

## Chapter 1 : Being overweight during pregnancy | March of Dimes

*Obesity increases the risk of the following problems during pregnancy: Pregnancy loss—Obese women have an increased risk of pregnancy loss (miscarriage) compared with women of normal weight. Birth defects—Babies born to obese women have an increased risk of having birth defects, such as heart defects and neural tube defects.*

Get to a healthy weight before you get pregnant. Talk to your provider about the right weight for you. Talk to your provider about how much weight to gain during pregnancy. Being overweight during pregnancy can cause complications for you and your baby. The more overweight you are, the more likely you are to have pregnancy complications. But there are things you can do before and during pregnancy to help you have a healthy baby. Being overweight is based on your pre-pregnancy body mass index also called BMI. Pre-pregnancy means your BMI before you get pregnant. BMI is a calculation based on your height and weight: Overweight means you have excess body weight that comes from your muscles, bone, fat and water. About 3 in 4 women 75 percent in the United States are overweight. Obese means you have an excess amount of body fat. About 1 in 3 women 36 percent in the United States is obese. What kinds of pregnancy complications can being overweight or obese cause? Obesity can affect a certain kind of fertility treatment called in vitro fertilization also called IVF. IVF is when an egg and sperm are combined in a lab to create an embryo fertilized egg which is then put into your uterus. High blood pressure , preeclampsia and blood clotting problems. High blood pressure is when the force of blood against the walls of the blood vessels is too high. Preeclampsia is a condition that can happen after the 20th week of pregnancy or right after pregnancy. Clotting problems are when blood clots partly or completely block the flow of blood in a blood vessel. This is a kind of diabetes that some women get during pregnancy. Diabetes is when your body has too much sugar called glucose in the blood. Being pregnant past your due date and problems during labor and birth, including problems with anesthesia pain medicine. You also may need to stay in the hospital longer after having your baby than women at a healthier weight. Cesarean birth also called c-section. This is surgery in which your baby is born through a cut that your doctor makes in your belly and uterus womb. Miscarriage is when a baby dies in the womb before 20 weeks of pregnancy. Stillbirth is when a baby dies in the womb after 20 weeks of pregnancy. Infections during pregnancy, like urinary tract infections A sleep disorder called obstructive sleep apnea. A dangerous blood clot problem called venous thromboembolism also called VTE. This is when a blood clot breaks off and travels through your blood to organs like the brain, lungs or heart. This can cause a stroke or heart attack. Needing to go to the hospital earlier in labor, having longer labor and needing to have your labor induced. Inducing labor is when your provider gives you medicine or breaks your water amniotic sac or bag of waters to make your labor begin. Problems with breastfeeding Can being overweight or obese cause problems for your baby? This is birth that happens before 37 completed weeks of pregnancy. This is too soon and can cause serious health problems for your baby. Birth defects , including neural tube defects also called NTDs. NTDs are birth defects of the brain and spine. A birth defect is a health condition that a baby has at birth. Birth defects change the shape or function of one or more parts of the body. They can cause problems in overall health, in how the body develops, or in how the body works. It may be hard for your health care provider to diagnose birth defects during pregnancy even prenatal tests like ultrasound. Macrosomia also called large for gestational age or LGA. This means your baby weighs more than 9 pounds, 15 ounces 4, grams at birth. When a baby is this large, it can cause complications during labor and birth, including injury to your baby. It also increases your chances of needing a c-section. Diabetes, heart disease and obesity later in life What can you do to improve your chances of having a healthy pregnancy and a healthy baby? Before pregnancy, get a preconception checkup. This is a medical checkup you get before pregnancy. Your health care provider can help you find ways to eat healthy and be physically active to help you lose weight before you get pregnant. Losing weight before pregnancy is good for both you and your baby. During pregnancy, do these things to help keep you and your baby healthy: Get early and regular prenatal care. Prenatal care is medical care you get during pregnancy. Your provider gives you prenatal tests, like a glucose screening test for diabetes and ultrasound to get a picture of your baby in the womb. Talk to your provider or a nutritionist to

help you plan your meals. It can help you make a healthy eating plan based on your age, weight, height and physical activity. It also has a special section just for pregnant women. Some diets can reduce the nutrients your baby needs to grow and develop. Do something active every day. Talk to your provider about activities that are safe for you.

