

Policy Extract

[Weight management before, during and after pregnancy](#)

This guideline covers how to assess and monitor body weight and how to prevent someone from becoming overweight or obese before, during and after pregnancy. The aim is help all women who have a baby to achieve and maintain a healthy weight by adopting a balanced diet and being physically active.

Who is it for?

- NHS and other commissioners and managers
- Health professionals including those working in antenatal and postnatal services
- People working in children's centres
- Women before, during and after pregnancy, their partners and families and other members of the public

Recommendations

Weight management: a definition

In this guidance, the term 'weight management' includes:

- Assessing and monitoring body weight
- Preventing someone from becoming overweight (body mass index [BMI] 25-29.9 kg/m²) or obese (BMI greater than or equal to 30 kg/m²)
- Helping someone to achieve and maintain a healthy weight before, during and after pregnancy by eating healthily and being physically active and gradually losing weight after pregnancy

The recommendations are based on strategies and weight-loss programmes that are proven to be effective for the whole population.

Recommendation 1 Preparing for pregnancy: women with a BMI of 30 or more

Whose health will benefit?

Women with a BMI of 30 or more who may become pregnant, including those who have previously been pregnant.

Who should take action?

- NHS and other commissioners and managers.
- GPs, health visitors, midwives, practice nurses, pharmacists and other health professionals working in weight management, fertility, pre-conception advice and care services, gynaecology and contraceptive services.
- Managers and health professionals in children's centres.
- Directors of public health, planners and organisers of public health campaigns and occupational health advisers.
- Dietitians and public health nutritionists working in NHS and non-NHS setting.

What action should they take?

- NHS and other commissioners and managers, directors of public health and planners and organisers of public health campaigns should ensure health professionals understand the importance of achieving a healthy weight before pregnancy. Local education initiatives should also stress the health risks of being obese, including during pregnancy.
- Health professionals should use any opportunity, as appropriate, to provide women with a BMI of 30 or more with information about the health benefits of losing weight before becoming pregnant (for themselves and the baby they may conceive). This should include information on the increased health risks their weight poses to themselves and would pose to their unborn child.
- GPs, dietitians and other appropriately trained health professionals should advise, encourage and help women with a BMI of 30 or more to reduce weight before becoming pregnant. They should explain that losing 5-10% of their weight (a realistic target) would have significant health benefits and could increase their chances of becoming pregnant. Further weight loss, to achieve a BMI within the health range (between 24.9 and 18.5 kg/m²) should also be encouraged, using evidence-based behaviour change techniques. Losing weight to within this range may be difficult and women will need to be motivated and supported.
- Health professionals should encourage women to check their weight and waist measurement periodically or, as a simple alternative, check the fit of their clothes.
- Health professionals should offer a weight-loss programme involving diet and physical activity. The programme should follow the principles of good practice, as outlined at the beginning of this section.
- Health professionals should offer specific dietary advice in preparation for pregnancy, including the need to take daily folic acid supplements. This includes professionals working in pre-conception clinics, fertility clinics, sexual and reproductive health services and children's centres.

Recommendation 4 Women with a BMI of 30 or more after childbirth

Whose health will benefit?

- Women who had a pre-pregnancy BMI of 30 or more.
- Women with a BMI of 30 or more who have had a baby within recent months.

Who should take action?

- GPs, health visitors, practice nurses, pharmacists and other health professionals working in weight management.
- Managers and health professionals in children's centres.
- Dietitians and public health nutritionists working in NHS and non-NHS settings.

What action should they take?

- Explain the increased risks that being obese poses to them and, if they become pregnant again, their unborn child/ Encourage them to lose weight.
- Offer a structured weight-loss programme. If more appropriate, offer a referral to a dietitian or an appropriately trained health professional. They will provide a personalised assessment, advice about diet and physical activity and advice on behaviour change strategies such as goal setting. Women who are not yet ready to

lose weight should be provided with information about where they can get support when they are ready.

- Use evidence-based behaviour change techniques to motivate and support women to lose weight.
- Encourage breastfeeding and advise women that losing weight by eating healthily and taking regular exercise will not affect the quantity or quality of their milk.

Public health need and practice

About half of women of childbearing age are either overweight (BMI 25–29.9 kg/m²) or obese (BMI greater than or equal to 30 kg/m²) (The NHS Information Centre 2008).

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. These include the risk of impaired glucose tolerance and gestational diabetes, miscarriage, pre-eclampsia, thromboembolism and maternal death (Centre for Maternal and Child Enquiries and the Royal College of Obstetricians and Gynaecologists 2010).

Even a relatively small gain of 1–2 BMI units (kg/m²) between pregnancies may increase the risk of gestational hypertension and gestational diabetes, even in women who are not overweight or obese. It also increases the likelihood of giving birth to a large baby (Villamor and Cnattingius 2006).

An obese woman is more likely to have an induced or longer labour, instrumental delivery, caesarean section or postpartum haemorrhage (Yu et al. 2006). Reduced mobility during labour can result in the need for more pain relief, which can be difficult to administer in obese women, resulting in increased need for general anaesthesia with its associated risks. After birth, wound healing can be slower with an increased risk of infection, and obese women are more likely to require extra support in establishing breastfeeding, due to, for example, difficulties in latching the baby on to the breast (Heslehurst et al. 2007).

Obese women may also experience reduced choices about where and how they give birth. There may be restrictions on home births, the use of birthing pools and types of pain relief that can be given.

Obese women who are pregnant are likely to spend longer in hospital than those with a healthy weight because of morbidity during pregnancy and labour related to their weight (Chu et al. 2008). In the longer term, weight control after pregnancy may reduce the woman's risk of obesity, coronary heart disease, some cancers and type 2 diabetes.

Babies born to obese women also face several health risks. These include a higher risk of fetal death, stillbirth, congenital abnormality, shoulder dystocia, macrosomia and subsequent obesity (Ramachenderan et al. 2008).