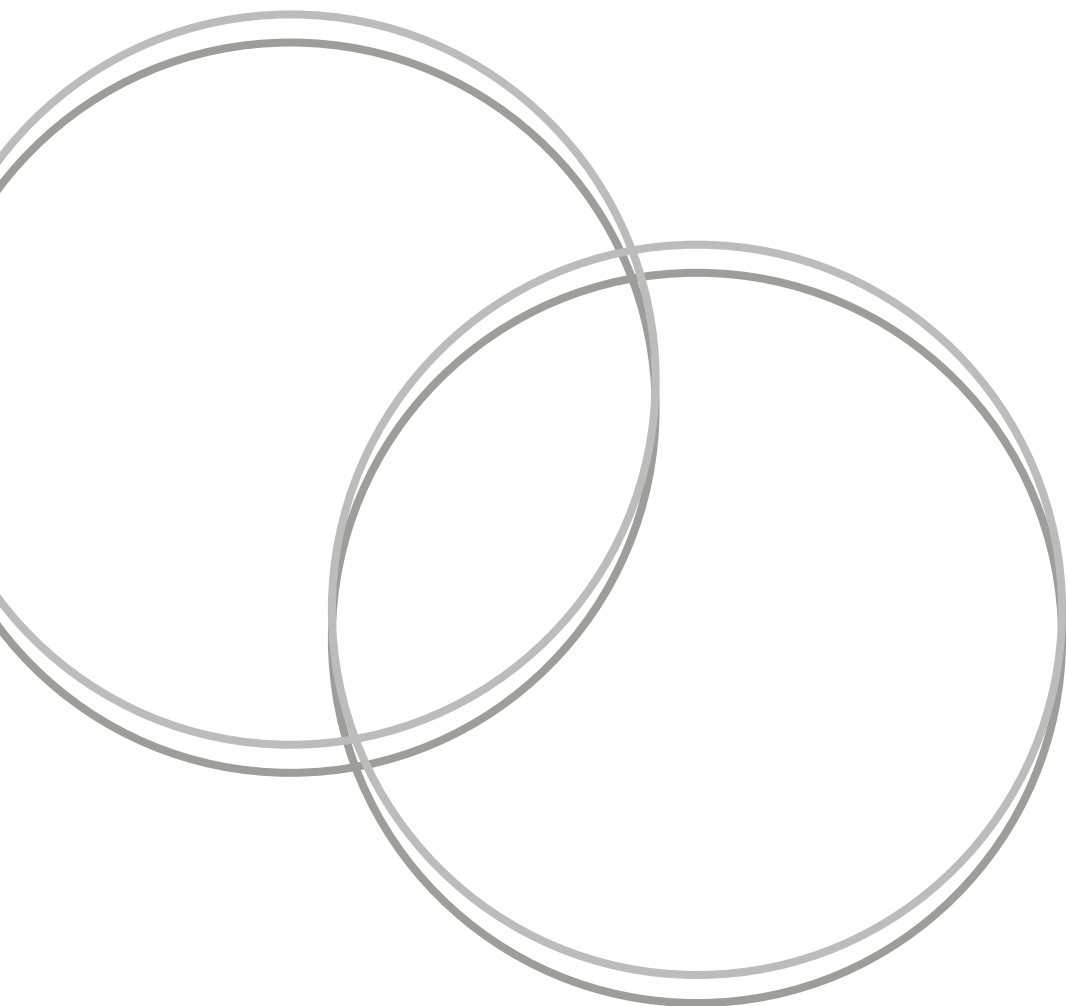




Oxford University Hospitals  
NHS Foundation Trust

# Pregnancy and Body Mass Index (BMI)

Information leaflet





# Pregnancy and Body Mass Index (BMI)

Body Mass Index (BMI) measurement uses your height and weight to calculate whether your weight is in a healthy range.

## **BMI measurements**

- BMI less than 18.5 = underweight
- BMI 18.5 to 25 = healthy weight
- BMI over 25 = overweight
- BMI over 30 = obese
- BMI over 40 = seriously obese

Most people with a higher BMI will have a straightforward pregnancy and birth. However, having a higher BMI increases the chance of certain complications during pregnancy and birth. The higher your BMI, the higher the chance of these complications happening. This leaflet explains these complications and offers ways to reduce the risk of complications to promote a healthy and positive childbirth experience.