## Chapter 2 : Obesity In Pregnancy - What You Need to Know

*Obesity during pregnancy can cause various health problems for a baby, including: Being significantly larger than average (fetal macrosomia) and having more body fat than normal, which increases the risk of metabolic syndrome and childhood obesity.*

**Glossary** What is obesity? Being overweight is defined as having a body mass index BMI of 25. Obesity is defined as having a BMI of 30 or greater. Within the general category of obesity, there are three levels that reflect the increasing health risks that go along with increasing BMI: Lowest risk is a BMI of 30. Medium risk is a BMI of 35. Highest risk is a BMI of 40 or greater. Obesity during pregnancy puts you at risk of several serious health problems: Gestational diabetes is diabetes that is first diagnosed during pregnancy. This condition can increase the risk of having a cesarean delivery. Women who have had gestational diabetes also have a higher risk of having diabetes in the future, as do their children. Obese women are screened for gestational diabetes early in pregnancy and also may be screened later in pregnancy as well. Preeclampsia is a high blood pressure disorder that can occur during pregnancy or after pregnancy. The kidneys and liver may fail. Preeclampsia can lead to seizures, a condition called eclampsia. In rare cases, stroke can occur. Severe cases need emergency treatment to avoid these complications. The baby may need to be delivered early. Sleep apnea is a condition in which a person stops breathing for short periods during sleep. Sleep apnea is associated with obesity. During pregnancy, sleep apnea not only can cause fatigue but also increases the risk of high blood pressure, preeclampsia, eclampsia, and heart and lung disorders. Does being obese during pregnancy put my baby at risk of any problems? Obesity increases the risk of the following problems during pregnancy: Pregnancy loss. Obese women have an increased risk of pregnancy loss miscarriage compared with women of normal weight. Birth defects. Babies born to obese women have an increased risk of having birth defects, such as heart defects and neural tube defects. Macrosomia. In this condition, the baby is larger than normal. This can increase the risk of the baby being injured during birth. Macrosomia also increases the risk of cesarean delivery. Infants born with too much body fat have a greater chance of being obese later in life. This means that the baby is delivered early for a medical reason. Preterm babies are not as fully developed as babies who are born after 39 weeks of pregnancy. As a result, they have an increased risk of short-term and long-term health problems. If I am overweight or obese, should I plan to lose weight before getting pregnant? Losing weight before you become pregnant is the best way to decrease the risk of problems caused by obesity. How can I lose weight safely? To lose weight, you need to use up more calories than you take in. You can do this by getting regular exercise and eating healthy foods. Your obstetrician may refer you to a nutritionist to help you plan a healthy diet. You also can use the Choose My Plate web site at [www.choosemyplate.gov](http://www.choosemyplate.gov). Increasing your physical activity is important if you want to lose weight. Aim to be moderately active for example, biking, brisk walking, and general gardening for 60 minutes or vigorously active jogging, swimming laps, or doing heavy yard work for 30 minutes on most days of the week. You do not have to do this amount all at once. For instance, you can exercise for 20 minutes three times a day. Are there medications to help me lose weight before getting pregnant? If you have tried to lose weight through diet changes and exercise and you still have a BMI of 30 or greater or a BMI of at least 27 with certain medical conditions, such as diabetes or heart disease, weight-loss medications may be suggested. These medications should not be taken if you are trying to become pregnant or are already pregnant. Is there surgery to help me lose weight before getting pregnant? Bariatric surgery may be an option for people who are very obese or who have major health problems caused by obesity. If you have weight loss surgery, you should delay getting pregnant for 12-24 months after surgery, when you will have the most rapid weight loss. If you have had fertility problems, they may resolve on their own as you rapidly lose the excess weight. It is important to be aware of this because the increase in fertility can lead to an unplanned pregnancy. Some types of bariatric surgery may affect how the body absorbs medications taken by mouth, including birth control pills. You may need to switch to another form of birth control. Can I still have a healthy pregnancy if I am obese? Despite the risks, you can have a healthy pregnancy if you are obese. It takes careful management of your weight, attention to diet and exercise, regular

