Raised BMI in pregnancy

Obstetrics & Gynaecology

patient**information**

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NHS

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at *feedback@rothgen.nhs.uk*

Slovak **Slovensky**

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani **کوردی سۆرانی**

ئەگەر تۆ یان کەسێک کە تۆ دەیناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەڵگەنامە یە تێبگات یان بیخوێنێتەوە، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیەی سەرەوەدا یان بەو ئیمەیڵە.

Arabic **عربي**

إذا كنت انت أواي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu **اردو**

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پرہم سے رابطہ کریں یا ھمیں ای میل کریں۔

Farsi **فارسی**

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

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Introduction

The number of people who are above the ideal weight range is growing rapidly. Ideal weight range is measured by the Body Mass Index or BMI. Approximately 1 in 3 women start pregnancy with a BMI greater than 25kg/m^2 and are considered overweight.

Research shows that women with a raised BMI of more than 30kg/m^2 at the start of pregnancy are at increased risk of complications during pregnancy and labour. One of the aims of care during pregnancy is to identify those women who are at increased risk, in order to offer the best care throughout your pregnancy to suit your individual needs and reduce the risks.

This leaflet provides information about the possible problems that you **may** encounter, and how your care will be tailored to your specific needs.

BMI

On your first visit to Greenoaks antenatal clinic, your height and weight will be recorded and your BMI will be calculated.

As the BMI increases so does the risk of some diseases and this is why midwives use the tool as part of your care.

BMI calculation

$$\text{BMI} = \frac{\text{Weight in kg}}{\text{Height x Height } (m^2)}$$

BMI Classification		
BMI	**Classification**	**Recommended maximum weight gain in pregnancy**
Below 18.5	**Underweight**	**12.5 – 18kg**
20 – 24.9	**Ideal weight**	**11.5 – 16kg**
25 – 29.5	**Overweight**	**7 – 11.5kg**
30 – 39.9	**Obese**	**6kg**
40+	**Morbidly obese**	**6kg**

Antenatal risks associated with a raised BMI

A raised **BMI >30kg/m^2** increases the risk of the following:

Diabetes

The higher the BMI the greater the risk of developing diabetes in pregnancy. Women with a BMI of equal to OR more than >30kg/m^2 will be offered a Glucose Tolerance Test to check for diabetes between 24-28 weeks pregnant.

Raised blood pressure

Blood pressure will be checked at every antenatal visit. This will be every three weeks from 25 weeks into your pregnancy then every fortnight from 32 weeks. Developing high blood pressure in pregnancy can lead to the more serious condition pre-eclampsia.

Urinary tract infections

Some women are more prone to urinary tract infections in pregnancy. It is important to bring a urine sample to each visit and report any symptoms to the Midwife or Obstetrician (maternity doctor). We can also check for protein which can be the first sign of pre-eclampsia.

Blood clots

Bigger ladies have an increased risk of blood clots. Therefore you will be assessed for and may be offered anti coagulant therapy (blood thinning injections) and support stockings to reduce the risks. The risk increases if you have an assisted delivery, caesarean section or your BMI is 40kg/m^2 or above.

Less accurate scans

Which check for abnormalities and growth of the baby can be less accurate in larger ladies as the ultra sound pictures can be unclear. With a BMI above 35kg/m^2 and especially above 40kg/m^2 we would usually advise extra scans to assess the baby's growth. This is because it can be difficult to assess the baby's size accurately when examining your tummy.

Unclear examinations

It may be more difficult to determine baby's position, so a scan may be required or offered at 36 weeks to check whether the baby is head first.

Risks during labour and giving birth associated with a raised BMI

Because of the increased risks, it is recommended that women with a BMI of 35kg/m^2 or above have their baby in hospital.

Monitoring difficulties

Your baby's heart rate can be more difficult to monitor (especially in labour). A small clip may need to be put on baby's head (from below) to accurately monitor baby.

Restricted mobilisation

This may be restricted during your labour due to monitoring. You may be assessed during pregnancy for the best way to help you move from bed to chair etc and also to assess any extra risks to your skin of pressure sores.