## **Calculating BMI in pregnancy**

Your midwife will calculate your BMI at your first antenatal booking appointment and check it again at your 28 and 36 week antenatal appointments.

If your BMI is over 35, your midwife will refer you to an obstetrician (a doctor specialising in pregnancy and childbirth) for extra help and support during your pregnancy.

## Weight gain during pregnancy

Your healthy weight gain during pregnancy may depend on your weight before you got pregnant.

Most people put on between 10kg (22lb) and 12.5kg (28lb) during pregnancy.

Everyone will gain weight differently throughout pregnancy. There are no official guidelines in the UK, but the American College of Obstetricians and Gynaecologists recommend that:

- if you are underweight before becoming pregnant (BMI under 18.5) you put on 13 to 18kg (28 to 40 lbs)
- if you are in the healthy weight range before becoming pregnant (BMI of 18.5 to 24.9) you put on 11 to 16kg (25 to 35lbs)
- if you are overweight before becoming pregnant (BMI of 25 to 29.9) you put on 7 to 11kg (15 to 25lbs)
- if you are affected by obesity before becoming pregnant (BMI of 30 or more) they recommend you put on 5 to 9 kg (11 to 20 lbs).

## Healthy eating during pregnancy

It is important to eat a variety of different foods every day to get the right balance of nutrients that you and your baby need. You do not need to eat for two, this is a myth!

Aim for a low saturated fat, low sugar, high fibre diet. Foods that contain unsaturated fats (rather than saturated fats) are considered to be healthier. Examples of foods that contain unsaturated fats include olive oil, avocados, nuts (like almonds and walnuts) and fatty fish such as salmon. It is important to remember that all fats are high in calories and should be eaten in moderation.

Ensure you drink plenty of water and eat 5 portions of fruit or vegetables each day. You should also eat foods rich in iron (e.g. red meat, bread, green vegetables, pulses and fortified breakfast cereal).

When you are pregnant you will need to take some supplements as well to make sure your body is getting everything it needs to support your growing baby.

If you have a BMI of 30 or over, we recommend you take a high dose folic acid supplement of 5mg (milligrams) every day for the first 12 weeks of pregnancy. Folic acid helps to reduce the risk of neural tube defects (defects of the brain and spinal cord).

We also advise you take a daily supplement of 25 micrograms/also described as 1000 international units of vitamin D throughout your pregnancy and while you are breastfeeding. Vitamin D regulates the amount of calcium and phosphate in your body – these are needed to keep your bones and teeth healthy.

We do not recommend dieting in pregnancy, but there are positive steps you can take to help improve your general health. Weight loss drugs should not be taken in pregnancy.

You can get information on healthy eating from your midwife or GP, and from the NHS website:

**[www.nhs.uk/pregnancy/keeping-well/have-a-healthy-diet/](http://www.nhs.uk/pregnancy/keeping-well/have-a-healthy-diet/)**

## **Exercise in pregnancy**

We recommend that you try to do at least 30 minutes of physical activity 5 days a week (150 minutes of exercise per week), which could include swimming or brisk walking. Moderate-intensity physical activity will not harm you or your baby. Regular physical activity has been shown to improve your overall health and will reduce your risk of developing blood pressure problems and gestational diabetes in pregnancy.

If you have exercised regularly before becoming pregnant, you should be able to continue with no adverse effects. However, the aim is to stay fit rather than to reach peak fitness.

If you have not exercised routinely before your pregnancy then you should begin with 15 minutes of continuous exercise three times per week, increasing gradually to 30 minute sessions 5 days a week.

### **For more information on exercise in pregnancy visit:**

- [nhs.uk/pregnancy/keeping-well/exercise](https://www.nhs.uk/pregnancy/keeping-well/exercise)
- [gov.uk/government/news/new-physical-activity-guidelines](https://www.gov.uk/government/news/new-physical-activity-guidelines)

# Physical activity for pregnant women

- Helps to control weight gain
- Helps reduce high blood pressure problems
- Helps to prevent diabetes of pregnancy
- Improves fitness
- Improves sleep
- Improves mood



- No evidence of harm**
- Listen to your body and adapt**
- Don't bump the bump**

## **Breastfeeding**

Breastfeeding has many health benefits for you and your baby, including helping you lose weight after giving birth.

Breastfeeding help and support is available if you need it from your healthcare professionals, and there are infant feeding specialists at the John Radcliffe Hospital who offer additional support.