prenatal care to monitor for complications, and special considerations for your labor and delivery. How do I plan healthy meals during pregnancy? In the second and third trimesters, a pregnant woman needs an average of extra calories a day—about the amount of calories in a glass of skim milk and half of a sandwich. You can get help with planning a healthy diet by talking to a nutrition counselor. Help also can be found at the Choose My Plate web site, which has a special section for women who are pregnant or breastfeeding [www.choosemyplate.gov](http://www.choosemyplate.gov). How much should I exercise during pregnancy? If you have never exercised before, pregnancy is a great time to start. Discuss your exercise plan with your obstetrician to make sure it is safe. Begin with as little as 5 minutes of exercise a day and add 5 minutes each week. Your goal is to stay active for 30 minutes on most—preferably all—days of the week. Walking is a good choice if you are new to exercise. Swimming is another good exercise for pregnant women. The water supports your weight so you can avoid injury and muscle strain. It also helps you stay cool. How will my weight be monitored during pregnancy? Your weight will be tracked at each prenatal visit. The growth of your baby also will be checked. If you are gaining less than the recommended guidelines, and if your baby is growing well, you do not have to increase your weight gain to catch up to the guidelines. If your baby is not growing well, changes may need to be made to your diet and exercise plan. How does obesity affect labor and delivery? Overweight and obese women have longer labors than women of normal weight. It can be harder to monitor the baby during labor. For these reasons, obesity during pregnancy increases the likelihood of having a cesarean delivery. If a cesarean delivery is needed, the risks of infection, bleeding, and other complications are greater for an obese woman than for a woman of normal weight. How can I manage my weight after my baby is born? Once you are home with your new baby, stick to your healthy eating and exercise habits to reach a normal weight. Not only is breastfeeding the best way to feed your baby, it also may help with postpartum weight loss. Overall, women who breastfeed their babies for at least a few months tend to lose pregnancy weight faster than women who do not breastfeed.

**Surgical procedures that cause weight loss for the treatment of obesity.** A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese. Units of heat used to express the fuel or energy value of food. Seizures occurring in pregnancy or after pregnancy and linked to high blood pressure. Diabetes that arises during pregnancy. A condition in which a fetus has an estimated weight of 4, grams 9 pounds 15 ounces or greater. Birth defects that result from incomplete development of the brain, spinal cord, or their coverings. A condition characterized by excessive body fat. A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision. Born before 37 weeks of pregnancy. A disorder characterized by interruptions of breathing during sleep that can lead to other health problems. Delivery of a dead baby. A sudden interruption of blood flow to all or part of the brain, caused by blockage or bursting of a blood vessel in the brain and often resulting in loss of consciousness and temporary or permanent paralysis. The three 3-month periods into which pregnancy is divided. A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

### Chapter 3 : Pregnancy Complications | Maternal and Infant Health | CDC

*Before pregnancy, if you're overweight or obese you're more likely than women at a healthy weight to have problems getting pregnant (also called infertility). Obesity can affect a certain kind of fertility treatment called in vitro fertilization (also called IVF).*

Advertisement A person is considered obese when his or her body mass index BMI is 30 or higher. Being obese increases the risk of many health conditions and complications. The same applies to women who are obese and become pregnant. You can still have a healthy pregnancy if you are obese. There are things you need to do to manage risks for you and your baby. Path to improved wellness Many women who are obese have healthy pregnancies and give birth to healthy babies. However, there are risks to both you and your baby. Women who are obese have a higher risk of certain health problems during pregnancy, including: This type of diabetes only develops during pregnancy. This can include urinary tract and postpartum infections. This condition can cause high blood pressure and damage to organs, such as the kidneys. You may also be at a higher risk for problems during labor and delivery, such as: Obesity during pregnancy can result in more elective and emergency C-sections. You are more likely to need to have your labor induced if you are obese. Obesity can also interfere with the use of certain types of pain medication. This can include epidural blocks. Obesity increases the risk that pregnancy will continue beyond your expected due date. Obesity can increase the risk of miscarriage. There is also a higher risk for health problems for your baby when you are obese during pregnancy. These can include birth defects and chronic conditions. Your baby may have an increased risk of developing diabetes or heart disease later in life. If you are obese and pregnant or planning to be pregnant, make sure you: Schedule a preconception appointment. Talk to your doctor if you are obese and are planning to get pregnant. He or she may have you start taking prenatal vitamins. They can also work with you on a plan to reach a healthy weight before becoming pregnant. Receive regular prenatal care. See your doctor regularly to monitor for complications. Discuss any medical conditions you may have and ways to manage them during pregnancy. Carefully manage your weight. Ask him or her what a healthy weight gain would be during your pregnancy. Focus on eating a healthy diet and working physical activity into your day. A daily prenatal vitamin can help fill any gaps. Discuss special labor and delivery needs with your doctor before giving birth. He or she might recommend: Early testing for gestational diabetes. Women at average risk of gestational diabetes are usually given a screening test called the glucose challenge test between weeks 24 and 28 of pregnancy. It is typically done between weeks 18 and 20 of pregnancy. This means that obesity during pregnancy can interfere with the effectiveness of a fetal ultrasound. Ultrasound results might be more detailed if the test is done a few weeks later. This test is used to rule out or confirm a congenital heart defect. Your doctor might recommend more frequent prenatal visits than is typical. Questions to ask your doctor What are some ways I can manage my weight gain during pregnancy? What are the health benefits of losing weight before I get pregnant? Am I at risk for any complications after giving birth?

