

High Body Mass Index (BMI) in Pregnancy

Maternity

Information for Patients

Produced: April 2026

Review: April 2029

Leaflet number: 1735 Version: 3

Introduction

This leaflet explains what Body Mass Index (BMI) is and why it matters during pregnancy. We know that talking about your weight can be hard. Our health team will treat you with care and respect.

A higher BMI in pregnancy may lead to a greater risk of problems in your pregnancy.

The BMI shows how your weight compares to your height.

- BMI between 18.5 and 25 is classed as normal.
- BMI between 25 and 30 is classed as overweight.
- BMI of over 30 is classed as obese.
- BMI of 40 or more, is classed as morbidly obese. You are at greater risk in pregnancy. You will get specialist advice and guidance.

We will work out your BMI at your first antenatal booking appointment by measuring your height and weight. We may check it again later in your pregnancy.

You can get help and advice on weight management in pregnancy. Talk to your GP or midwife. If you want, they can refer you to a dietitian for help (Weight Management Programme or Live Well Healthy Lifestyle Scheme).

A high BMI may put you at a higher risk of problems in pregnancy and childbirth. It is important to remember that even with a high BMI, most people will give birth to their baby without any problems or need for medical help.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What are the possible problems of a high BMI in pregnancy?

During pregnancy

You are at greater risk of some medical problems. These may include:

- High blood pressure or pre-eclampsia. You should have your blood pressure checked at every antenatal visit.
- Diabetes in pregnancy (gestational diabetes). We will offer you a blood sugar test (GTT) when you are 24 to 28 weeks pregnant. This test will see if you have developed this health problem. If your BMI is 45 or above you will be offered an early GTT at around 16 to 18 weeks and another at 26 to 28 weeks.
- Blood clots in your legs or lungs (thrombosis). These can be serious. You may need to be given blood thinning injections to prevent blood clots. You may also need to have the injections after the birth of your baby. Having the injections depends on:
 - Your BMI.
 - Your general health risk assessment.
 - How you gave birth.
- Ultrasound scanning may be difficult. The scan is less accurate at picking up problems if your BMI is raised. We may not be able to see clear images of your baby. This sometimes limits us being able to see your baby. We may not be able to see any problems that your baby may have. We may not be able to assess your baby's growth accurately.

Giving birth

You may have a higher chance of the following:

- An induction of labour may not work.
- A longer than average labour.
- Needing an unplanned caesarean section.
- Having a larger baby. This may make it more difficult to birth your baby's shoulders.
- Harder to hear your baby's heart beat during labour.
- Problems having epidurals and drips inserted.
- Heavy bleeding after your baby is born.
- You may have a planned caesarean section. It is much safer for you to have a spinal or epidural. A general anaesthetic carries higher risks. You may need a general anaesthetic if:
 - A spinal or epidural has failed.
 - There is an emergency and your baby has to be born very quickly.

If this happens, the anaesthetist will talk to you about this. Risks with caesarean sections include a higher blood loss and possible wound healing problems.

- If your BMI is below 40, and you have no other risk factors, then you may choose to give birth at home or in a Midwifery Led Unit. If you wish to choose a birth at home or in a midwifery led unit, please let your midwife know. We can support you with this and refer you to a Consultant.
- If you have a BMI of 40 or higher:
 - We suggest you give birth in hospital on the main labour ward. We can monitor you closely here for complications.
 - You will be offered an appointment with a consultant anaesthetist to talk about your options for pain relief in labour. You will also be able to make a plan of action in an emergency or if your baby needs to be born urgently.

What happens at the anaesthetic clinic appointment?

The anaesthetist will:

- Talk about anaesthetic choices for your labour and birth in a relaxed space. You have all the same choices of pain relief as any other person in labour. It can be harder to make pain relief choices when you are having labour pains. This appointment may help you decide before you go into labour what you may prefer for pain relief.
- The anaesthetist may need to examine your back. When in labour, they may also examine your back using an ultrasound machine. Anaesthetic procedures such as an epidural or spinal can take longer, and may also take longer for the anaesthetic to work properly.
- If you birth by caesarean section, in most cases it is better for you to have an epidural or spinal anaesthetic. This will make the lower part of your body numb. This is instead of having a general anaesthetic where you are asleep during the caesarean. Being awake has many advantages for your baby and for you. We know that having a high BMI can cause complications with general anaesthesia, especially with your breathing.
- We may do routine checks of your mouth and neck during your visit. That is to help us know if we would need more time or equipment to give you a safe general anaesthetic. This lets us prepare for your labour and birth.
- We will check your veins. We must be able to find where we can take a blood sample, or where a cannula can be inserted if needed. A cannula is a thin tube that is placed in the vein. It is used to take blood and give fluid and drugs if needed. Other procedures, such as taking blood or inserting an IV drip can also be harder in pregnant people with a high BMI.

What should I do during my pregnancy?

Eating and drinking

You do not need to eat more during pregnancy. Your baby will take everything they need from your body. After the first 6 months you may need a little extra food, but only about 200 extra calories a day. You should eat a healthy balance of the following:

- **Starchy foods.** We recommend wholegrain options of rice, pasta and bread, potatoes and low sugar cereals (starchy foods make up a 3rd of our daily food intake).

- **Fruit and vegetables.** All fruit and vegetables. Aim to eat at least 5 portions of fruit and vegetables every single day. This does not include potatoes. Fruit juice is high in sugar. It only counts as 1 portion.
- **Proteins.** Chicken, fish, meat, eggs, nuts and pulses. You should include protein rich foods in about 2 meals a day. Remember to cook these properly to reduce the risk of infection.
- **Milk and dairy products.** Milk and yoghurt. Aim to have 1 to 2 servings a day. Make sure milk is skimmed or semi-skimmed.