Local breastfeeding support groups are also available in the community. You can ask your midwife for details of the breastfeeding support group nearest to you.

## How having a higher BMI can affect pregnancy

Research shows that people who have a higher BMI when they become pregnant have an increased chance of complications during their pregnancy and labour.

If you weigh over 100kg (15st 10lb) or your BMI is over 35 at the start of your pregnancy, your midwife will refer you to an obstetrician (a hospital doctor). If you have had bariatric surgery, they will also refer you to the maternal medicine team (obstetricians with specialist knowledge of medical conditions in pregnancy).

The obstetrician will explain any additional risks to you and your baby and will also discuss how these risks can be reduced.

### **These risks include:**

- gestational diabetes
- high blood pressure and pre-eclampsia
- blood clots in the legs and lungs
- infections
- pelvic joint pains
- mental health difficulties
- challenges with accurately assessing the growth of the baby.

## **Gestational diabetes**

Diabetes that is first diagnosed in pregnancy is known as gestational diabetes. If your BMI is 30 or over, you are three times more likely to develop gestational diabetes compared with people with a BMI under 25.

We will offer you a test for gestational diabetes between 24 and 28 weeks of your pregnancy. If the test shows that you have gestational diabetes, we will refer you to the Maternity Diabetes Team (a team of doctors and midwives that specialise in diabetes in pregnancy) for further testing and treatment as needed.

## **High blood pressure and pre-eclampsia**

People with a higher BMI have an increased chance of developing high blood pressure and pre-eclampsia during pregnancy. Pre-eclampsia is a condition in pregnancy where your blood pressure is high and there is protein in your urine. Pre-eclampsia can result in problems for both you and your baby.

If you have a BMI of 30 or over, your chance of developing pre-eclampsia during pregnancy is 2 to 4 times higher compared with those with a BMI under 25. Your midwife or doctor will check your blood pressure and urine at each of your appointments to screen for pre-eclampsia.

We may ask you to take a low dose of aspirin to reduce the chance of you developing pre-eclampsia. This will be decided at 12 weeks of pregnancy based on assessment of your risk factors, including blood pressure, blood test results and dating scan findings.

## **Blood clots**

Having a higher BMI is linked to an increased chance of developing blood clots in your legs (venous thrombosis) or in your lungs (pulmonary embolism), which can be life-threatening. Pregnancy itself also increases your chance of developing a blood clot (thrombosis). If you are overweight and pregnant, the risk is further increased.

We will assess your chance of developing a blood clot at your first antenatal appointment and will monitor you during your pregnancy. We may offer you blood thinning injections to reduce the risk of developing a blood clot. These are safe to take during pregnancy.

## **Infections**

If you have a higher BMI you may be more prone to urinary tract infections (infections of the urinary system) during pregnancy. Your midwife can refer you to a doctor if this becomes a problem for you.

## **Pelvic joint pain**

If you have a higher BMI you are more likely to have pelvic joint pain during pregnancy (also known as pelvic girdle pain or PGP). It is important to stay active as much as possible during your pregnancy.

If you experience any pelvic pain, please speak to your midwife. They can give you advice and refer you for physiotherapy if needed (exercise and advice to help relieve muscle and joint pain).

The following link may also be helpful:

**[www.nhs.uk/pregnancy/common-symptoms/pelvic-pain](http://www.nhs.uk/pregnancy/common-symptoms/pelvic-pain)**

## **Mental health**

At your first antenatal (booking) appointment we will talk to you about your mental health and wellbeing.

If you have a higher BMI this may increase your chance of developing mental health problems in pregnancy and after giving birth. Your healthcare professional will check on your mental health and wellbeing throughout your pregnancy to ensure you have access to any help and advice you may need.

## **Checking the position and size of your baby**

If you have a higher BMI, it may be difficult for midwives and doctors to determine which way your baby is lying and how big your baby is. Feeling and measuring your tummy (called an abdominal examination) can be less accurate. You will be offered an additional scan at 32 weeks to check the growth of your baby, and at 36 weeks. The standard 36 week ultrasound scan will check the position of your baby.

## **Ultrasound scanning**

If you have a higher BMI, it may affect the accuracy of the measurements and the quality of the images. We will do our best to get the information needed for you and your baby.