**Chapter 4 : Pregnancy and obesity: Know the risks - Mayo Clinic**

*Maternal obesity increases the risk of a number of pregnancy complications (Table 1) and, as such, requires adjustment to routine prenatal care (summarized in Table 4). Maternal obesity is a risk factor for spontaneous abortion (for both spontaneous conceptions and conceptions achieved through assisted reproductive technology), as well as for.*

The need for a C-section and the risk of C-section complications, such as wound infections How could obesity affect my baby? Obesity during pregnancy can cause various health problems for a baby, including: Being significantly larger than average fetal macrosomia and having more body fat than normal, which increases the risk of metabolic syndrome and childhood obesity Having birth defects “ and obesity makes it harder to detect these conditions with ultrasound How much weight should I gain during pregnancy? Start by considering these general guidelines for pregnancy weight gain and obesity: For women who are extremely obese, gaining less than the recommended amount or losing weight during pregnancy might lower the risk of having a baby whose weight is greater than the 90th percentile for gestational age large for gestational age , a condition known as fetal macrosomia. However, research suggests that losing weight or gaining too little during pregnancy also increases the risks of premature birth and having a baby whose weight is less than the 10th percentile for gestational age small for gestational age. Rather than recommending that you gain a specific amount of weight during pregnancy, your health care provider might encourage you to focus on avoiding excessive weight gain during pregnancy. Will I need specialized care during pregnancy? He or she might recommend: Early testing for gestational diabetes. For women at average risk of gestational diabetes, a screening test called the glucose challenge test is often done between weeks 24 and 28 of pregnancy. Your health care provider can advise you on blood sugar monitoring and control. Changes to your fetal ultrasound. You might need an experienced sonographer, a repeat exam or an ultrasound that uses more advanced equipment. Screening for obstructive sleep apnea. This is a potentially serious sleep disorder that causes breathing to repeatedly stop and start during sleep. Women who have obstructive sleep apnea during pregnancy are at increased risk of preeclampsia and other complications. If obstructive sleep apnea is suspected, your health care provider may refer you to a sleep medicine specialist for evaluation and possible treatment. What steps can I take to promote a healthy pregnancy? Schedule a preconception appointment. He or she might recommend a daily prenatal vitamin and refer you to other health care providers “ such as a registered dietitian or an obesity specialist “ who can help you reach a healthy weight before pregnancy. Seek regular prenatal care. Tell your health care provider about any medical conditions you have “ such as diabetes, high blood pressure or sleep apnea “ and discuss what you can do to manage them. Eat a healthy diet. Work with your health care provider or a registered dietitian to maintain a healthy diet and avoid excessive weight gain. A daily prenatal vitamin can help fill any gaps. Consult your health care provider if you have special nutritional needs due to a health condition, such as diabetes. Consult your health care provider about safe ways to stay physically active during your pregnancy, such as walking, swimming or doing low-impact aerobics. If you smoke, ask your health care provider to help you quit. Alcohol and illicit drugs are off-limits, too. Obesity during pregnancy can increase the risk of complications for you and your baby. To ease your anxiety, work closely with your health care provider.

## Chapter 5 : Obesity and Pregnancy - ACOG

*Feb. 10, -- Women who are obese during pregnancy have a higher risk than normal-weight women of having babies with certain birth defects, including neural tube defects such as spina bifida.*

