



P.O. Box: 48577, **DUBAI**, U.A.E.

Tel: 04 267 8866, Fax: 04 267 8855

P.O. Box: 457, **SHARJAH**, U.A.E.

Tel: 06 565 8866, Fax: 06 565 6699

E-mail: info@zulekhahospitals.com • Website: www.zulekhahospitals.com

ص.ب: ٤٨٥٧٧، دبي، إ.ع.م.

هاتف: ٠٤ ٢٦٧ ٨٨٦٦، فاكس: ٠٤ ٢٦٧ ٨٨٥٥

ص.ب: ٤٥٧، الشارقة، إ.ع.م.

هاتف: ٠٦ ٥٦٥ ٨٨٦٦، فاكس: ٠٦ ٥٦٥ ٦٦٩٩

Why Your Weight Matters During Pregnancy And 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 minimize 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. 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.

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).

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.

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).
- 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).
- Stillbirth - 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.
- 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

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.

Exercise

- Make activities such as walking, cycling, swimming,
- Minimise sedentary activities,
- 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.

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.

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.

Gestational diabetes

You should be tested for gestational diabetes between 24 and 28 weeks. If your BMI is more than 40 you may also have the test earlier in pregnancy.

Monitoring for pre-eclampsia

Your blood pressure will be monitored at each of your appointments.

Additional ultrasound scanning

Having a BMI of more than 30 can affect the way the baby develops in the uterus (womb) so you may need additional ultrasound scans.

Planning for labour and birth

Because of these possible complications, you should have a discussion with your obstetrician and/or midwife about the safest way and place for you to give birth.

What happens after birth?

After birth some of your risks continue. By working together with your healthcare professionals, you can minimise the risks in the following ways:

Monitoring blood pressure

You are at increased risk of high blood pressure for a few weeks after the birth of your baby and this will be monitored.

Prevention of thrombosis

You are at increased risk of thrombosis for a few weeks after the birth of your baby. Your risk will be re-assessed. To reduce the risk of a blood clot developing after your baby is born:

- Try to be active – avoid sitting still for long periods
- Wear special compression stockings, if you have been advised you need them
- If you have a BMI of 40 or above, you should have low molecular weight heparin treatment for at least a week after the birth of your baby - regardless of whether you deliver vaginally or by caesarean section. It may be necessary to continue taking this for six weeks

Test for diabetes

you should be re-tested for diabetes about six weeks after giving birth.

Information and support about breastfeeding

Breastfeeding is best for your baby. It is possible to breastfeed successfully if you have a BMI of 30 or above. Extra help should be available if you need it.

Vitamin D supplements

You should continue to take vitamin D supplements whilst you are breastfeeding.

Healthy eating and exercise

Continue to follow the advice on healthy eating and exercise. If you want to lose weight, once you have had your baby, you can discuss this with your GP.

Planning for a future pregnancy

Reducing your weight to reach the healthy range

If you have a BMI of 30 or above, whether you are planning your first pregnancy or are between pregnancies, it is advisable to lose weight. If you lose weight:

- You increase your ability to conceive and have a healthy pregnancy
- You reduce the additional risks to you and your baby during pregnancy
- You reduce your risk of developing diabetes in further pregnancies and in later life

If you have fertility problems it is also advisable to lose weight, since having a BMI of more than 30 may mean you would not be eligible for fertility treatments such as IVF.

Your healthcare professional should offer you a structured weight loss programme. You should aim to lose weight gradually (up to about 1 kg or about 1 to 2 lbs a week). Crash dieting is not good for your health. Remember even a small weight loss can give you significant benefits.

You may be offered a referral to a dietician or an appropriately trained health professional. If you are not yet ready to lose weight, you should be given contact details for support for when you are ready.

An increased dose of folic acid

If you have a BMI of 30 or above, remember to start taking 5 mg of folic acid at least a month before you start trying to conceive. Continue taking this until you reach your 13th week of pregnancy.