In all of the foods and drinks above, try to choose wholemeal, low sugar and lower fat versions if you can. See page 5 for more information.

Exercise in pregnancy

We will give you information and advice about being physically active during pregnancy. The Royal College of Obstetricians and Gynaecologists (RCOG) have more information about Physical activity for pregnant people, visit: www.rcog.org.uk/for-the-public/browse-our-patient-information/physical-activity-and-pregnancy/

Physical activity is good for you and your baby. If you have not exercised routinely before, you should begin with about 15 minutes of continuous exercise. Try to exercise 3 times a week. When comfortable, increase to 30 minute sessions every day. Some examples of healthy exercise include swimming, walking and pregnancy yoga.

Medication in pregnancy

We advise taking folic acid if you are planning to have a baby and/or for the first 12 weeks of pregnancy.

It helps to reduce the risk of your baby having problems with their brain or spinal cord development.

Take a daily dose of 400 micrograms of folic acid. A higher dose of 5 mg is needed if there are other risk factors (check with your midwife).

Vitamin D

Take a vitamin D supplement (10 micrograms) during pregnancy and breastfeeding to improve the health of you and your baby. These can be given to you by your midwife. A higher amount of Vitamin D is needed if you have low levels of Vitamin D in your body or have Type 1 and 2 Diabetes.

Weight loss medications

This type of medication can be used before trying for a baby, or after your baby is born (if you are not breastfeeding). They are not safe to take if you are pregnant. This type of medication, should only be taken along with a trusted contraception. Weight loss medication may be offered by your GP if you have a BMI of 40 or above and other health conditions. When stopping this medication it is likely that you will increase your weight, without healthy lifestyle changes.

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ / 250kcal	Fat 3.0g	Saturated fat 1.3g	Sugars 34g	Salt 0.9g
13%	LOW	LOW	HIGH	MED
	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ / 167kcal

Choose foods lower in fat, salt and sugars

6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Fruit and vegetables
Eat at least 5 portions of a variety of fruit and vegetables every day

Potatoes, bread, rice, pasta and other starchy carbohydrates
Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Dairy and alternatives
Choose lower fat and lower sugar options

Beans, pulses, fish, eggs, meat and other proteins
Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Oil & spreads
Choose unsaturated oils and use in small amounts

Food groups with high fat, salt, and sugar: Sausage, Crisps, Ice cream, Chocolate, Fizzy drinks, Fried snacks, Sweets.

Food groups with high fat, salt, and sugar: Pastries, Poppadoms, Cakes, Biscuits, Fizzy drinks, Fried snacks, Sweets, Chocolate.

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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South Asian Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

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Typical values (as sold) per 100g: 697kJ / 167kcal

Choose foods lower in fat, salt and sugars

6-8 a day

Water, lower fat milk, sugar free drinks including coffee & tea all count. Limit fruit juice and/or smoothies to a total of 150ml a day

Fruit & vegetables
Eat at least 5 portions of a variety of fruit & vegetables every day

Rice, Bread, potatoes, pasta & other starchy carbohydrates
Choose wholegrain or higher fibre versions with less added fat, salt & sugar

Dairy & non dairy alternatives
Choose lower fat & lower sugar options

Beans, fish, lentils, pulses, eggs, meat & other proteins
Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat.

Oil & spreads
Choose unsaturated oils & use in small amounts

Food groups with high fat, salt, and sugar: Fizzy drinks, Fried snacks, Sweets, Chocolate, Pastries, Poppadoms, Cakes, Biscuits, Fried snacks, Sweets, Chocolate.

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINK

Based upon Public Health England - Eat well guide. The Eat Well Guide: How to use in promotional material - GOV.UK (www.gov.uk)



More information

- **RCOG patient information:** www.rcog.org.uk/for-the-public/browse-our-patient-information/ or click on the links below:
 - **Reducing the risk of venous thrombosis in pregnancy and after birth:** www.rcog.org.uk/for-the-public/browse-our-patient-information/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth/
 - **Gestational diabetes:** www.rcog.org.uk/for-the-public/browse-our-patient-information/gestational-diabetes/
 - **Physical activity and pregnancy:** www.rcog.org.uk/for-the-public/browse-our-patient-information/physical-activity-and-pregnancy/
 - **Pre-eclampsia:** www.rcog.org.uk/for-the-public/browse-our-patient-information/pre-eclampsia/
 - **Shoulder dystocia:** www.rcog.org.uk/for-the-public/browse-our-patient-information/shoulder-dystocia/
 - **Understanding how risk is discussed in healthcare:** www.rcog.org.uk/for-the-public/browse-our-patient-information/understanding-how-risk-is-discussed-in-health-care/
- **NHS Weight Management Injections:** www.england.nhs.uk/ourwork/prevention/obesity/medicines-for-obesity/weight-management-injections/
- **Tommy's information on weight management during pregnancy:** www.tommys.org/pregnancy-information/im-pregnant/weight-management
- **NHS eat well:** www.nhs.uk/live-well/eat-well/
- **Food bank information:** www.foodbanks.co.uk/food-bank-location/leicestershire/
- **NHS weight gain in pregnancy:** www.nhs.uk/pregnancy/keeping-well/weight-gain/
- **Health For Under 5's:** <https://healthforunder5s.co.uk/>
- **Active Mums Club:** www.activemumsclub.org/

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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