Women who are significantly overweight during pregnancy have a much higher risk for diabetes, hypertension, and other complications that can affect the health of mother and baby alike, and they also have notably higher rates of miscarriage and stillbirth. Obesity is widespread in the United States and in some parts of the developing world. According to a recent article in the New York Times , 36 percent of American women of childbearing age are overweight or obese, and the American College of Obstetricians and Gynecologists states that 8 percent are extremely obese. Online BMI calculators are readily available. A BMI of 25 to 30 is the definition of overweight, and a BMI greater than 30 is the definition of obesity. For a woman who is 5 feet 5 inches tall for example, a BMI of 30 means she weighs 202.5 pounds. Pregnancy ultrasound , for example, is less effective if the ultrasound waves used to produce the image have to penetrate thick abdominal fat. C-section delivery is more common among overweight or obese mothers, and it is also riskier because surgical wounds take longer to heal in obese patients, and they are more likely to become infected. Higher doses of antibiotics are required for a C-section delivery if the patient is obese, and there is a greater risk of thrombosis, a dangerous condition that arises when a blood clot forms and blocks a blood vessel. C-section deliveries are also more complicated for overweight or obese women due to problems associated with anesthesia see below , and those who have had a C-section delivery are less likely to be able to deliver vaginally in future pregnancies. After childbirth, obese or severely overweight mothers are also prone to postpartum weight retention and breastfeeding problems. Studies have shown that obese women are less likely to initiate breastfeeding, and fewer than half of them sustain the practice for longer than six months. The problem is that such women produce less milk, and the milk they do produce takes longer to come in. This breastfeeding difficulty has two consequences: Other potential complications associated with obesity during pregnancy include: Hypertension Preeclampsia – a potentially dangerous form of high blood pressure that affects pregnant women Respiratory problems: Obese women are more likely to suffer from asthma, and 30 percent find that their asthma gets significantly worse during pregnancy. Women who are overweight are more likely to remain pregnant after their due date. Miscarriage Stillbirth Sleep apnea is common among overweight people, and pregnancy can make it worse. Women who are significantly overweight while pregnant have a greater chance of delivering an abnormally large baby. Such babies are more likely to be injured during childbirth , and more likely later to suffer childhood and adolescent obesity. Urinary tract infections Premature birth: Obese women are more likely to have labor induced early for medical reasons, although for reasons unknown their rate of spontaneous preterm labor is actually 20 percent lower than that of slimmer women. Birth defects , particularly neural tube defects such as spina bifida and anencephaly. This may be due to undiagnosed diabetes at the time of conception. Special Care for Women Who Are Overweight and Pregnant Because ultrasound testing is less effective on people who are severely overweight, your doctor may delay the first ultrasound for a couple of weeks while the fetus grows larger, possibly waiting until the 20th or 22nd week of pregnancy in order to obtain a clearer image. He or she may also want to conduct an ultrasound test called a fetal echocardiography in order to check for the possibility of a congenital heart defect in the baby. A normal pregnancy generally involves a standard test known as a glucose challenge test. This is done to screen for gestational diabetes, and the test is usually administered between the 24th and 28th week of pregnancy. If you are obese, however, your doctor may want to perform this test earlier, perhaps even during your first visit after the confirmation of your pregnancy. If the results of the test are normal, your doctor may still want to test you again later in your pregnancy. Exercise while pregnant While some amount of exercise is advisable for all pregnant women, it is especially important for overweight or obese pregnant women. No matter how inactive a woman is before pregnancy, she can still begin some type of exercise program during pregnancy. Walking or swimming are excellent exercises for those who are just starting out. Begin with a 10–15 minute walk or swim, and do this every other day. After two weeks, add five minutes, and then every week or two, add five more minutes. The goal is one hour of

brisk walking or swimming three times a week. This will have many benefits. It may help minimize pregnancy weight gain, can help prevent high blood pressure or gestational diabetes, and can help you just feel better, sleep better, and experience fewer of the typical pregnancy aches and pains that are experienced by nearly all pregnant women.

**Obesity and Anesthesia** If emergency surgery becomes necessary, whether it be a C-section or some other procedure, obesity complicates anesthesia, especially for pregnant women. Determining the correct dosage of anesthesia is more difficult for obese patients, and epidural or spinal anesthesia is usually recommended.

**Does Being Overweight Affect Fertility?** Obesity can have long-term effects on the body that lead to irregular ovulation and dramatically affect fertility. The success rate of in vitro fertilization can also be affected negatively by severe weight problems.

**Bariatric Surgery and Pregnancy** More than 50,000 women have some type of weight-loss surgery each year, and while this type of surgery frequently improves the possible outcome of pregnancy for obese patients, women who have had this procedure are more likely to suffer deficiencies in iron, vitamin B12, folic acid, vitamin D, and calcium. Due to the rapid weight loss that tends to follow bariatric surgery, it is strongly recommended that any woman who has it waits at least a year before attempting to become pregnant.

**Healthy Pregnancy Weight Gain** As noted above, women who have had bariatric surgery are at risk for certain vitamin deficiencies, but these same deficiencies are common among pregnant women in general. It is important to take steps to ensure that you obtain proper nutrition during your pregnancy, and your weight gain should be steady. While you are pregnant, you should take in about more calories per day than you normally would, the equivalent of half a sandwich and a glass of skim milk. The recommended pregnancy weight gain for a woman who is overweight or obese is 11 to 20 pounds if she is carrying one fetus, or 25 to 42 pounds if she is carrying twins or multiples. Overweight and obese women need gain very little weight at all during pregnancy if they maintain a healthy diet and are active. Many heavy patients have very safe pregnancies and healthy babies and weigh nearly the same at the end of the pregnancy as when they started! And six weeks later, they weigh less than their pre-pregnancy weight.