## **Risks to your baby**

- The likelihood of a miscarriage in early pregnancy is 1 in 5, but if you have a BMI of 30 or over this increases to 1 in 4.
- If you have a higher BMI before pregnancy or in early pregnancy, this can affect the way your baby develops in the uterus (womb). Around 1 in 1000 babies in the UK are born with neural tube defects (problems with the development of the baby's skull and spine), but if your BMI is 30 or above, the chance of this is around 2 in 1000. The chance of a neural tube defect can be reduced by taking a 5mg folic acid supplement in the first 12 weeks of pregnancy.
- If you have a higher BMI, you are more likely to have a baby weighing more than 4kg. This increases the chance of complications for you and your baby during the birth.
- If your BMI is 30 or above, your chance of complications during the birth is doubled from 7 in 100 to 14 in 100 compared with people with a BMI of between 20 and 30.
- The overall likelihood of stillbirth in the UK is 1 in every 200 births. If you have a BMI of 30 or above, the chance of this increases to 1 in every 100 births.
- If you have a higher BMI in pregnancy, it is 1.5 times more likely that your baby will need admission to the Neonatal Unit compared to babies born to individuals of a healthy weight

## How BMI can affect labour and birth

Many people with a higher BMI will have vaginal births with no complications.

However, if you have a higher BMI there is an increased chance of complications during labour and birth, particularly if your BMI is 40 or over. These complications include:

- an induction of labour (when labour is started artificially) is less likely to result in a vaginal birth if you have a higher BMI
- a longer labour
- an emergency caesarean (C-section) birth
- more complications during and after a caesarean birth, such as heavy bleeding and wound infection
- difficulties in monitoring the baby's heartbeat in labour
- difficulty in delivering the baby's shoulders (shoulder dystocia)
- heavy bleeding after your baby is born
- problems with inserting epidurals and drips
- anaesthetic complications
- reduced chance of having a successful vaginal birth after a previous caesarean section
- your baby having breathing difficulties
- preterm birth (giving birth before 37 weeks of pregnancy).

## Where to give birth

### **If you have a BMI of 40 or over**

If your BMI is **40 or over** at your booking appointment, we recommend that you give birth on the Delivery Suite at the John Radcliffe Hospital so that doctors and midwives can respond quickly if any problems occur.

### **If this is your first baby**

If you have a BMI of **40 or under** and no other complications, you can choose to give birth in the Spires Midwifery-led Unit (MLU) or the Delivery Suite at the John Radcliffe Hospital.

### **If you have had a vaginal birth before**

If your BMI is **35 to 39.9**, you are well in this pregnancy and you have had a normal birth before with no complications, you can choose to give birth at home, at one of the Midwifery-led Units (MLUs) or on the Delivery Suite at the John Radcliffe Hospital.

If your BMI is over 35 with other complications in the pregnancy, we recommend that you give birth on the Delivery Suite at the John Radcliffe Hospital.

## Care in labour

Remaining upright and active in labour will promote uncomplicated labour and birth. It will also lower the risks associated with not moving, such as developing blood clots and skin damage from pressure areas.

If your BMI is under 40 you may use the birthing pool as long as you can get in and out unaided. We would advise you not to use the birthing pool if your BMI is over 40 at booking as we may not be able to move you out of the pool quickly in the event of an emergency.

It may be necessary to monitor your baby's heartbeat continuously. A fetal scalp electrode (sometimes called a clip) may be recommended when it is difficult to monitor your baby's heartbeat by listening in through your abdomen (tummy). The fetal scalp electrode is attached to the top of your baby's head through your vagina and cervix (neck of the womb) and then connected to the monitor. You can still move around with this attached.

We will give you an omeprazole tablet regularly when you are in active labour. This will help reduce the acid content of your stomach in case you need to go to the operating theatre for the birth of your baby.

We may recommend that you have a cannula sited in early labour to avoid delays in the event of an emergency. A cannula is a fine plastic tube that is inserted into a vein and is used to give medicine and fluid very quickly if needed.

## **Epidurals and pain relief**

If you have a BMI over 40, we will offer you an appointment to see a senior member of the anaesthetic team, usually in the later stages of your pregnancy.

The purpose of the anaesthetic appointment is to assess you and to discuss your options for pain relief in labour. We will also discuss the types of anaesthetic you may receive if you need to give birth to your baby in theatre.

