

Royal College of Obstetricians and Gynaecologists - why your weight matters during pregnancy and after birth

Most women who are overweight have a straightforward pregnancy and birth and deliver healthy babies. However being overweight does increase the risk of complications to both you and your baby. This information is about the extra care you will be offered during your pregnancy and how you can minimise the risks to you and your baby in this pregnancy, and in a future pregnancy. Your healthcare professionals will not judge you for being overweight and will give you all the support that you need.

What is BMI?

BMI is your body mass index which is a measure of your weight in relation to your height. A healthy BMI is above 18.5 and less than 25. A person is considered to be overweight if their BMI is between 25 and 29.9 or obese if they have a BMI of 30 or above. Almost 1 in 5 (20%) pregnant women have a BMI of 30 or above at the beginning of their pregnancy.

When should my BMI be calculated?

You should have your BMI calculated at your first antenatal booking appointment. If you have a BMI of 30 or above, your midwife should give you information about the additional risks as well as how these can be minimised and about any additional care you may need. If you have any questions or concerns about your BMI or your care, now is a good time to discuss these.

You may be weighed again later in your pregnancy.

What are the risks of a raised BMI during pregnancy?

Being overweight (BMI > 25) increases the risk of complications for pregnant women and their babies. With increasing BMI, the additional risks become gradually more likely, the risks being much higher for women with a BMI of 40 or above. The higher your BMI, the higher the risks.

If your BMI is less than 35 and you have no other problems you may still be able to remain under midwifery led care. However if your BMI is more than 35 the risks to you and your baby are higher and you will need to be under the care of a consultant.

Risks for you associated with a raised BMI include:

Thrombosis

Thrombosis is a blood clot in your legs (venous thrombosis) or in your lungs (pulmonary embolism). Pregnant women have a higher risk of developing blood clots compared with women who are not pregnant. If your BMI is 30 or above, the risk of developing blood clots in your legs is additionally increased. For further information see RCOG Patient Information: Venous thrombosis during pregnancy and after birth.

Gestational diabetes

Diabetes which is first diagnosed in pregnancy is known as gestational diabetes. If your BMI is 30 or above, you are three times more likely to develop gestational diabetes than women whose BMI is below 30.

High blood pressure and pre-eclampsia

A BMI of 30 or above increases your risk of developing high blood pressure. Pre-eclampsia is a condition in pregnancy which is associated with high blood pressure (hypertension) and protein in your urine (proteinuria). If you have a BMI of 35 or above at the beginning of your pregnancy, your risk of pre-eclampsia is doubled compared with women who have a BMI under 25. For further information see RCOG patient information: Pre-eclampsia - what you need to know.

Risks for your baby

- If you have a BMI of 30 or above before pregnancy or in early pregnancy, this can affect the way the baby develops in the uterus (womb). Neural tube defects (problems with the development of the baby's brain and spine) are uncommon. Overall around 1 in 1000 babies are born with neural tube defects in the UK but if your BMI is over 40, your risk is three times that of a woman with a BMI below 30.
- Miscarriage - the overall risk of a miscarriage under 12 weeks is 1 in 5 (20%), but if you have a BMI over 30, your risk increases to 1 in 4 (25%).
- You are more likely to have a baby weighing more than 4kg (8lb and 14 ounces). If your BMI is over 30, your risk is doubled from 7 in 100 (7%) to 14 in 100 (14%) compared to women with a BMI of between 20 and 30.
- Stillbirth - the overall risk of stillbirth in the UK is 1 in 200 (0.5%), but if you have a BMI over 30, your risk is doubled to 1 in 100 (1%).
- If you are overweight, your baby will have an increased risk of obesity and diabetes in later life.
- What are the risks of a raised BMI during labour and birth?

There is an increased risk of complications during labour and birth, particularly if you have a BMI of more than 40.

These include:

- Your baby being born early (before 37 weeks)
- A long labour
- The baby's shoulder becoming 'stuck' during birth. For further information see RCOG Patient Information: A difficult birth: what is shoulder dystocia?
- An emergency caesarean birth
- A more difficult operation if you need a caesarean section and a higher risk of complications afterward, for example your wound becoming infected
- Anaesthetic complications, especially with general anaesthesia
- Heavy bleeding after birth (postpartum haemorrhage) or at the time of caesarean section

How can the risks during pregnancy be reduced? By working together with your healthcare professionals, the risks to you and your baby can be reduced by:

Healthy eating The amount of weight women may gain during pregnancy can vary greatly. A healthy diet will benefit both you and your baby during pregnancy. It will also help you to maintain a healthy weight after you have had your baby. You may be referred to a dietician for specialist advice about healthy eating. You should aim to:

- Base your meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible
- Watch the portion size of your meals and snacks and how often you eat. Do not 'eat for two'
- Eat a low-fat diet. Avoid increasing your fat and/or calorie intake. Eat as little as possible: fried food, drinks and confectionary high in added sugars, and other foods high in fat and sugar
- Eat fibre-rich foods such as oats, beans, lentils, grains, seeds, fruit and vegetables as well as wholegrain bread and brown rice and pasta
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories
- Always eat breakfast

In general you do not need extra calories for the first two thirds of pregnancy and it is only in the last 12 weeks that women need an extra 200kcal a day.

Trying to lose weight by dieting during pregnancy is not recommended - even if you are obese - as it may harm the health of your unborn baby. However, by making healthy changes to your diet you may not gain any weight during pregnancy and you may even lose a small amount. This is not harmful.

Exercise

Your midwife should ask you about how physically active you are. You may be given information and advice about being physically active as this will be a benefit to your unborn child.

- Make activities such as walking, cycling, swimming, low impact aerobics and gardening part of everyday life and build activity into daily life, for example, by taking the stairs instead of the lift or taking a walk at lunchtime.
- Minimise sedentary activities, such as sitting for long periods watching television or at a computer.
- Physical activity will not harm you or your unborn baby. However, if you have not exercised routinely you should begin with no more than 15 minutes of continuous exercise, three times per week, increasing gradually to 30 minute sessions every day. A good guide that you are not overdoing it is that you should still be able to have a conversation while exercising.

An increased dose of folic acid Folic acid helps to reduce the risks of your baby having a neural tube defect. If your BMI is 30 or above you should take a daily dose of 5 mg of folic acid. This is a higher dose than the usual pregnancy dose, and it needs to be prescribed by a doctor. Ideally you should start taking this a month before you conceive and continue to take it until you reach your 13th week. However, if you have not started taking it early, there is still a benefit from taking it when you realise you are pregnant.

Vitamin D supplements

All pregnant women are advised to take a daily dose of 10 micrograms of vitamin D supplements. However, this is particularly important if you are obese as you are at increased risk of vitamin D deficiency.