Difficulty carrying out procedures

Can be more difficult. Taking blood or putting a drip in can be more difficult, so will tend to be done early in labour.

Increased risk of bleeding

The risk of bleeding is increased following delivery if the baby is large. An injection will be given after baby is born to reduce this risk.

Assisted delivery

Increased risk of needing help with the delivery of your baby either a ventouse (suction cup), forceps or caesarean may be required.

Pain relief dosage
The effects of TENS, Entonox, Aromatherapy and Relaxation are unaffected by raised BMI, but larger doses of Pethidine or Diamorphine may be required. (see section on anaesthetics Page 9).

Induction
There is an increased chance of needing your labour starting off (induction), if some of the problems listed above happen. There is also a slightly higher chance that the induction may not work.

Risks after giving birth (postnatal) associated with a raised BMI

Wound infection
Is increased if a caesarean section is needed. Antibiotics are given at delivery to reduce the risk.

Blood clots
The risk of blood clots is increased, so early mobilisation will be encouraged and as mentioned earlier 'blood thinning' injections may be recommended for you.

Challenging breastfeeding
Can be more challenging, but there is a lot of support available in hospital and at home to help you succeed.

Risks for the baby during pregnancy and after birth associated with a raised BMI

Growth

During pregnancy there is an increased risk of large baby's and sometimes of poor growth of your baby. We advise scans to assess the baby's growth if your BMI is 35 or above.

Prematurity

There is an increased risk of early delivery.

Abnormality

The risks of spina bifida and other abnormalities in your baby are increased in larger ladies. You will be advised to take **5mg of Folic acid** daily for at least one month before pregnancy and to continue taking it until 12 weeks of pregnancy. There is also an increased risk of not seeing all abnormalities at the 20 week scan.

Stillbirth

In addition the risk of stillbirth or your baby dying in the first 28 days is increased slightly in larger ladies, but this is still a rare event.

Childhood obesity

The risk of obesity can be reduced if you breast feed.

High BMI and anaesthesia (pain relief) in pregnancy

Why do I need to see an anaesthetist just because I am overweight?

Women who are overweight can have more problems in labour and at delivery of their baby than those who are not. More often than not these problems involve anaesthetists so it is advisable to get advice before labour so you are aware of the options. This will allow the anaesthetist to see and examine you, discuss pain relief and anaesthetic choices for your labour and birth. This is done in a relaxed manner rather than when you are in pain.

What are the problems with labour and birth?

A high BMI can make some procedures much more difficult such as putting a drip into a vein. They can take longer than expected. It is also more common to require a caesarean section and this will need anaesthetic.

What are the choices in labour?

An epidural can be an option for pain relief in labour and the anaesthetist will discuss this with you when you meet. It may be suggested to you that if labour is not straightforward, you should think about having an epidural earlier rather than later. This is because it may take longer to put in as it can be difficult to find the right place in your back to place a needle for the epidural. More information about epidurals, spinal, general anaesthesia and risks are available in a separate leaflet. Please ask for a copy if you have not already received them.

What are the choices of anaesthetic for a caesarean section?

It is usually better to stay awake for the birth of the baby by either having an epidural or a spinal for the operation. Being awake can have many advantages both during and after the procedure. Pain relief drugs given by the epidural or spinal route can last for many hours after and can reduce the amount of pain felt. This is often much less than following a general anaesthetic (being put to sleep). It also allows you to see the baby when it is born and it often avoids the risks of a general anaesthetic.

What are the risks of a general anaesthetic?

A high BMI can make general anaesthesia more difficult. When you are asleep it can be harder to put a breathing tube into your throat. There is a risk that your stomach contents come back and end up in the wrong place, for this reason you will be prescribed an antacid tablet. Waking up from the anaesthetic can take longer. It is advisable to not eat solid or fatty foods and to drink water or dilute non fizzy drinks.

What happens after the birth?

If you have needed an anaesthetic for any part of your labour or birth, an anaesthetist will come and review your progress and advise you if necessary on what to do next. Most often there is no further need for anaesthetic intervention and you can be discharged from anaesthetic care. If you have any questions or worries about the anaesthetic then they can be answered for you.

