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Plus-Size Pregnancy

by Heather Boerner

Half of all women of childbearing age in the United States are considered overweight, and one in three is obese. Research shows that being overweight or obese — defined, according to the standard body mass index (BMI), as more than 25 BMI for overweight individuals, and more than 30 BMI for those who are obese — raises a woman's risk for certain pregnancy-related complications. How common are those risks, and what can overweight women do to have a healthy pregnancy?

The Risks

Overweight and obese pregnant women have increased risks for stillbirth, premature birth, birth defects (particularly neural tube defects such as spina bifida), and large birth weight, also known as macrosomia. Macrosomia can cause injuries to the woman *and* newborn during vaginal delivery and may require cesarean section (c-section). And overweight or obese women who have c-sections are more likely to experience excess blood loss, long surgery time, and post-operative infection.

The risks for preeclampsia, a potentially life-threatening condition that involves increased blood pressure and kidney problems, and gestational diabetes, in which the body's ability to process sugar is decreased or impaired, are also higher for pregnant women who are overweight or obese. For instance, 2.3 percent of women with a BMI

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between 19 and 25 — considered normal weight by medical standards — develop gestational diabetes. For women with a BMI of 30 or more, the risk nearly triples. For morbidly obese women — those with a BMI of 40 or more — the risk goes up to 9.5 percent. The risk for preeclampsia in normal weight women is up to 10 percent. For obese women, the risk is as high as 25 percent.

Weighing the Factors

In a recent study in the *American Journal of Obstetrics and Gynecology*, Dr. Gladys Ramos found that race is also a factor in the complications of obese women. For instance, Latinas were more likely than women of other races to develop preeclampsia, gestational diabetes, and to have a c-section. Asian-American and white women were equally as likely to have larger birth-weight babies. And African-American women were more likely to have low birth-weight babies, but less likely to develop preeclampsia. Being younger than 18 or over 35 can also increase risks.

Given the possible outcomes, overweight women should talk to their health care providers about their risks, says Sujatha Reddy, an Atlanta-based ob/gyn. “The right way to approach this issue is, if you’re thinking about getting pregnant, don’t assume the worst. Don’t think it’s not possible to have a healthy pregnancy [if you are overweight] — because it is,” says Reddy.

Guidelines for Care

Recent guidelines from the American College of Obstetricians and Gynecologists (ACOG) seek to ensure that health care providers improve the care they give pregnant women who are overweight or obese. Health care providers should

- Educate women about the recommended amount of weight gain during pregnancy — which, according to the *Institute of Medicine*, ranges from 25–35 pounds for normal-weight women to 15 pounds for obese women.
- Record women's height and weight during the initial prenatal visit to calculate BMI.
- Offer nutrition consultation to all obese women and urge them to follow an exercise program.
- Consider screening obese pregnant women for gestational diabetes during the first trimester and repeating the testing

later in pregnancy.

- Inform patients of potential pregnancy complications related to obesity.
- Suggest patients consult an anesthesiologist prior to delivery, in case of emergency c-section.

In addition to these guidelines, ACOG recommends cardiac screenings for obese women with preexisting high blood pressure or diabetes. For women with a BMI of 40 or more, ACOG suggests that doctors ensure they will have a larger operating table for c-section delivery, extra staff on hand, and additional blood supplies.

A Healthy Goal

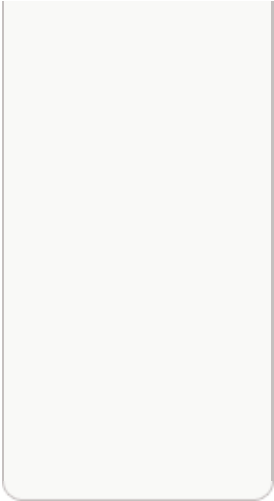
Does this mean that women must lose weight before considering pregnancy? Not necessarily, says Dr. Laura Riley, OB/GYN at Massachusetts General Hospital — but it can help. According to Riley, when a woman who is overweight or obese does become pregnant, she should be prepared to talk about weight — a potentially sensitive subject for any women, regardless of size.

Riley ensures that the ACOG guidelines were not meant to stigmatize overweight or obese patients. "As a practicing obstetrician, there's a fine line between telling a patient about obesity as a pregnancy complication and the patient understanding that I'm not criticizing her weight," she says. "This is not about whether you can look like one of those skinny waifs on the cover of *Vogue*. This is a medical issue. Obesity and excessive weight gain during pregnancy can have a significant impact on maternal and fetal health. We are trying to make physicians aware of the risks so they can talk about weight without making judgments."

Dr. Anjel Vahratian, an epidemiologist who studies the effect of overweight and obesity on pregnancy, says the goal is to encourage all women to maintain a healthy diet and exercise program, regardless of weight.

"Half of all pregnancies are unplanned," says Vahratian. "If you happen to fall under the category of being obese, it is important to adopt a healthy lifestyle. That way, if you become pregnant, you'll be better able to manage your health and that of your fetus."

To Brette McWhorter Sember, a plus-size mother of two and author



of *Your Plus-Size Pregnancy*, the key is to eat healthfully and exercise at a level that feels reasonable, not for women to put undue pressure on themselves.

“Just remember that it’s important to feel good about your body during your pregnancy,” says Sember. “This is not a time to beat yourself up.”

Heather Boerner is a freelance health writer based in San Francisco.

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