**Chapter 6 : Overweight and pregnant - NHS**

*Complications of Obesity During Pregnancy In addition to the numerous ways in which obesity complicates the mother's health directly, there are challenges involved in the care of women who are overweight and pregnant.*

This and other startling statistics abound when obesity and pregnancy collide. Together, they present a unique set of challenges that women and their doctors must tackle in order to achieve the best possible outcome for mom and baby. In the December issue of the journal *Seminars in Perinatology*, maternal fetal medicine expert Lorelei L. Thornburg discusses the following myths and truths highlight some expected and some surprising issues to take into account before, during and after pregnancy. Many obese women are vitamin deficient. True Forty percent are deficient in iron, 24 percent in folic acid and 4 percent in B This is a concern because certain vitamins, like folic acid, are very important before conception, lowering the risk of cardiac problems and spinal defects in newborns. Other vitamins, such as calcium and iron, are needed throughout pregnancy to help babies grow. Thornburg says vitamin deficiency has to do with the quality of the diet, not the quantity. Obese women tend to stray away from fortified cereals, fruits and vegetables, and eat more processed foods that are high in calories but low in nutritional value. If a woman starts her pregnancy overweight or obese, not gaining a lot of weight can actually improve the likelihood of a healthy pregnancy, Thornburg points out. Talking with your doctor about appropriate weight gain for your pregnancy is key, she says. The risk of spontaneous preterm birth is higher in obese than non-obese women. Myth Obese women have a greater likelihood of indicated preterm birth “early delivery for a medical reason, such as maternal diabetes or high blood pressure. But, paradoxically, the risk of spontaneous preterm birth “when a woman goes into labor for an unknown reason “is actually 20 percent lower in obese than non-obese women. There is no established explanation for why this is the case, but Thornburg says current thinking suggests that this is probably related to hormone changes in obese women that may decrease the risk of spontaneous preterm birth. Respiratory disease in obesity “including asthma and obstructive sleep apnea “increases the risk for non-pulmonary pregnancy complications, such as cesarean delivery and preeclampsia high blood pressure. True Obese women have increased rates of respiratory complications, and up to 30 percent experience an exacerbation of their asthma during pregnancy, a risk almost one-and-a-half times more than non-obese women. According to Thornburg, respiratory complications represent just one piece of the puzzle that adds to poor health in obesity, which increases the likelihood of problems in pregnancy. She stresses the importance of getting asthma and any other respiratory conditions under control before getting pregnant. Breastfeeding rates are high among obese women. Myth Breastfeeding rates are poor among obese women, with only 80 percent initiating and less than 50 percent continuing beyond six months, even though it is associated with less postpartum weight retention and should be encouraged as it benefits the health of mom and baby. Thornburg acknowledges that it can be challenging for obese women to breast feed. It often takes longer for their milk to come in and they can have lower production breast size has nothing to do with the amount of milk produced. Indicated preterm birth can result in prolonged separations of mom and baby as infants are admitted to the neonatal intensive care unit or NICU. This, coupled with the higher rate of maternal complications and cesarean delivery “up to 50 percent in some studies “in obese women, can make it harder to successfully breast feed.

**Chapter 7 : Myths and Truths of Obesity and Pregnancy - Newsroom - University of Rochester Medical Center**

*Respiratory disease in obesity - including asthma and obstructive sleep apnea - increases the risk for non-pulmonary pregnancy complications, such as cesarean delivery and preeclampsia (high blood pressure).*

Severe maternal morbidity in the United States Complications of pregnancy are health problems that occur during pregnancy. Some women have health problems that arise during pregnancy, and other women have health problems before they become pregnant that could lead to complications. It is very important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications. Before Pregnancy Make sure to talk to your doctor about health problems you have now or have had in the past. If you are receiving treatment for a health problem, your health care provider might want to change the way your health problem is managed. For example, some medicines used to treat health problems could be harmful if taken during pregnancy. At the same time, stopping medicines that you need could be more harmful than the risks posed should you become pregnant. In addition, be sure to discuss any problems you had in any previous pregnancy. If health problems are under control and you get good prenatal care, you are likely to have a normal, healthy baby. During Pregnancy Pregnancy symptoms and complications can range from mild and annoying discomforts to severe, sometimes life-threatening, illnesses. Sometimes it can be difficult for a woman to determine which symptoms are normal and which are not. Problems during pregnancy may include physical and mental conditions that affect the health of the mother or the baby. These problems can be caused by or can be made worse by being pregnant. Many problems are mild and do not progress; however, when they do, they may harm the mother or her baby. Keep in mind that there are ways to manage problems that come up during pregnancy. Always contact your prenatal care provider if you have any concerns during your pregnancy. The following are some common maternal health conditions or problems a woman may experience during pregnancy