What about pain relief after the birth?

The epidural or spinal can last for some hours after the birth of your baby and can be effective without anything else at first. If you needed a caesarean section then it is usual for suppositories to be offered to you unless there is some reason you cannot have them. These are pain killers designed to go into your back passage to be absorbed into you body. Following this if you require further pain killers, tablets will be prescribed for you. It is usual also to have a tiny plastic tube placed under your skin during the operation to allow stronger pain killers to be given if you need them. This will be explained to you at the time.

In summary

- If your BMI is above 35 you are more likely to need help with the birth of your baby
- That may be in the form of an operation
- It is better to stay awake for that procedure if the situation allows
- General anaesthesia can be more difficult in pregnant women who have BMI greater than 35 and the anaesthetist will need to plan this
- It can be harder to place an epidural or spinal and it may be advisable to ask for this earlier if you are considering one

If you have any questions or are worried about your labour and birth please let your midwife know and they can inform an anaesthetist if appropriate to answer your fears.

What can you do to help?

- Weight loss prior to getting pregnant is the ideal aim, and is worth thinking about before you plan your next pregnancy
- Eat a healthy diet with plenty of fruit and vegetables during pregnancy; avoid foods that contain high sugar or fat content. Further information can be found in your hand held notes, health education pregnancy book or at **www.eatwell.gov.uk**. A referral can be made to the dietician to help you plan a healthy diet. See the table on Page 4 for guidance on ideal maximum weight gain for your BMI in pregnancy
- Keep as active as you can, walking and non weight bearing exercise like swimming are good activities
- There is an increased risk of having a large baby. To prevent the increased risk of obesity for the baby in later life, breast feeding is recommended
- Following delivery mobilise as soon as possible, especially if you have a caesarean
- Due to the increased difficulty placing epidurals and that it may take longer to achieve a good level of pain relief, you may like to consider having an epidural at an earlier stage of labour
- Take a daily supplement of vitamin D 10 micrograms during pregnancy and breast feeding
- After delivery referral to Re shape or the Rotherham Institute of Obesity (RIO) will be offered so that you can reduce your BMI and the risks associated with it

We understand it can be very difficult and embarrassing to talk about weight issues; we want to support you with clear advice and be sensitive to your needs. At all times you will be treated with dignity and respect, will be involved in discussions about your care, risk management and limitation.

Quick summary of the care in pregnancy you should receive

- Take 5mg Folic acid daily before pregnancy and continue until 12 weeks of pregnancy
- Take 10 micrograms of Vitamin D throughout pregnancy and during breast feeding
- Your height and weight will be measured and BMI calculated at about 12 weeks
- You may be offered or request a referral to a dietician
- You may be offered or request a referral to a counsellor
- A detailed scan to detect any abnormalities in your baby will take place between 20-21 weeks
- GTT (glucose tolerance test) will take place between 24-26 weeks pregnancy
- Advice will be given about the advantages of breast feeding
- If you have a BMI 35kg/m^2 or above, you will be referred to see a Consultant for a risk assessment and to discuss your plan of delivery and to plan scans on your baby
- Extra ante-natal checks will take place from 24 weeks into you pregnancy to check for pre-eclampsia if your BMI 35kg/m^2 or above

- Your weight and BMI calculation will be repeated at 34-36 weeks
- If your BMI is 40kg/m^2 or above, you will be assessed for any extra risks and to consider blood thinning injections and/or support stockings
- Moving and handling risk assessment
- Tissue viability assessment
- Anaesthetic review (this may be offered in a group setting)
- After delivery you will be offered a referral to Reshape Rotherham or RIO to reduce your risks in future pregnancy

If you have any questions, concerns or would like any further information please speak to your midwife or doctor.

If you wish to be referred after pregnancy for help with weight loss or to discuss the effects in pregnancy for the future you can be referred to see a consultant at RIO to discuss this further. You can also be referred if your BMI is greater than or equal to 40 even if you are not planning another pregnancy. To get further information or an appointment please ring Miss Rutter's secretary on 01709 424239 or ask your GP/Health Professional for further information/referral.

