Healthy weight management in pregnancy:

Introduction

Obesity in pregnancy carries significant risks and it has been identified that over half the women who died either directly or indirectly from pregnancy-related causes were overweight or obese. Babies born to obese women face several health risks including a higher risk of foetal death, stillbirth, congenital abnormality, shoulder dystocia, large for gestational age babies and subsequent obesity. The UK prevalence rate of maternal obesity (having a BMI ≥35 at any time during pregnancy) is around 5% and there has been a general trend of increasing prevalence of obesity amongst pregnant women presenting to hospital for maternity booking.

Reducing maternal obesity either through promoting healthy weight management during pregnancy or ideally preventing obesity throughout childhood and adolescence and throughout the pre-conception years should be a priority.

Risk factors and vulnerable groups

There is also clear evidence associating lower socio-economic status with the likelihood of children and adults being overweight or obese. Similarly, maternal obesity is related to socioeconomic deprivation, inequalities within minority ethnic groups and poor access to maternity services.

A pregnant woman who is obese is more likely to have an induced or longer labour, instrumental delivery, caesarean section or postpartum haemorrhage. Women who are obese may also experience reduced choices about where and how they give birth. In addition, they are more likely to spend longer in hospital because of weight-related morbidity compared with those with a healthy weight. Obese women are more likely to have preterm birth which consequently increases the risk of complications to health and infant mortality.

What is the evidence base?

Healthy eating which for some women may lead to healthy weight loss during pregnancy is recommended for all pregnant women who are obese. The period before, during and after pregnancy provides an opportunity to give women practical advice to help them to eat healthily, become more physically active and to help them manage their weight effectively.

NICE recommends that weight management interventions should be commissioned that impact on all women of childbearing age, because up to 50% of pregnancies are likely to be unplanned. All women of childbearing age need to be aware of the importance of a healthy diet and physical activity and be encouraged to achieve a healthy weight before they become pregnant.

NICE public health guidance PH27 recommends that all pregnant women are weighed and have their BMI calculated and recorded by a healthcare professional and that pregnant women with a BMI of 30 kg/m² or more are offered a referral to a dietitian or appropriately trained health professional. After pregnancy, it is recommended that women with a BMI of 30 kg/m² or more are offered a structured weight-loss support programme or if more appropriate, a referral to a dietitian or an appropriately trained health professional.

What is being done locally?

Slimming World intervention for pregnant women

Pregnant women in Luton with a body mass index (BMI) of 30, or 28 if they have any co-morbidity, can be referred by their midwife to Slimming World, which offers a specific healthy weight
management programme for pregnant women. Since September 2013, 28 Luton women have completed the full 36 week programme.

Uptake of the programme is low compared with need. A new (April 2015) public health midwife role embed this referral pathway into maternity care and ensure that many more eligible pregnant women who meet the BMI threshold recognise the importance of healthy weight management in pregnancy and access the service.

**Recruiting a Public Health Specialist Midwife**

Improving infant health outcomes needs to commence at conception and therefore maternity services are in a pivotal position to ensure that healthy lifestyles and education for pregnant women is given and reinforced at every opportunity to support expectant and new parents to make healthy decisions that will impact on the healthy development of their child.

A specialist public health midwife has been funded to work with maternity staff and partner organisations to educate staff to achieve these outcomes notably focussing on: safe sleeping, smoking during pregnancy and increasing breastfeeding, healthy weight management and improving maternal mental health.

**Priorities**

1. Review current practice against NICE guidance and improve data collection, collation and analysis.
2. Develop a healthy weight pathway for pregnant women to increase usage of current commissioned services.
References

i Knight B, and Wyatt K. Barriers encountered when recruiting obese pregnant women to a dietary intervention. Nursing Times, 2010; 106(32): 20–2


