

RUH

Patient information: BMI



This leaflet contains advice and guidance for pregnant women with a high Body Mass Index (BMI)

Introduction

We understand that some patients may find it difficult or embarrassing to talk about their weight. Please be reassured that all health professionals will be sensitive towards you and your own situation.

This information leaflet will enable you to find the best way of working in partnership with your health professionals to help reduce the risk to you and your baby's health, associated with a high body mass index (BMI).

Recent evidence has shown that women with a high BMI in pregnancy are at greater risk of complications in pregnancy than the general population, and that a high BMI can present a serious risk to health.

Possible complications may include:

- High blood pressure
- Diabetes
- Cardiac complications
- Increased risk of bleeding
- Shoulder dystocia (baby's shoulders getting stuck at delivery)
- failed epidural or spinal anaesthesia
- Thrombosis (blood clot)

How will a high BMI affect my care?

At your booking appointment your midwife or doctor will take a full family medical history. It is important that you give as much information as possible.

Using the Body Mass Index table (ask to see a copy if you would like one) your midwife will calculate your BMI from your height and weight measurements. BMI is calculated by multiplying your height in metres by itself and dividing your weight in kilograms by this number. For example: height is 1.6m and weight is 65kg. $1.6\text{m} \times 1.6 = 2.56$. BMI would be 65 divided by 2.56 = 25.39. This information will be recorded in your notes and used to help guide and plan your care.

If your BMI is 30 and above you fall into a category of women who are at greater risk in pregnancy than the general population. You will be offered specialist advice and guidance. This may include a review by a consultant obstetrician and possibly an anaesthetist.

If you would like help and advice on weight reduction in pregnancy, ask your GP or midwife who may refer you to a dietician.

What are the complications and difficulties I am at risk of in pregnancy and childbirth?

- You are at greater risk of developing high blood pressure, your midwife or doctor will check this at all antenatal visits. Sometimes additional blood and urine tests are required.
- Ultrasound scanning may be difficult, you may be offered further scanning to assess your baby's growth or position.
- You have a greater risk of developing diabetes in pregnancy. A blood test called a GTT (Glucose Tolerance Test) at 26-28 weeks gestation will be done to assess if you have developed this condition.
- You are at greater risk of developing a blood clot (thrombosis) which can lead to serious complications. You may be given an injection to prevent blood clots after the birth of your baby and for several days afterwards.

- Because you are at increased risk of complications in labour, you are at greater risk of a caesarean section; therefore you will be given a small tablet to help reduce the acid contents in your stomach. You may be discouraged from eating in labour.
- Monitoring your baby's heart beat in labour may be difficult. It may be necessary to attach a small clip to your baby's head (fetal scalp electrode) to give a more accurate recording. This will cause no harm to your baby.
- If you wish to use the birthing pool for pain relief or birth this will be discussed on an individual basis.
- If you plan to have an epidural, the tubing may be inserted before you are in strong labour. This procedure may be difficult and can sometimes fail.
- If you have a caesarean section it is much safer for you to have a spinal or epidural. A general anaesthetic – where you are put to sleep – carries with it greater risks. If it is necessary e.g. where a spinal or epidural has failed or you develop an emergency requiring speedy delivery, then the anaesthetist will discuss it with you.

Can I give birth to my baby naturally?

Although your increased weight puts you at potential risk of serious complications in pregnancy and childbirth, it is important to remember that the vast majority of women in your situation will deliver their babies without any complications and minimal interventions.

Our aim is to ensure that all risks to you are minimized and you can enjoy a safe and uncomplicated pregnancy and labour. By working in partnership with your health care providers you will minimize your risks. You will be kept informed should any risks arise that might affect you or your baby's health.

References/further information

- Healthy Eating Leaflet FSA (2006) 'Eating while you are pregnant'
- CEMACH (2004) Confidential Enquiries into Maternal and Child health, 'Why Mothers Die' (2000-2002) The 6th report, RCOG Press.
- Department of health (2001) Tackling Obesity in England, 9th Report of sessions (2001–2002) report. House of Commons select committee on public accounts.
- www.cemach.org.uk/publications.htm
- www.nice.org.uk

Patient Advice and Liaison Service (PALS)

This service focuses on improving services for NHS patients. If you have questions, concerns, suggestions or compliments about any NHS service you receive then speak to a member of staff. If you feel that they cannot help you or you still have concerns, then contact:

PALS Manager
Royal United Hospital NHS Trust
Combe Park
BATH
BA1 3NG

01225 825656

Contact telephone numbers:

Monday - Thursday 9am-5pm and Friday 9am – 1pm:

- **Antenatal Clinic** **01225 824659**
- **Antenatal Reception** **01225 824645**