- **Anemia** Anemia is having lower than the normal number of healthy red blood cells. Treating the underlying cause of the anemia will help restore the number of healthy red blood cells. Women with pregnancy related anemia may feel tired and weak. This can be helped by taking iron and folic acid supplements. Your health care provider will check your iron levels throughout pregnancy.
- **UTI** is a bacterial infection in the urinary tract. You may have a UTI if you have
  - Pain or burning when you use the bathroom.
  - Fever, tiredness, or shakiness.
  - An urge to use the bathroom often.
  - Pressure in your lower belly.
  - Urine that smells bad or looks cloudy or reddish.
  - Nausea or back pain.If you think you have a UTI, it is important to see your health care provider. Treatment with antibiotics to kill the infection will make it better, often in one or two days. Some women carry bacteria in their bladder without having symptoms. Your health care provider will likely test your urine in early pregnancy to see if this is the case and treat you with antibiotics if necessary.
- **Depression** Some women experience depression during or after pregnancy. Symptoms of depression are: A low or sad mood. Loss of interest in fun activities. Changes in appetite, sleep, and energy. Problems thinking, concentrating, and making decisions. Feelings of worthlessness, shame, or guilt. Thoughts that life is not worth living. When many of these symptoms occur together and last for more than a week or two at a time, this is probably depression. Depression that persists during pregnancy can make it hard for a woman to care for herself and her unborn baby. Having depression before pregnancy also is a risk factor for postpartum depression. Getting treatment is important for both mother and baby. If you have a history of depression, it is important to discuss this with your health care provider early in pregnancy so that a plan for management can be made.
- **Hypertension** High Blood Pressure Chronic poorly-controlled high blood pressure before and during pregnancy puts a pregnant woman and her baby at risk for problems. It is associated with an increased risk for maternal complications such as preeclampsia , placental abruption when the placenta separates from the wall of the uterus , and gestational diabetes. The most important thing to do is to discuss blood pressure problems with your provider before you become pregnant so that appropriate treatment and control of your blood pressure occurs before pregnancy. Getting treatment for high blood pressure is important before, during, and after pregnancy.

### Chapter 8 : Obesity and Women's Health: Resource Overview - ACOG

*Obesity may make it harder for you to get pregnant. You may also have trouble getting pregnant if you choose to have in vitro fertility treatments to get pregnant. Once you get pregnant, your risk of having health problems during pregnancy is higher if you are obese.*

What do I need to know before I get pregnant? Obesity may make it harder for you to get pregnant. You may also have trouble getting pregnant if you choose to have in vitro fertility treatments to get pregnant. Once you get pregnant, your risk of having health problems during pregnancy is higher if you are obese. Your baby would also have an increased risk of certain health problems. You can decrease your chance of having problems during pregnancy by doing the following: Your healthcare provider can help you lose weight safely. He or a dietitian can also help you develop a healthy meal plan to help you lose weight. Ask your healthcare provider how much weight you should lose before you get pregnant. Exercise can help you lose weight and it can help to improve your health. Ask about the best exercise plan for you. Take folic acid supplements. Folic acid is a B vitamin that helps to decrease the risk of certain birth defects, such as spina bifida. You need to have enough folic acid in your body before and during your pregnancy to decrease this risk. Birth defects can happen in the early part of pregnancy when you may not know that you are pregnant. You may need to mcg of folic acid each day. What are the ways obesity can affect my pregnancy? Obesity can increase your risk of the following health problems: High blood pressure and preeclampsia high blood pressure and problems with kidneys and other organs Gestational diabetes Infections during pregnancy such as urinary tract infections Longer labor Cesarean birth c-section and problems with anesthesia during a c-section Problems after a c-section such as infection, losing too much blood, or blood clots What are the ways obesity can affect my baby? Birth defects such as heart defects and neural tube defects defects of the brain and spine such as spina bifida Large baby more than 9 pounds 15 ounces , which may increase the risk of injury during delivery Premature birth Miscarriage loss of fetus before 20 weeks of pregnancy Stillbirth a fetus that shows no signs of life after 20 weeks of pregnancy Health problems later in life such as diabetes, heart disease, and obesity What can I do to have a healthy pregnancy? You can have a safe and healthy pregnancy. The following can help increase your chances of having a healthy pregnancy: See your healthcare provider or obstetrician regularly for prenatal care. Do not diet or try to lose weight during pregnancy. You need extra calories and nutrients during pregnancy. Eat a variety of healthy foods and take prenatal vitamins as directed to get the nutrients you need. Work with your healthcare provider or dietitian to develop a healthy meal plan that is right for you. Ask your healthcare provider how much weight you should gain during your pregnancy. He may recommend that you gain between 11 to 20 pounds. Exercise at a safe level throughout your pregnancy. Ask your healthcare provider what kind of physical activities are right for you. He may recommend walking or swimming. If you have not exercised before, you may need to start slowly and then increase the amount over time. Care Agreement You have the right to help plan your care. Learn about your health condition and how it may be treated. Discuss treatment options with your healthcare providers to decide what care you want to receive. You always have the right to refuse treatment. The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

