also that of your growing baby.

You may be eligible for healthy start vitamins. Please see www.healthystart.nhs.uk or ask your midwife for further information.

Glucose Tolerance Test

Women with a BMI over 30 will be offered a glucose tolerance test (GTT) around 28 weeks pregnant. This is because these women are more at risk of developing diabetes in pregnancy, which is also known as gestational diabetes.

Checking the position and size of your baby

If you have a high BMI it can be difficult to accurately measure the size of your baby and check its position by feeling your baby abdominally. If you have a BMI over 35 you will be offered extra growth scans at 28, 31, 34, 37 and at 40 weeks pregnant. This is to monitor baby's growth because women with a higher BMI are more at risk of having small baby's and also baby's that stop growing in the uterus.

Labour

Most women have a straightforward labour and birth but women with a higher BMI **may** experience more difficulties such as:

- An induced labour
- A longer labour
- A caesarean section, and subsequent repeat caesarean sections
- Difficulties having drips and epidurals inserted
- Sometimes it is harder to hear baby's heartbeat
- Big babies and difficulties delivering babies shoulders (shoulder dystocia)
- Heavy bleeding after birth
- Your baby may experience breathing difficulties after the birth .

Care in labour

If you have a BMI of less than 35 and no other complications you may decide to have your baby at home, on the birth centre or labour ward. However, it is advised that if your BMI is over 35 that you discuss the preferred place of birth of your baby with the midwife and your consultant.

If your BMI is over 35 you will be advised to wear compression stocking during labour to try and prevent blood clots in your legs.

It may be difficult to hear the baby's heartbeat clearly during labour, so your midwife may recommend the use of a fetal scalp electrode. This attaches to the baby's head, rather than continuous monitoring if you are having your baby on labour ward.

After your baby is born

We encourage that you become as mobile as possible after the birth of your baby. It is important to remember to keep well hydrated. Both of these recommendations are advised to reduce

the likelihood of developing a blood clot. Some women are also prescribed blood thinning injections after the birth of their baby, and continue to require them once they go home. If this is the case do not worry. Your midwife will show you how to administer them and provide a Sharps bin for the safe disposal of the needles.

If you have had a caesarean section you are at a slight increased risk of developing an infection in your wound. You should wear loose, comfortable clothes and underwear that does not rub on your wound. Keep the wound clean, remembering to wash your hands before and afterwards and gently pat it dry. It is advisable that you look at your wound in the mirror so that you can spot any signs of a possible infection quickly. Your midwife will also regularly inspect the wound to check for signs of infection.

Some women who are overweight and breastfeeding may experience more problems. This may be because you may find it more difficult to find a comfortable position to attach your baby if you have large breasts. However, there will be lots of support from our maternity teams in the hospital and community to assist you with this. Additionally, there can be a delay in milk production therefore it is very important to have lots of skin to skin contact.

Further Support

www.healthychoices.co.uk

www.healthystart.nhs.uk

www.nhs.uk/conditions/pregnancy-and-baby

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



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