

Plus Size Pregnancies.

Most plus-size women can expect to have a healthy pregnancy. But if you're carrying extra weight going into pregnancy, your health and diet have a direct effect on both you, and your baby's health and wellbeing as well as being more susceptible to pregnancy complications like gestational diabetes. Understanding your risk factors will help you do everything you can to enjoy a safe and healthy plus-size pregnancy.

You're considered overweight if your pre-pregnancy body mass index (BMI) is between 25 and 29.9 and obese if your BMI is 30 or higher. A healthy BMI is between 18.5 and 24.9.

Keep in mind that BMI is only a rough estimate of body fat based on your height and weight: It doesn't take genetics or age into consideration, and it isn't a perfect tool for assessing overall fitness. Nevertheless, researchers have consistently found that as BMI increases, so does the risk of many pregnancy and labour complications.

It's worth noting that a high BMI doesn't necessarily mean you're going to have medical issues. Many plus-size mummies have problem-free pregnancies. Knowing what to watch out for if you're plus-size and pregnant is the first step to having a healthy nine months. The good news is that most health conditions and situations linked to weight are manageable – and in some cases preventable. (Yay!)

You can modify your risks by eating well, exercising, and adhering to weight-gain guidelines. The most important thing you can do is have a conversation with your LMC about your particular risk factors. Do you have a history of high blood pressure or uncontrolled blood sugar? What about a family history of larger babies?

Once you know your personal risk factors, work with your LMC to make sure you have the healthiest pregnancy you can.

Here are some conditions and situations you and your LMC may need to be mindful of during your pregnancy.

Gestational diabetes:

Gestational diabetes, a temporary form of high blood sugar during pregnancy, affects up to 15 percent of plus-size women - triple the rate of average-size women. Uncontrolled, it increases the risk of fetal birth defects and congenital heart problems. Babies born to mums with gestational diabetes tend to be large, which may pose problems in the delivery room. Big babies may mean bigger episiotomies, vaginal lacerations, and an increased chance of a cesarean section. It's likely you will be supported by a dietician and diabetes specialists throughout your pregnancy. It's important you follow their advice and attend appointments. Gestational diabetes can also affect you after you've had your baby. The extra weight increases your risk of type 2 diabetes, you should be tested within the first six weeks after delivery and yearly after that.

Blood clots:

During pregnancy you are at higher risk to develop blood clots in the legs or in your lungs because of changes in the nature of your blood, the risk is increased if you're plus-sized. You might have an initial risk assessment with a midwife or doctor and be offered to have blood thinning injections as a prevention measure.

Gestational hypertension:

If you develop high blood pressure (a reading of 140 over 90 or higher – even if only one of the numbers is elevated) after 20 weeks of pregnancy but don't have any symptoms of preeclampsia, you'll be diagnosed with gestational hypertension, sometimes called pregnancy-induced hypertension.

If you had high blood pressure before pregnancy, or are diagnosed with it before 20 weeks of pregnancy, it's called chronic hypertension. Chronic hypertension is a heart risk, however, gestational hypertension does put you at higher risk for preeclampsia, intrauterine growth restriction, preterm birth, placental abruption, and stillbirth.

Your LMC will track your blood pressure at each visit. If you have either type of hypertension, she will monitor your health closely and possibly put you on blood-pressure-lowering medication.

Pre-eclampsia:

This is a serious form of high blood pressure that's usually diagnosed after 20 weeks of pregnancy, along with at least one other symptom. These can include protein in your urine, liver or kidney abnormalities, persistent headaches, or vision changes. Your odds quadruple if you have a high BMI.

Preeclampsia can range from mild to severe and progress slowly or rapidly. In severe cases, it can cause organ damage to you and problems for your baby, such as poor growth, less amniotic fluid, and placental abruption. Severe cases can lead to seizures, a condition called eclampsia.

