Back to the Web version

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Home > Pregnancy > Plus-Size and Pregnant

Plus-size and pregnant: Understanding and managing health risks

Approved by the Medical Advisory Board

Reviewed by Paula Bernstein, M.D., PhD
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By Heather Boerner and BabyCenter Editorial

Most plus-size women can expect a healthy pregnancy. But as with any journey as complex as having a baby, the ride may get a little bumpy from time to time.

Women with a body mass index (BMI) above 25, considered overweight, are more susceptible to certain pregnancy conditions such as gestational diabetes. This risk climbs higher if your BMI is 30 or above, considered obese. Not sure where you fall on the spectrum? Find out what your BMI is.

Risk reality check

The fact is, doctors and researchers still don't know exactly why weight matters. And it's just one piece of the puzzle — age, genetics, and even ethnicity factor in.

"The impact of obesity is different for every ethnic group," says Gladys Ramos, an ob-gyn and coauthor of a 2006 study in the *American Journal of Obstetrics and Gynecology* on race, weight, and pregnancy complications. "For example, Latina women have a higher rate of gestational diabetes and preeclampsia, compared to Caucasian women. African-American women have a higher rate of c-section than do heavier Caucasian women. Caucasian women tend to form bigger babies, where African-American women do not."

The good news is that most of the health conditions and situations mentioned below are manageable and in some cases they're preventable — and you may not experience any of them. You could have a perfectly healthy pregnancy and delivery.

It's important to keep in mind that "most plus-size women have completely normal pregnancies and normal babies," says Cornelia van der Ziel, a clinical instructor in obstetrics at Harvard Medical School and a private-practice ob-gyn. "You can be overweight and have a fit pregnancy. Any obese pregnant woman can modify her risks by eating well, exercising, and adhering to weight-gain guidelines," notes van der Ziel, a coauthor of *Big, Beautiful, and Pregnant: Expert Advice and Comforting Wisdom for the Expecting Plus-Size Woman.*

Sujatha Reddy, an ob-gyn in Atlanta, says the most important thing to do is have a conversation with your healthcare provider about your individual risk factors. Do you have a history of high blood pressure? Do you have a history of uncontrolled blood sugar? What about a family history of larger babies?

Once you know your personal risk factors, work with your healthcare provider to make sure you're having the healthiest baby you can. (Do you think your healthcare provider is treating you with respect? If not, read about how to find a plus-size-friendly healthcare provider.) And don't panic: As Reddy says, "It's not a doom-and-gloom scenario at all."

Health conditions and situations

Here are the conditions and situations your healthcare provider may need to be mindful of as you go through your pregnancy:

Neural tube defects — Neural tube defects (NTDs) are problems with how a baby's brain and/or spinal cord develop.

Overweight and obese women have a higher risk of having a baby with NTDs, although the risk is still very small: around 0.1 percent of births, according to the Duke University Center for Human Genetics.

What you can do: Researchers still don't know *why* obese women have higher rates of NTDs, which makes it hard to create specific recommendations, but the most commonly recommended prevention for all women is to take folic acid supplements before and during pregnancy. If you're plus-size, you may have lower blood folate levels than smaller women, according to one study. Although it's still unclear what the connection may be between weight, lower folate levels, and NTDs, it doesn't hurt to start taking 1,000 micrograms (mcg) of folic acid in a supplement form before you conceive (since these defects start early in pregnancy) and keep it up throughout your pregnancy. You can also ask your healthcare provider for a triple-screen blood test at 15 weeks to detect NTDs; ultrasound and amniocentesis can confirm diagnosis.

Gestational diabetes — Gestational diabetes is causes elevated blood-sugar levels during pregnancy. Your healthcare provider will evaluate your blood sugar during glucose screening and tolerance tests. Uncontrolled levels of high blood sugar can cause a variety of problems, including a large baby and hypoglycemia in your baby after birth.

According to the National Institute of Child Health and Human Development, about 2 percent of women with a BMI of 19 to 24 develop gestational diabetes, while about 6 percent of overweight women and a little more than 9 percent of obese women develop the condition.

What you can do: Learn about what gestational diabetes is, and how you can manage it with nutrition. You can also get more information from the American Diabetes Association. Even if you have gestational diabetes, you can have a healthy pregnancy if you follow your healthcare provider's advice and attend all your prenatal appointments.

