



Information for  
patients

Pregnancy and  
Body Mass Index (BMI)

## Introduction

Your ideal weight range is measured by the Body Mass Index (BMI). BMI is calculated by dividing your weight in kilograms by your height in metres<sup>2</sup> and ideally women in early pregnancy should have a BMI of 20–25. Your BMI is usually calculated at your first booking appointment as it forms part of your patient records for pregnancy.

The number of people in the population who are above the ideal weight range is growing.

Women with a BMI of more than 30 at the start of pregnancy are overweight to a degree that can cause problems during pregnancy and birth when extra strain is placed on joints, muscles and many other organs, including the heart and lungs. This information leaflet focuses on this group of ladies.

This leaflet gives you information about the possible problems and the specialised care that you will be offered during your pregnancy and labour.

## What problems could arise during my pregnancy?

- It may be difficult to obtain a good quality ultrasound scan to monitor your baby's growth and development.
- Tiredness and shortness of breath.
- Back and joint pain.
- You are at increased risk of developing gestational diabetes (poor blood sugar control in pregnancy).
- Blood clotting problems.
- Vitamin D deficiency.
- Your baby can be at risk of having problems with the development of the brain and spine such as spina bifida.

## What can I do to avoid or reduce these problems?

Monitor your diet to avoid gaining too much weight; eat a healthy diet with plenty of fruit and vegetables avoiding sugary foods and foods that contain a lot of fat. If you have a high BMI a weight gain of no more than 6kg during pregnancy is recommended. A gain of much more than this will tend to stay with you afterwards.

- 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 of the following: 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, 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 200 kilocalories a day.

Trying to lose weight by dieting during pregnancy is not recommended. 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.

Please discuss with your midwife services which can offer dietary advice.

Keep as active as you can; avoid spending long periods sitting or lying, use stairs instead of lifts, walk instead of using the car for every journey.

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 stamina up. 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.

In later pregnancy you may find that “non-weight bearing” activities such as swimming are easier to keep up.

If you experience joint or back pain you can see the Women’s Health physiotherapy team to receive advice about posture, sleeping positions, lifting and carrying. You can self-refer to this service 01772 524437.

Take a daily supplement of vitamin D throughout pregnancy. It is also helpful to take a daily supplement of folic acid for the first 3 months of pregnancy. Ideally the folic acid should be started when you are trying for a baby.

You will be offered a glucose tolerance test to detect gestational diabetes.

If your BMI is above 40 you may be offered a review by an anaesthetist before the birth of your baby.

## **Why is it necessary to see an anaesthetist?**

This is to discuss your thoughts on pain relief for your labour and delivery of your baby. It may also be to discuss anaesthetic choices should you require an anaesthetic at the time of the birth of your baby. It is easier to do this in relaxed surroundings, rather than trying to give explanation when you are coping with labour. You have all the same choices for pain relief in labour as any other mother but some options such as epidurals or having intravenous drips can take longer if you have a high BMI. This appointment is a good time to discuss these matters.

It could be more difficult and take longer to get an epidural in and working if you suddenly decide you would like one, so the anaesthetist may offer advice on planning for an epidural earlier in labour. They will examine your back at this visit.

If you had to have blood thinning injections in pregnancy the anaesthetist can discuss with you when to stop these beforehand.

The anaesthetist will do routine checks so that they are prepared should you require an anaesthetic at the time of the birth of your baby.

If you need a caesarean section, you will be advised to have a spinal or epidural anaesthetic as this will be safer for you than a general anaesthetic. If you have had any previous anaesthetic problems or breathing difficulties, please tell your anaesthetist. More information is provided in the leaflets about Caesarean section which can be obtained from the antenatal clinic.

## How might a raised BMI affect my labour?

If it is difficult for the midwife to monitor your baby's heart or contractions it may be necessary to use an electronic monitor with a small clip attached to the skin on your baby's head. Although not painful, this will restrict your movement in labour.

Pain management options such as TENs, aromatherapy, relaxation, gas and air (entonox) are unaffected by BMI, but a larger dose of Pethidine or Diamorphine might be needed to give you adequate pain relief.

Epidurals can be more difficult to place and unfortunately are less likely to be completely effective.

More information about your pain management options is provided in leaflets available from your midwife.

You are more likely to have a bigger than average baby and hence may need a Caesarean section or other assistance with your baby's birth such as forceps or ventouse (suction) delivery. There is also an increased risk of shoulder dystocia (difficulty with the birth of the baby's shoulders).

If you have had a caesarean section for a previous birth and have a BMI above 35, the chance of a normal delivery in your next pregnancy is reduced. The option of a planned (elective) caesarean section will be discussed with you.

Heavy bleeding (haemorrhage) during or shortly after the birth, is more common if your BMI is raised.

## After your baby's birth

You should try to get up and about again as soon as possible to reduce your risk of blood clotting problems, wound and chest infections. You will be advised to wear support stockings which reduce the chances of a thrombosis (blood clot). You will be prescribed anti-clotting injections, if you are thought to be at a higher chance of clotting problems.

Monitor your diet making sure you eat a balanced diet but do not over eat.

One of the best things you can do for your baby is to promote a healthy lifestyle thus preventing the problem of becoming overweight later in life. Breast feeding is the ideal start to this, with the added advantage that most women find that they naturally lose weight whilst they are breast feeding. Skin to skin contact with your baby is important to promote breastfeeding.

Whilst you are breastfeeding do not start on any strict weight-reducing diets. You should continue to take vitamin D supplements while you are breast feeding.

## Your future health

Unfortunately, many women find it difficult to lose the weight gained during pregnancy but do try to return to your pre-pregnancy BMI and, if possible, reduce it further particularly if you are planning future pregnancies. Not only will this mean that you are fitter and so better able to cope with the demands of a young family, but it will help to reduce the likelihood of problems in future pregnancies. A woman with a raised BMI is more likely to have difficulty conceiving and is at greater risk of miscarriage.

**Notes:**

**Notes:**

**Notes:**

## Sources of further information

If you have any further questions, please contact your midwife:

Antenatal clinic Sharoe Green Unit: 01772 524448

Chorley Midwifery led Unit: 01257 245113

Maternity Triage: 01772 524495

<https://www.lancsteachinghospitals.nhs.uk/maternity-leaflets>

The Association of UK Dietitians – Pregnancy

<https://www.bda.uk.com/foodfacts/home>

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

## References:

NICE (2010) PH27 Weight management before, during and after pregnancy.

OAA (2016) Anaesthetics and Pregnant Women with a High BMI.

RCOG (2011) Information for you. Why your weight matters during pregnancy and after birth.

### Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

### Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

### Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

### Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

### Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

### Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

**Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.**

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

### Lancashire Teaching Hospitals is a smoke-free site

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

**Department: Maternity**

**Division: Womens and Child Health**

**Production date: Feb 2019**

**Review date: Feb 2022**

