

HOW CAN WE HELP YOU

Ideally weight loss before you get pregnant, but this can not always be planned.

You should try to maintain your current weight and certainly not put on more than 9kg (20 pounds) if BMI more than 30.

You can help by:

- Healthier eating
- Cutting down on fatty foods, sugary foods and drinks
- Eating regular meals
- 5 portions of fruits, vegetables, salads a day
- Becoming more active
- Regularly do brisk walking, swimming, exercise classes.
- Starting Vitamin D 10 mcg daily

If you would like help and advice on weight reduction, ask your GP or midwife who can refer you to a dietician

What happens at antenatal appointments

Booking	Calculate BMI identify risks Set targets to help with weight maintenance Random blood sugar
28 weeks	Glucose screen
34 weeks	Repeat glucose screen if required
34-36 weeks	Anaesthetic appointment if required
Postnatal	6 week follow up at GP to discuss healthy eating and contraception

EALING HOSPITAL

Ealing Hospital
Uxbridge Road
Southall
Middlesex
London
UB1 3HW



Balvinder Sagoo, Specialist Registrar O&G
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Obesity in Pregnancy



**Better health for
you and your baby**

Introduction

Controlling weight has been identified as an important issue for a better pregnancy outcome.

We understand that it may be difficult or embarrassing to talk about your weight. This leaflet is to help you get the most out of your pregnancy for you and your baby.

At your first antenatal appointment your Body Mass Index (BMI) will be measured. This allows us to measure if your weight is appropriate for your height (see table):

BMI	Weight status
Below 18	Underweight
18.5 – 24.9	Normal weight
25.0 – 29.9	Overweight
30.0 – 39.9	Obese
40 or above	Morbidly obese

As the BMI increases the risks of diseases and problems in pregnancy to both mother and baby increase, this has been identified in the Confidential Enquiry into Maternal and Child Health report, 'Saving Mothers Lives' (CEMACH, 2007).

If your BMI is above 35 you are at greater risk of complications. We would then advise consultant led care so that you may receive specialist advice and guidance helping you achieve a healthier pregnancy.

WHAT ARE THE RISKS OF BEING OBESE?

Risks to mother	Risks to your baby
Developing diabetes	Abnormally large baby
Developing high blood pressure, pre-eclampsia, cardiac disease	Birth defects and congenital anomalies
Infections	Prematurity
Blood clots in the lungs or legs	Problems later in life, e.g. obesity and diabetes
Haemorrhage after having a baby	Difficult to feel baby and its lie
Increased chance of C-sections, and instrumental deliveries	Still births and neonatal deaths

PAIN RELIEF

Epidurals and spinal blocks are more difficult to place in larger women and general anaesthesia has more risks.

You may need to see an anaesthetist to discuss pain relief and access to veins prior to labour.

LABOUR

Woman with a BMI more than 35 may have problems mobilising in labour so you are at greater risk of blood clots.

It can be more difficult to hear the baby's heart beat so it may be necessary to attach a clip (fetal scalp electrode) to help give a more accurate reading.

Your baby may be bigger than normal, which may make your delivery more difficult. This increases your need for a delivery using instruments or even needing a caesarean section.

If caesarean section is required this is technically more difficult with increased risks both surgically and anaesthetically. There is increased risk of bleeding, infection and blood clots compared to women with normal BMI.

Because of these risks we advise you to have a small plastic tube (cannula) inserted into a vein in your arm so that medications can be given more easily and quickly.

POST DELIVERY

After birth you are at increased risk of developing blood clot in your leg or lungs. You will be given blood thinning injections in hospital which may need to be continued for 1-6 weeks to help prevent blood clots.

If you have to have a cut or tear in your vagina or a caesarean section, you are at more risk of having wound infections

You only need to eat the equivalent of an extra banana a day!