Call your LMC immediately if you experience swelling in your face, swelling in your extremities, a severe or persistent headache, rapid weight gain, intense pain or tenderness in your upper abdomen, or vision changes (like double vision, blurriness, spots or flashing lights, sensitivity to light, or a temporary loss of vision).

Mental Health:

Throughout your pregnancy, you will be asked some questions about your mental health just the same as every other person that is pregnant. Weight stigma is widespread in healthcare and can lead to anxiety, stress, depression, low self-esteem and negative body image. It can be particularly harmful during pregnancy, when people are at an increased risk of developing mental health issues and their bodies are being scrutinized more than usual. And discussions about things like how extra weight can put the baby at risk can lead to intense feelings of guilt when not handled properly. People come in different shapes and sizes. They always have, they always will, if you feel unheard, discriminated against, belittled, or humiliated by any health care professional, please follow this up along the appropriate channels.

Large baby:

While most plus-size women have average-size babies (around 7-8 pounds), being plus sized is considered a risk factor for macrosomia, or having a large baby (at least 9 pounds, 15 ounces). About 1 percent of babies are macrosomic. Your baby is more likely to be large if you have undiagnosed or poorly managed gestational diabetes, have a family history of large babies, or go past your due date. Depending on your situation (if there are other factors to consider), your LMC may chat to you about the probability of vaginal delivery, or it may be suggested you opt for an elective caesarean.

Longer labour:

Several studies have found that a higher BMI is linked to longer active labour. For women in the highest ranges for BMI, the first stage of labour typically lasts more than an hour longer than it does for other women. But this doesn't necessarily mean you will be in labour longer. Things that may help: exercising, eating a sensible diet, and gaining the appropriate amount of weight. Prepare yourself for labour with attending antenatal classes. A positive mindset also helps, so go into labour with confidence in your body's ability to handle it (You've got this!).

Labour complications:

A number of studies have shown that plus size women are more likely to be induced or have a caesarean delivery and may have more difficulty getting effective pain relief from an epidural or spinal block.

This is likely due to the other factors that can be associated with being plus-size and pregnant. Such as: It may be harder to find the correct place to put an epidural in or may take longer to place. There is a greater chance of it needing more frequent checks to get the epidural working evenly on both sides of the body or having to re-site it to improve its effectiveness. Chatting with your LMC and other specialists involved will help with understanding the possible pathway and your options.

Things you can do to help:

Eating well, try to:

- avoid 'eating for two'.
- base your meals on starchy foods such as potatoes, brown bread, brown pasta or rice that contain wholegrains.
- eat fibre-rich foods such as oats, beans, lentils, grains, seeds, fruit and vegetables as well as wholegrain bread, brown rice and pasta
- eat at least five portions of a variety of fruit and vegetables each day, instead of foods higher in fat and calories
- eat a low-fat diet
- eat as little as possible of the following: fried food, drinks and sweets/biscuits high in added sugars, and other foods high in fat and sugar
- always have breakfast
- watch the portion size of your meals and snacks and how often you eat.

Exercise:

If you weren't active before you got pregnant don't suddenly start doing vigorous exercise. Start by doing about 15 minutes of continuous exercise x3 times a week. Increase this gradually to at least x4 30-minute sessions a week.

You can also try:

- making activities such as walking, cycling, swimming, water aerobics, pregnancy yoga and gardening part of your daily life
- taking the stairs instead of the lift or go for a walk at lunchtime
- avoiding sitting for long periods, watching television or at a computer, get up and move around

You might be surprised to know that many LMC's and specialists feel uncomfortable bringing up the issue of weight but it's important for patients and health care providers to communicate about this topic: Obesity is a touchy subject, but this is not about looking good or bad. This is about your health. If you talk freely with your LMC about your weight, and you keep health and well-being in check, chances are you and your baby will be just fine. Being plus sized might increase your risk, but remember that even so, the vast majority of babies and mothers are healthy and happy.