If you choose to have an epidural for pain relief, we may offer it early in labour to give the anaesthetist more time to carry out the procedure. This is because it can be more difficult to insert an epidural if you have a higher BMI.

Having an epidural inserted in early labour will also be useful if you need to go to theatre for a procedure (for example, where we help you to give birth to your baby using forceps, or by performing a caesarean section). This is because an epidural can normally be used to make you numb for the procedure by making you pain free from the top of your abdomen to the tips of your toes. This means you would be able to stay awake during the procedure. This is safer than having a general anaesthetic (going to sleep) because the risks of having a general anaesthetic in pregnancy are higher in women with a raised BMI.

For more information about epidurals and anaesthetics please visit:

**[www.labourpains.org](http://www.labourpains.org)**

## **Delivering the placenta (afterbirth)**

People with a high BMI have an increased risk of having a postpartum haemorrhage (heavier than normal bleeding after childbirth). To reduce the risk of this, your midwife or doctor will recommend that you have an injection to help with the delivery of the placenta. One of the side effects of this medication is that it can sometimes make people feel sick.

## Your health after the birth

Some risks may continue after you have your baby.

These include:

- blood clots
- high blood pressure
- infections
- urinary incontinence

### **Blood clots (thrombosis)**

You have an increased chance of developing a blood clot (thrombosis) for a few weeks after the birth of your baby. This can be in your legs (venous thrombosis) or in your lungs (pulmonary embolism), which can be life-threatening.

After you give birth, we will assess the risk of this happening to you. To reduce your risk:

- try to be active as soon as you feel comfortable and avoid sitting still for long periods
- wear compression stockings if advised to.

We may offer you blood-thinning injections (low-molecular weight heparin treatment) for at least 10 days after the birth of your baby. It may be necessary to continue them for 6 weeks.

If your BMI is over 40 you must have blood-thinning injections for at least 10 days

### **High blood pressure**

If you developed high blood pressure or pre-eclampsia during pregnancy, you have an increased chance of having high blood pressure for a few weeks after the birth of your baby.

We will continue to monitor this (and treat if necessary) until your blood pressure returns to normal. Your GP will monitor your blood pressure after you have been discharged by your community midwife.

## **Infections**

If you have a higher BMI you may be more prone to infections following birth, such as infections of tears in your vagina or perineum, or to caesarean section scars. Let your community midwife know or contact the Maternity Assessment Unit (MAU) if you notice signs of infection such as:

- pain
- redness
- discharge/pus
- feeling unwell
- raised temperature

## **Urinary incontinence**

Some people may experience problems with bladder weakness during and after pregnancy. It is important that you do your pelvic floor exercises regularly during your pregnancy and after the birth of your baby.

## **Healthy eating and exercise**

Continue to follow NHS advice on healthy eating and exercise. If you want to lose weight after giving birth, talk to your healthcare professional.

You can also visit The National Institute for Health and Care Excellence (NICE) guidance on maternal and child nutrition:

**[www.nice.org/guidance/ng247maternal](http://www.nice.org/guidance/ng247maternal)** and child nutrition: nutrition and weight management in pregnancy and nutrition in children up to 5 years.

## **Contraception after your baby is born**

We will offer you contraception after the birth of your baby. Options include the progestogen-only pill, also called the mini pill; the contraceptive implant, the Depo-Provera injection and contraceptive coils (with or without hormones).

Your weight will not affect most types of contraception, and most contraception will not make you put on weight. (The contraceptive injection has been linked to a small amount of weight gain if used for 2 years or more.)

Contraceptives that contain the hormone oestrogen are not suitable for women who have a very high BMI.

Please speak to your midwife if you would like contraception, and for more information visit:

**[www.contraceptionchoices.org](http://www.contraceptionchoices.org)**

## **Planning a future pregnancy**

If you have a BMI of 30 or over, whether you are planning your first pregnancy or are between pregnancies, it is worth trying to lose weight.

Losing weight can increase your chance of becoming pregnant and having a healthy pregnancy. It can also reduce the risks for you and your baby. Even a small weight loss can bring significant health benefits.

Having a BMI of 30 or over could also make you ineligible for fertility treatments, such as IVF, on the NHS.

Ask your healthcare professional for advice and support to lose weight.

There is also help in the community, including many postnatal groups. Please speak to your midwife and doctor about what is available.

If you are not yet ready to think about weight loss, we can give you information to keep for later.





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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