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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Advice and guidance for pregnant women with a higher body mass index (BMI) (page 1 of 3)

BMI is a measure of your weight in relation to your height. To be healthy your BMI should be above 18 and under 25. Nationally 20% of pregnant women have a BMI of 30 or above at the beginning of their pregnancy.

We understand that some women may find it embarrassing or hard to talk about their weight, but it is important that we give you this information. Please be reassured that we understand this may be hard for you to read.

Evidence has shown that women with a BMI of over 30 have a greater risk of complications in their pregnancy than women whose BMI is lower. A high BMI can be a serious risk to you and your baby's health.

Increased risks for you may be:

- gestational diabetes (you are three times more likely to develop gestational diabetes than women whose BMI is under 30)
- high blood pressure or pre-eclampsia (you are twice as likely to develop pre-eclampsia if your BMI is over 35 compared with women who have a BMI under 25)
- heart problems
- thrombosis (blood clot)
- increased risk of bleeding
- difficulty giving you an epidural or spinal anaesthesia.

Increased risks for your baby may be:

- neural tube defects (NTD), such as spina bifida. Overall, around 1 in 1000 babies are born with NTDs in the UK, but if your BMI is over 40, your risk is three times that of a woman with a BMI under 30.
- studies show that having a higher BMI is associated with an increased risk of stillbirth. If your BMI is above 35 the risk of stillbirth is twice as high as for women with a lower BMI (8.6 per 1000 births compared to 3.9/1000 births). The risk of stillbirth increases with increasing BMI and the reason for this is largely unknown. Like every pregnant woman, it is important to monitor your baby's pattern of movements after 24 weeks and contact Labour Ward 01722 425183, if your pattern changes or you are concerned about your baby's movements
- difficulty working out how your baby is lying (that is whether s/he is head first or bottom first)
- shoulder dystocia (baby's shoulders getting stuck at delivery).

We know this can be frightening for you to read, but we want to make sure we reduce the risks to you and your baby as much as we can. By working together with your health care professionals you can reduce the risks. We will tell you if we think there are any risks that might affect you or your baby's health.

How can I reduce my risks during pregnancy?

- healthy eating
- exercise
- 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 5mg of folic acid, until your 13th week of pregnancy.
- vitamin D supplements - all pregnant women are advised to take a daily dose of 10 micrograms of vitamin D supplement.
- additional ultrasound scanning - if you have a high BMI, especially if you have body fat around your tummy, the ultrasound image will not be as clear. This makes it harder to pick up anything wrong with the baby and see how well the baby is growing. It is also more difficult to determine which way round your baby is using abdominal palpation.
- you may be given a daily injection to prevent blood clots during pregnancy and for 7 days after the baby is born, because of the increased risk of developing blood clots. This will be assessed on an individual basis.

At your booking appointment your midwife will calculate your BMI from your height and weight measurements.

This information will be recorded in your notes and used to help guide and plan your care.

You will see your midwife at booking, and then at 16 weeks, 24, 28, 31, 34 (this is a small group session to discuss your choices for birth), 36, 38, 40 and 41 weeks. At each appointment your blood pressure and urine will be checked, and your baby's heart can be heard from 16 weeks.

How will having a higher BMI affect my care?

If your BMI is over 30

You will be offered a blood test at 28 weeks of pregnancy called a GTT (Glucose Tolerance Test) to see if you have developed diabetes.

If you live in Wiltshire you will be offered the Positive Image, Motivation and Support (PIMS) Service as part of your antenatal care package. This will involve attending regular 2 hour group sessions over a period of 10-12 weeks. Sessions will include eating healthily and staying active as well as discussing issues such as stress, anxiety and emotions, and how these can affect our eating patterns. The aim of PIMS is to support you. It is not to make you lose weight, but to maintain a safe weight increase in pregnancy - this is about 11-20 lbs or 5-9 kg.

If your BMI is over 35

As above plus the obstetrician will see you in the antenatal clinic and work out an individualised care plan for you. From your 28th week of pregnancy you will have extra scans every 3 weeks until you deliver. These scans are to check on your baby's growth.

If your BMI is over 40

As above plus an anaesthetist will see you at 36 weeks to assess if there could be any difficulties if you needed an anaesthetic or epidural.

Labour and birth

If your BMI is high it can be harder to monitor your baby's heart beat in labour and we may need to attach a small clip to your baby's head (called a fetal scalp electrode) to give a more accurate recording. This will cause no harm to your baby.

If you want to use the birthing pool for pain relief in labour or birth we will discuss this with you. If your BMI is over 40 you will not be able to use the pool.

If your BMI is over 35 we advise you to plan for a hospital birth. However, if you have had a previous normal birth and want to have your baby at home, your midwife will discuss this with you. This may be possible if you have no other risk factors, such as high blood pressure or diabetes.

Although you have an increased risk of complications in childbirth, do remember that most women deliver their babies without any complications and minimal intervention.

If you would like further support to plan your care, please speak to your community midwife.

If you feel that they cannot help you or you still have concerns then a Supervisor of Midwives can be contacted 24/7 by ringing 01722 425183

Customer Care

The focus for Customer Care is to improve services for NHS patients. If you have questions, concerns, suggestions or compliments about the NHS service you receive here please phone 0800 374208 (freephone) where you can speak to one of the Customer Care Team.

Further information

NHS Choices is the UK's biggest health website and contains a huge amount of relevant information. Search for healthy diet in pregnancy or go to www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancydiet. You can also search for healthy eating or go to www.nhs.uk/livewell/healthy-eating.

The Obstetric Anaesthetists Association - www.oaa-anaes.ac.uk follow the 'information for mothers' link for further information on why you may need to see an anaesthetist during your pregnancy. This is also a useful website if you wish to find out more about caesarean section or pain relief options in labour.

The Royal College of Obstetricians and Gynaecologists is committed to improving women's health and wellbeing. Their website has a section for patients: www.rcog.org.uk