**Chapter 9 : Obesity and Pregnancy**

*With all the warnings out there about how dangerous it is to be overweight - and the phrase "obesity epidemic" appearing regularly in the news - it's no surprise that women like Erazo feel anxious and guilty about their pregnancies and spend at least part of the time feeling bad about themselves.*

The need for a C-section and the risk of C-section complications, such as wound infections How could obesity affect my baby? Obesity during pregnancy can cause various health problems for a baby, including: Being significantly larger than average fetal macrosomia and having more body fat than normal, which increases the risk of metabolic syndrome and childhood obesity Having birth defects and obesity makes it harder to detect these conditions with ultrasound How much weight should I gain during pregnancy? Start by considering these general guidelines for pregnancy weight gain and obesity: For women who are extremely obese, gaining less than the recommended amount or losing weight during pregnancy might lower the risk of having a baby whose weight is greater than the 90th percentile for gestational age large for gestational age , a condition known as fetal macrosomia. However, research suggests that losing weight or gaining too little during pregnancy also increases the risks of premature birth and having a baby whose weight is less than the 10th percentile for gestational age small for gestational age. Rather than recommending that you gain a specific amount of weight during pregnancy, your health care provider might encourage you to focus on avoiding excessive weight gain during pregnancy. Will I need specialized care during pregnancy? He or she might recommend: Early testing for gestational diabetes. For women at average risk of gestational diabetes, a screening test called the glucose challenge test is often done between weeks 24 and 28 of pregnancy. Your health care provider can advise you on blood sugar monitoring and control. Changes to your fetal ultrasound. You might need an experienced sonographer, a repeat exam or an ultrasound that uses more advanced equipment. Screening for obstructive sleep apnea. This is a potentially serious sleep disorder that causes breathing to repeatedly stop and start during sleep. Women who have obstructive sleep apnea during pregnancy are at increased risk of preeclampsia and other complications. If obstructive sleep apnea is suspected, your health care provider may refer you to a sleep medicine specialist for evaluation and possible treatment. What steps can I take to promote a healthy pregnancy? Schedule a preconception appointment. He or she might recommend a daily prenatal vitamin and refer you to other health care providers such as a registered dietitian or an obesity specialist who can help you reach a healthy weight before pregnancy. Seek regular prenatal care. Tell your health care provider about any medical conditions you have such as diabetes, high blood pressure or sleep apnea and discuss what you can do to manage them. Eat a healthy diet. Work with your health care provider or a registered dietitian to maintain a healthy diet and avoid excessive weight gain. A daily prenatal vitamin can help fill any gaps. Consult your health care provider if you have special nutritional needs due to a health condition, such as diabetes. Consult your health care provider about safe ways to stay physically active during your pregnancy, such as walking, swimming or doing low-impact aerobics. If you smoke, ask your health care provider to help you quit. Alcohol and illicit drugs are off-limits, too. Obesity during pregnancy can increase the risk of complications for you and your baby. To ease your anxiety, work closely with your health care provider. Terms of use Print this page Guide to Weight Loss Drugs Find out everything you need to know about weight loss drugs in our prescription weight loss pill guide. Lorbreina Lorbreina lorlatinib is an anaplastic lymphoma kinase ALK tyrosine kinase Udenyca Udenyca pegfilgrastim-cbqv is a leukocyte growth factor biosimilar to