Obesity and pregnancy: overcoming the communication barriers

Weight control programmes during pregnancy are more likely to succeed if they involve honesty, respect and encourage self-efficacy, say Professor Simon Langley-Evans and Dr Judy Anne Swift, School of Biosciences, University of Nottingham.

Obesity prevalence and impact

You would be hard pressed to miss the message that obesity represents a serious risk to health and has increased markedly in the UK in recent years. Perhaps less well recognised are health concerns for women who enter pregnancy with a Body Mass Index (BMI; weight/height\(^2\)) over 30 (kg/m\(^2\)) (the clinical threshold for obesity) or who gain excessive weight during pregnancy. In the UK the prevalence of obesity among women of childbearing age increased from 12% to 20% between 1993 and 2010, and in 2009 approximately 5% of all pregnancies in England (more than 38,000 per year) were associated with a maternal BMI of over 35.\(^1\) In addition, all women are vulnerable to excessive weight gain during pregnancy.\(^2\)

Obesity during pregnancy increases risk of complications including pre-eclampsia and gestational diabetes (see box). A BMI in excess of 30 increases the risk of pre-eclampsia (normally affecting 5% of women) by fourfold and the risk of both spontaneous\(^3\) and medically necessary preterm delivery by 50%. Furthermore, regarding obese women as high-risk for complications adversely influences their obstetric care, resulting in more caesarean deliveries and induced labour\(^4\) in order to reduce adverse pregnancy outcomes, including miscarriage, stillbirth, and maternal death.\(^1,5\) Children born to obese women are themselves at greater risk of obesity and associated disease in later life through a process termed fetal programming.\(^6\)

Current recommendations

The UK does not have any formal, evidence-based recommendations for controlling weight gain in pregnancy, although the Department of Health (DoH) provides a guidance range of 10-12.5kg (22-26lbs). NICE does not recommend weight loss during pregnancy as this may impair fetal nutrition.\(^2\) Similarly, clinicians lack detailed, evidence-based guidance on how to achieve appropriate weight gain. NICE recommends that health professionals adopt a patient-centred approach, asking women if they would like advice and if so, when.\(^2\) This assumes that both parties have already defined weight as a problem. But how should one raise the issue of weight, define it as a problem and give advice without offending, patronising, or scaring women?

The advice available during pregnancy may not help with weight management. DoH literature and the myriad self-help books and online pregnancy forums tend to focus diet and physical activity advice on risk management rather than positively framed health promotion. There is lots of advice on what not to eat and drink (due to high levels of certain micronutrients or potential contamination) and exercises to avoid (due to risk of injury). Although useful, this information doesn’t empower women or convey how they will benefit from behaviour change, or address the underlying drivers of dietary and exercise behaviours.

Clinical and community interventions

Most researcher-led and clinician-led interventions rely on health education to encourage dietary change and increased physical activity during pregnancy. Typically, these have few positive benefits even when weight gain is controlled. One
Challenge: Obesity is a sensitive subject, and there is evidence that in primary care both patients and healthcare professionals are embarrassed and reluctant to raise the issue of body weight. Midwives often have similar reservations, which could compromise the antenatal care of pregnant women with higher BMIs. Research suggests that more effective antenatal care can be provided by offering written materials and verbal advice on diet and physical activity. So, why, in comparison to other programmes, is this so successful? Further evaluation is needed, but it seems likely that the one-to-one relationships formed, the setting of simple, individualised goals, and the use of non-judgemental language improve the self-efficacy of the women who take part. A key issue is how women who complete this programme work towards and maintain a healthier weight beyond pregnancy. Individuals who attempt or manage to lose weight can regain weight beyond their original baseline, which could have serious implications for future pregnancies.

Practice points for antenatal educators

Things to find out
What is the policy around obesity in pregnancy in your area? Who can a woman talk to in order to instigate an individual plan of care and how can she access a supervisor of midwives if necessary? Remember that although the criteria for midwife-led units can be strict, and NICE says women with a BMI ≥35 at booking should be advised to give birth in a consultant-led unit, it is ultimately the woman’s decision to plan this or a homebirth. What support is available for women who want to manage their weight during and after pregnancy?

Eating (and moving) for two
Energy needs don’t change for the first six months of pregnancy, and only increase to about 200 calories extra per day in the last three months. At least 30 minutes of moderate-intensity physical activity daily is recommended but anything is better than nothing.

Confidence
Consider ways to help larger women feel more confident about labour and birth, such as having pictures showing a range of differently-sized women giving birth, including in water (where buoyancy makes changing position easier and reduces the need for epidurals, which can be harder to place in larger women). Encourage women to try different positions for comfort and remember that as with all women, they will vary in how flexible they are. Obese women often report having had an overly medicalised birth. They are managed differently and are more likely to have a caesarean section. Support from confident birth partners who are happy to ask questions could be particularly beneficial so explore how they can achieve this.

Health for everyone
How do you approach fitness and healthy eating in your courses: do you recommend good places for a walk and is it time to ditch the traditional biscuits and cake, and offer fruit instead?

Sarah Carr, NCT tutor

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