



## Obesity, Bariatric Surgery and Pregnancy - Consumer Fact Sheet

Approximately 50% of pregnant women are either overweight or obese and most are not aware of the current recommendations about health weight gain in pregnancy. While talking about body weight is a very sensitive issue for many women, there are important benefits to you and your baby of being a healthy weight before you become pregnant, and gaining the appropriate amount of weight once pregnant. By reaching a healthy weight prior to pregnancy you are protecting your health and your baby's wellbeing

You may be surprised that many doctors and midwives feel uncomfortable bringing up the issue of weight. They are concerned you may feel judged and uncomfortable with them. It is important for you to talk with your caregivers about your weight prior to and during pregnancy, to ensure the best possible care for you and your baby

Obesity, or being overweight, can increase the risk of complications for both you and your baby while you are pregnant. Sometimes it is necessary to refer women who are at high risk of birth complications to the regional hospital or King Edward Memorial Hospital (KEMH). If this is necessary your doctor or midwife will talk to you and your partner or family so you can plan ahead.

We can offer women at risk special care and extra monitoring. We can also offer you support with your body image, your diet and exercise programs through other services.

### How do we measure obesity?

Obesity is a difficult thing to accurately measure. The best measure we have is the BMI or Body Mass Index. BMI is the internationally accepted way of assessing obesity, and it does provide a good guide to the risk of obesity-related health problems and the best way that we can make sure women who are possibly at risk receive appropriate care.

### 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 (m<sup>2</sup>). A healthy BMI is between 18.5 and 24.9. A result below 18.5 is defined as underweight; a figure 25 or above is defined as overweight.

### What are the risks of being overweight when pregnant?

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 overweight you are, the more your level of risk will increase.

**BMI 30-34.9** places you at **mildly increased risk** during pregnancy and anaesthetic

**BMI 35-39.9** places you at **moderately increased risk** during pregnancy and anaesthetic

**BMI 40 or greater** places you at **severely increased risk** during pregnancy and anaesthetic.

<b>Increased risks of obesity</b>	
<p><b>Pregnancy</b></p> <ul style="list-style-type: none"> <li>· Miscarriage /stillbirth</li> <li>· Gestational diabetes - a form of diabetes that develops during pregnancy</li> <li>· Pre-eclampsia - a condition that only occurs in pregnancy, characterised by high blood pressure</li> <li>· Abnormalities of the baby's growth (small or big), development and general health</li> <li>· Sleep apnoea - a condition that causes you to temporarily stop breathing during sleep</li> </ul>	<p><b>Labour</b></p> <ul style="list-style-type: none"> <li>· Premature birth</li> <li>· Longer and slower labour</li> <li>· Haemorrhage</li> <li>· Shoulder dystocia (difficulty delivering the baby's shoulders during birth)</li> <li>· Difficulties monitoring the baby's heart</li> <li>· Difficulties with providing satisfactory pain relief in labour</li> <li>· Need for an emergency caesarean</li> <li>· Increased risk of complications related to caesarean section.</li> </ul>
<p><b>After the birth</b></p> <ul style="list-style-type: none"> <li>· Increased risk of wound infection and scarring</li> <li>· Increased risk of blood clots</li> <li>· Difficulty breast feeding</li> <li>· Postnatal depression</li> <li>· Difficulty losing weight.</li> </ul>	<p><b>Risks for your child</b></p> <ul style="list-style-type: none"> <li>· High birth weight (causing birth complications)</li> <li>· Low blood sugars</li> <li>· Higher rate of childhood obesity</li> <li>· Higher rate of diabetes in later life</li> </ul>
<p><b>After Caesarean section (mother)</b></p> <ul style="list-style-type: none"> <li>· Placing an epidural or spinal anaesthetic is more difficult and is more likely not to work</li> <li>· More difficult to insert a breathing tubes during anaesthetic (especially in an emergency)</li> <li>· The procedure is more difficult and takes longer</li> <li>· Increased risk of heavy bleeding</li> <li>· You may require admission to an intensive care unit after the operation.</li> </ul> <p>Despite these problems obese women are more likely to require a caesarean section for a wide range of conditions / problems.</p>	

## How can you help to reduce your increased risks?

You can reduce your risks by managing your weight gain carefully during your pregnancy.

Restricting your pregnancy weight gain to a **healthy limit of 5 – 9 kg** will reduce your risks of complications caused by your weight.

Eating a healthy diet and exercising regularly is the best way to commence a pregnancy. Aiming for your weight to be within your healthy weight range for your height is certainly a good way to start and reduces your risk of developing hypertension or gestational diabetes during your pregnancy. As well as reducing your chances of having a large baby, an early baby or possibly a caesarean section delivery.

You should aim to work up to 30 minutes of low intensity exercise on most days of the week i.e. walking. Labour and birth can be strenuous so exercise is also important to prepare your body to do well.

## We offer the following services to assist you to do this:

Ask your doctor or midwife for a referral to a dietitian who can support you with dietary changes, limiting your weight gain and an exercise program.

## If you have had Bariatric surgery (band, sleeve or bypass)

If you have had successful surgery and your BMI is within the normal ranges then your complication rates are similar for any woman for Gestational Diabetes (GDM), blood pressure problems, larger than average baby, haemorrhage after birth and caesarean section. However you are still at increased risk of having a smaller than average baby or a premature birth. This is because you are at increased risk of nutritional deficiencies from malabsorption due to the surgery.

## How can the risks from your surgery be reduced?

- Blood tests for nutritional deficiencies
- Vitamin supplementation
- Special tests for diabetes (other than glucose tolerance)
- Extra ultrasound in your last trimester to check on babies growth

## How else do 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 for growth
- Throughout your pregnancy you may be offered more frequent antenatal visits
- If you are at high risk of complications you may be referred to an Anaesthetist and a Consultant obstetrician as a safeguard, even if you are planning a vaginal delivery.
- Your doctor will discuss with you where the safest place is for your birth, early in your pregnancy.

- An assessment of your risks will be undertaken again at 36 weeks to determine the safest place for your birth. This assessment will consider your current weight, your initial BMI category, how much weight you have gained in the pregnancy, whether you have developed any pregnancy complications and the advice from any specialists you have seen.

### **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.

As for all pregnant women, if an emergency arises out of hours there may be a delay in your treatment 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. We have midwives, and access to lactation consultant services, to assist you with any breastfeeding problems that may arise. If you experience problems the midwives will develop and follow a special care plan for you and your baby.

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

### **Special Equipment Considerations**

The Royal Flying Doctor Service has limitations on the weight of patients that can be easily transferred to other hospitals. This has implications for emergency evacuation in the event of complications **especially when women are over 155kg.**

### **References:**

Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Obesity during pregnancy*, Cobs 49, March 2017.

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