

Obstetrics and Gynaecology
Frimley Health

Risks of obesity

Information for pregnant women



What is body mass index (BMI)?

BMI is a calculation that health professionals use to work out whether you are a healthy weight for your height (weight (kg)/height (m²))

BMI 18.5-24.9	Healthy weight
BMI 25-29.9	Overweight
BMI 30-34.9	Obese
BMI 35 or over	Morbidly obese

Your BMI is calculated at your booking visit to make sure you get the right type of care during your pregnancy.

Pre-pregnancy care

If you are not yet pregnant, and have a BMI of more than 24.9, weight loss will reduce the risks during pregnancy and increase the success rate of infertility treatment if this is required.

You should aim to maintain your BMI in the range 20-25.

If your BMI is over 30 you should take 5mg folic acid which must be prescribed by your GP starting at least one month before conception and continue this during the first trimester of pregnancy. It is also recommended that you take 1000IU Vitamin D supplements daily during pregnancy and while breastfeeding.

Antenatal Care

If your BMI is over 30

- Your community midwife will give you advice on eating a healthy balanced diet and keeping active to manage your weight and avoid any unnecessary weight gain. You should not try and lose weight unless advised to do so.
- A routine ultrasound scan will be offered at around 11-13 weeks and 20-22 weeks. There is a reduced accuracy of ultrasound in detecting

congenital abnormalities and measuring the baby's growth compared to women with a normal BMI.

- A glucose tolerance test (a blood test) will be offered at 28 weeks to screen for gestational diabetes. Your midwife will advise you about this.
- Your midwife or doctor will also assess the risk of thromboembolism (clots) in pregnancy, taking into account your BMI and any other risk factors that you may have.

If your BMI is over 35

- You will be advised to have a hospital birth and consultant-led care.
- You will be seen by a weight management specialist midwife and be offered serial ultrasound scans to check the baby's growth and presentation. After the scan you will see a consultant.

If your BMI is over 40

- An appointment to see a dietician may be offered to you if required.
- It may be recommended that you see an anaesthetist for an individual assessment of anaesthetic risk in case an epidural is required, or if you ask for an epidural.
- An individual risk assessment will be made, if necessary, to ensure that all the appropriate equipment is available in readiness for your admission to hospital.

Healthy Weight Gain

Pregnancy is not the time to diet and lose weight. The amount of weight a woman may gain in pregnancy can vary a great deal.

There is no evidence to support “eating for two”. In fact, it is recommended that you only increase your calorie intake by 200 calories a day in the last trimester of pregnancy. This is the same as having a yoghurt with a sprinkle of almonds or a small bowl of muesli with milk and an apple.

The Institute of Medicine recommend the following weight gain in pregnancy:

BMI range	Recommended weight gain
18.5-24.9	25-35 lbs (11.5-16 kgs)
25-29.9	15-25 lbs (7-11.5 kgs)
Over 30	11-20 lbs (5-9.1 kgs)

Health risks for obese women and their babies.

Women who are obese when they become pregnant face an increased risk of complications during pregnancy and childbirth. The greater your BMI, the higher the chance of complications. The list of risks is not exhaustive.

Antenatal Complications:

- Difficulty with ultrasound scanning
- Difficulty in assessing baby's growth, congenital abnormalities, position, and monitoring baby's heartbeat.

Pregnancy Complications:

- Gestational diabetes
- High blood pressure
- Large or small babies
- Increased risk of stillbirth, or babies dying shortly after birth.
- Increased risk of thromboembolism (formation of blood clots). For more information and for signs and symptoms please visit this link to our maternity website

<https://www.frimleyhealthandcare.org.uk/maternity/your-pregnancy/reducing-the-risk-of-venous-thrombosis-blood-clots/>

Labour Complications:

- Increased need for pain relief
- Difficulty in having an epidural/spinal
- Greater chance of being induced (the need to start your labour)
- Failed induction of labour (unable to start your labour)
- Increase in Caesarean section rate and longer operating time
- Anaesthetic problems
- Shoulder dystocia (baby's shoulders getting stuck)
- Increased risk of anal sphincter injury (serious tear)
- Higher rate of instrumental delivery (forceps or ventouse)
- Higher rate of trauma to baby – e.g. nerve damage

Postnatal Complications:

- Infection (Caesarean wound, urinary, vaginal or uterine)
- Risk of deep vein thrombosis (DVT) and pulmonary embolism (PE). For more information and for signs and symptoms please visit this link to our maternity website
<https://www.frimleyhealthandcare.org.uk/maternity/your-pregnancy/reducing-the-risk-of-venous-thrombosis-blood-clots/>
- Heavy bleeding after birth
- Difficulty in establishing breastfeeding
- Longer stay in hospital

Care in labour

If your BMI is over 35

- Pethidine may give less effective pain relief than for women whose BMI is within the normal range.
- If you choose to have an epidural, it may be more difficult for the anaesthetist to site the epidural, or to ensure that it is fully effective.
- It may be more difficult to monitor your baby's heart rate, in which case you may be advised that a fetal scalp clip should be attached to the baby's head to record the heart rate.
- Your midwife will encourage you to move around as much as possible as you will be at an increased risk of pressure area damage to your skin if you are immobile during labour. If you are not walking around, the midwife will advise you to change your position frequently to avoid the risk of pressure damage.
- You will be at increased risk of developing clots in the veins in your legs if you are immobile. If a caesarean section is needed, you will be given anti-embolic stockings to wear to reduce the risk of clot formation and have a course of injections to thin your blood.

If your BMI is over 40

- The birthing pool will be unavailable for you to use.

After the birth of your baby

You should aim to lose weight before your next pregnancy. This will help to reduce your risks during the next pregnancy. It will also help to avoid the long-term health risks associated with being overweight.

Your midwife, health visitor or GP will be able to give you advice on healthy eating and exercise to help you lose weight. They can also provide information on contraceptive options.

Exclusively breastfeeding for 12 months or more may help with your postnatal weight loss. Mothers who are very obese: Individual assessment will be required, preferably with the mother, based on her mobility, spatial awareness and the space available in the bed.

Where can I find out more?

www.healthystart.nhs.uk

www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx

www.bdaweightwise.com

www.nhs.uk/live-well

www.fhft.nhs.uk

www.frimleyhealthandcare.org.uk/maternity

Contact information :

If you have any further queries, please contact:

Your named midwife

Or

The Antenatal Clinic on

0300 6134127 Frimley Park Hospital

0300 6154513 Wexham Park Hospital

Please use this space to note any questions you may have.

For a translation of this leaflet or for accessing this information in another format:

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Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital

Telephone: 0300 613 6530

Email: fhft.palsfrimleypark@nhs.net

**Wexham Park &
Heatherwood Hospitals**

Telephone: 0300 615 3365

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Frimley Park Hospital Portsmouth Road, Frimley, Surrey, GU16 7UJ	Heatherwood Hospital London Road, Ascot, SL5 8AA	Wexham Park Hospital Wexham Street, Slough, Berkshire, SL2 4HL
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