Notes

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How to contact us

Greenoaks Ante-Natal Clinic
Telephone 01709 424347

Labour Ward
Telephone 01709 424491

Switchboard
Telephone 01709 820000

Your local midwife and GP contact numbers will be on your handheld maternity notes.

Useful contact numbers

NHS Direct
Telephone 0845 4647
Health Info
Telephone 01709 427190
Stop Smoking Service
Telephone 01709 422444
Patient Services
Telephone 01709 424461
A&E
Telephone 01709 424455
Reshape Rotherham
Telephone 01709 427694
Email reshape@rothgen.nhs.uk
(You can self refer to this service)

RIO
Telephone 0844 477 3622
For GP out of hours, contact your surgery

Useful websites

www.nhs.uk
www.direct.gov.uk
www.therotherhamft.nhs.uk
www.rotherhaminstitutefor obesity.co.uk
www.eatwell.gov.uk

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services
The Rotherham NHS Foundation Trust
Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 424461
Email *complaints@rothgen.nhs.uk*

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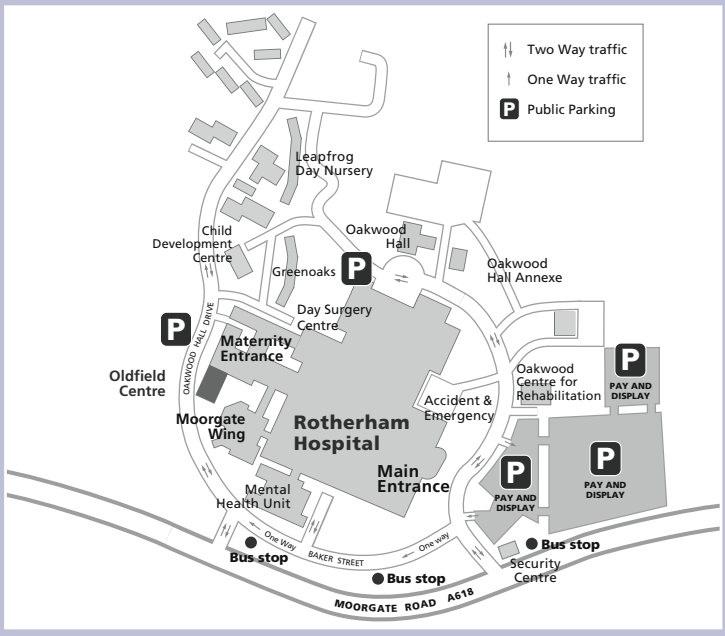
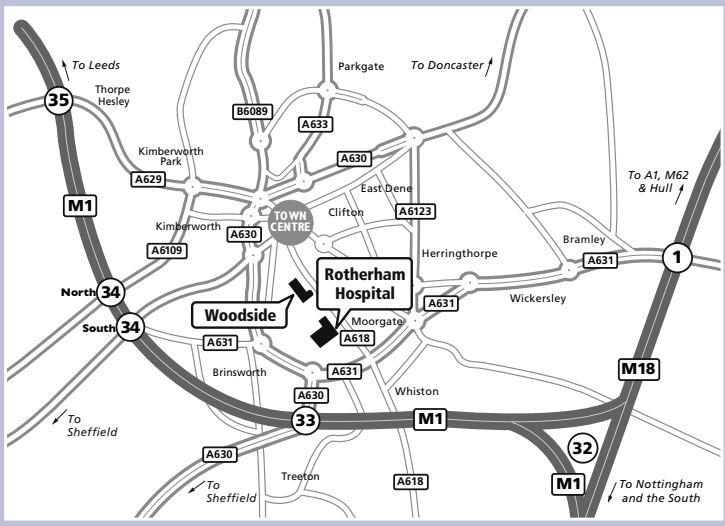
How to find us

Hospital *site plan*



Rotherham *main routes*



Sustainable Forests / Low chlorine

LS 633 04/12 V2 WFO

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