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 protein in your urine, you'll be diagnosed with gestational hypertension, sometimes called pregnancy-induced hypertension. (High blood pressure with protein in the urine indicates preeclampsia.) If you had high blood pressure before pregnancy, or are diagnosed with it before 20 weeks of pregnancy, that's called chronic hypertension. Chronic hypertension is a heart risk, but gestational hypertension is usually mild and likely won't cause any overt problems for you or your baby. However, it does puts you at higher risk for preeclampsia, intrauterine growth restriction, preterm birth, placental abruption, and stillbirth.

Several studies have shown that roughly 10 percent of obese women (BMI of 30 or above) will have gestational hypertension, versus around 4 percent of women with a BMI of 19 to 25.

What you can do: Show up for your prenatal appointments — your healthcare provider will take 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. Learn more about gestational hypertension and how it's managed.

Preeclampsia — Preeclampsia, also known as toxemia, is a complex disorder that's diagnosed if you have high blood pressure and protein in your urine after 20 weeks of pregnancy. It causes blood vessels to constrict, which raises your blood pressure and lessens blood flow throughout your body. Preeclampsia can range from mild to severe, and can progress slowly or rapidly. In severe cases, this can cause organ damage for you and problems for your baby, such as poor growth, decreased amniotic fluid, and placental abruption. Severe cases can lead to seizures, a condition called eclampsia. Women with severe preeclampsia are given antiseizure medication.

"[Weight] is a major risk factor, but [it's] not primary," says Reddy. "Preeclampsia is much more common in women under 20 and women older than 35. If you're under age 35 and overweight, you're at a lower risk for preeclampsia than a woman at a healthy weight who's 35 or older." Studies have shown that about 9 to 12 percent of overweight and obese women will be diagnosed with preeclampsia, while 4 to 5 percent of women with a BMI in the 19 to 25 range will be diagnosed.

What you can do: Make sure to attend all your prenatal appointments, where your healthcare provider will check your blood pressure. If your blood pressure is high, your provider will test your urine for protein. Call your healthcare provider right away if you experience puffiness or 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 such as double vision, blurriness, seeing spots or flashing lights, light sensitivity, or temporary loss of vision. Learn more about preeclampsia and how it's managed.

Large baby — While most plus-size women will have perfectly average-size babies (around 7 pounds, 8 ounces), obesity is considered a risk factor for having a large baby — 9 pounds, 15 ounces, or more — known as macrosomia. About 5 to 10 percent of babies are macrosomic. Your baby is more likely to be large if you have undiagnosed or poorly managed gestational diabetes, or have a family history of large babies, or go past your due date. If your fundal measurements indicate you're measuring large for dates, that *may* indicate you're carrying a large baby, but it could also be due to a large amount of amniotic fluid (and fundal measurements are more likely to be inaccurate in plus-size

women). An ultrasound is a more accurate estimate of fetal size; however, the only real proof of a macrosomic baby is the post-birth weigh-in.

What you can do: If you have gestational diabetes, make sure to keep your blood sugar levels in check. If your healthcare provider suspects your baby is large, talk with her about your options. While some providers recommend a c-section, most will opt for a trial of labor to see if vaginal delivery is possible before turning to a cesarean. Learn more about macrosomia and talk to your provider.

Longer labor — A 2004 study in the journal *Obstetrics and Gynecology* found that overweight women were in active labor an average of 80 minutes longer and obese women 105 minutes longer than thinner women. But these are averages — it doesn't necessarily mean *you* will be in labor longer, says van der Ziel.

What you can do: Exercising, eating a sensible diet, and gaining the appropriate amount of weight may affect the length of labor, says van der Ziel. Prepare yourself for labor with childbirth preparation classes and exercises that can ease labor, and consider hiring a labor coach. A positive mindset helps, too — go into it with confidence in your body's ability to handle labor, adds van der Ziel.

Cesarean — A number of studies have shown that overweight and obese women are more likely to have a cesarean delivery, from 26 to 35 percent of deliveries, versus around 20 percent in women with a BMI in the 19 to 24 range. This is likely due to the other factors that can be associated with being plus-size and pregnant: If you're in labor for a long time, or have preeclampsia, gestational hypertension, or other health complications, your healthcare provider may be more likely to recommend a c-section, either prescheduled or as an intervention during labor if there are problems.

What you can do: Talk to your healthcare provider. Does she consider you at high risk for a c-section, and if so, why? Ask about her c-section rate and her philosophy about c-sections in general. If you have no serious health problems, is she fine with trying vaginal delivery? During a vaginal delivery, what might cause her to order a c-section intervention?

Also, you may decrease your odds of having a c-section by following your doctor's weight-gain recommendations, exercising during pregnancy, and taking childbirth preparation classes. Learn more about c-sections and what the recovery is like.