

Obesity and pregnancy

Obesity or being overweight can cause complications for both you and your baby. Complications can occur while you are pregnant, during labour and after your baby is born.

Many women feel uncomfortable with their body image during pregnancy and it can be especially hard when you may require special care because of your weight. But it is important that we care for you and your baby properly. At The Women's we provide women, who are at risk, with special care and extra monitoring. We can also offer you support with your body image, your diet and exercise programs through other services in the hospital.

How we measure obesity

Obesity is a difficult thing to measure. The best measure we have is the BMI or Body Mass Index. Assessing obesity using BMI has some limitations. It doesn't take into account a number of things like lean muscle mass (which weighs a lot) and variations in the way that fat is distributed. It also fails to take into account age, sex and culture, which all influence the way we look and carry weight. However BMI is the internationally accepted practical way of assessing obesity, and it does provide a good guide to the risk of obesity-related health problems.

The BMI is currently the best way that we can make sure that all women who are possibly at risk are getting the right treatment.

Understanding the Body Mass Index or BMI

Your BMI is calculated by dividing your pre-pregnant weight in kilograms by your height in metres squared (m²). The calculation is based on pre-pregnant weight.

A healthy BMI is between 20 and 25. A result below 20 is defined as underweight; a figure above 25 is defined as overweight.

What the risks are

All pregnant women have a risk of pregnancy complications, however most pregnancies are uncomplicated. Obesity increases the risk of a number of pregnancy complications. The more obese you are, the more your level of risk will increase.

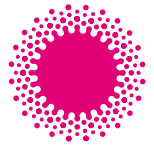
You are at increased risk of the following pregnancy complications:

When you are pregnant

- gestational diabetes - a form of diabetes that develops during pregnancy
- pre-eclampsia - a condition that only occurs in pregnancy, characterised by hypertension (high blood pressure) and the presence of protein in the urine
- abnormalities of the baby's growth, development and general health
- sleep apnoea - a condition that causes you to temporarily stop breathing while you are sleeping

During labour

- failure to progress in labour
- shoulder dystocia (the shoulders get stuck during birth)
- difficulties monitoring the baby's heart
- difficulties with providing satisfactory pain relief in labour
- increased risks with attempted vaginal birth after caesarean section
- need for an emergency caesarean section
- increased risk of complications related to caesarean section



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After the birth

- increased risk of wound infection
- increased risk of blood clots (particularly following a caesarean section)
- postnatal depression

Obesity and caesarean section

The problems with operating on women with obesity include the following:

- positioning because you are unable to lie flat and to be moved if an emergency arises
- an epidural or spinal anaesthetic is more difficult to site correctly and is more likely to dislodge or fail
- it is more difficult to maintain airways (especially in the emergency setting)
- the procedure is more difficult
- extra monitoring is required
- you may require admission to an intensive care unit after the operation

Despite these problems obese women are more likely to require a caesarean section for a wide range of conditions / problems. Considering all issues related to your care (and that of your baby), the doctor may recommend an elective caesarean section.

How we look after you and your baby

We will ensure you receive close monitoring and the very best care. The medical staff will consider all aspects of your pregnancy when planning your care.

While you are pregnant

- in the early part of your pregnancy you will be checked for pre-existing diabetes and at 26 weeks you will be checked for gestational diabetes

- your baby will be closely monitored throughout your pregnancy
- you may be offered more frequent antenatal visits
- between 28 and 34 weeks you will be referred to the Anaesthetic Assessment Clinic for consultation as a safeguard, even if you are planning a vaginal delivery, so everyone is prepared for every possible outcome

In labour

Plans for your labour and birth will be discussed with you by your doctor as the time approaches, and will take into account your specific circumstances, as well as issues related to your obesity.

For women who are very obese, staff will do what they can to encourage your baby's birth within normal working hours. This is to make sure that all required staff are in the hospital should there be any problems. If an emergency arises out of hours there may be a delay until the additional on-call staff have arrived at the hospital.

After your baby is born

Breastfeeding is the ideal food for newborn babies. It reduces the likelihood of childhood obesity and protects the baby from a range of infections and allergies. It also helps you to lose weight.

See also our brochure *Simply Breastfeeding*.

If you have had a caesarean section you will most likely be offered medication to reduce the risk of thromboembolism (blood clots).