

POSITION STATEMENT: HEALTHY WEIGHT IN PREGNANCY

KEY MESSAGES

- Half of women in England are overweight or obese at the time of their first antenatal appointment, and many continue to gain excess weight during their pregnancy
- Unhealthy weight during pregnancy can result in multiple complications for the health and wellbeing of both the mother and child
- The Government's obesity strategy currently fails to recognise the importance of healthy weight during pregnancy in tackling childhood obesity.

Maternal obesity in the U.K

Maintaining a healthy weight during pregnancy is an important public health issue, due to the short and long-term benefits that it brings to both the mother and child [1,2].

Maternal obesity is defined as a Body Mass Index (BMI) of 35kg/m² or more at the first antenatal consultation (8-12 weeks after conception) [3].

Figures show that 28% of women who attended their first antenatal appointment were classified as overweight in England. A further 22% were classified as obese. In the North of England (covering both the North West and North East), the number of women who were obese at their first appointment rises above the national average, to almost one quarter (24%) [4].

At a local level, there is some evidence to suggest the prevalence of maternal obesity is significantly associated with deprivation. A study in Liverpool found that clusters of overweight (27%) and obese (17%) pregnant women were found in some of the most deprived wards in the UK [5].

Whilst some gestational weight gain is encouraged during pregnancy (although there are no official UK guidelines), a systematic review from the US, Europe and Asia suggests that 50% of women across these continents are gaining too much weight [6]. The following factors may be fuelled by the growing prevalence of obesity in women of a child-bearing age; common misconceptions around eating during pregnancy, such as the 'eating for two' myth and health care professionals not having the correct knowledge, confidence and guidelines to be able to support those experiencing issues of overweight and obesity during pregnancy.

What does the evidence say?

Maternal obesity risks to the baby:

- Obesity during pregnancy negatively influences the baby's long-term weight [7]
- Risk of miscarriage or stillbirth increases with mother's weight [8]
- Higher risk of developing gestational diabetes, which can also increase the risk of the child developing diabetes in later life [9]
- The risk of congenital malformations increases with the mother's weight [10]
- Risk of childhood obesity is lowest among mothers who maintained a healthy weight [11]
- Risk of child being born premature, large-for-gestational-age and foetal defects increases with mother's weight [1].

Maternal obesity risks to the mother:

- Complications such as pre-eclampsia, venous thromboembolism and gestational hypertension increase with weight status [1]
- Labour complications such as cesarean section, dysfunctional labour, postpartum hemorrhage and postpartum surgical wound infections increase with mothers weight [12]
- Lower likelihood of initiating and maintaining breastfeeding in overweight or obese mothers [1]
- Excess gestational weight gain above recommendations is associated with higher risk of large for gestational age, macrosomia and caesarean delivery [6]
- Weight gain during pregnancy independently predicts the long-term weight gain and obesity of the mother [13].

There is also evidence to suggest maternal obesity costs the NHS up to 37% more than mothers of a healthy weight, which could add up to anywhere between £105-286m per year [14].

Policy landscape

Regular weigh-ins at antenatal appointments fell out of favour in the 1990s when it was suggested that they cause pregnant women unnecessary anxiety for little or no clinical gain. In addition, there are no guidelines for women, midwives or health professionals on weight management during pregnancy. This may be leading to confusion around what advice should be given to pregnant women who are overweight or obese or those gaining excess weight during pregnancy.

Calls from midwives have prompted NICE to review its weight advice for pregnancy and consider reintroducing checks. Regular weigh-ins at antenatal appointments and guidelines on gestational weight gain may help to monitor women's weight gain during pregnancy to make it easier for midwives to provide support and ensure a consistent approach.

The Government's obesity strategy falls short of recognising this life stage as an opportunity to prevent childhood obesity [15, 16]. However, there is some evidence to suggest that changing diet and lifestyle during pregnancy is too late to prevent major complications [17]. In addition, dieting and weight loss during pregnancy are not recommended [18] – which poses the question whether interventions must be made before conception, to ensure women

of a child-bearing age are a healthy weight prior to conception.

Our position and what we will do

Policy change: We will continue to advocate for policy changes that promote healthy weight across the life-course. We will continue to support local authorities to adopt the Food Active's Local Government Declaration on Healthy Weight, containing a set of commitments that address the drivers of obesity using a whole systems approach, including tackling the availability of unhealthy food and drink and how infrastructure may be improved to help promote physical activity. Reducing obesity across the population will impact on the number of women who enter pregnancy a healthy weight.

Knowledge Share: The 2018 Food Active conference focussed on the challenges and opportunities faced by local authorities in promoting healthy weight from pre-conception to pre-school. The conference discussed how nutrition in utero can help to give children the best start in life and welcomed a range of experts in the field, including maternal obesity, to share the latest evidence and best practice.

On the back of this event, we will produce a perspective pieces report to share good practice around promoting healthy weight from pre-pregnancy to pre-school from a range of different stakeholders, such as midwives, breastfeeding support workers and public health departments.

RECOMMENDATIONS

- Reduce excess gestational weight gain by creating a healthy environment that promotes healthy lifestyles
- Consider re-introducing regular weigh-ins at antenatal appointments and create clear guidelines on gestational weight gain to empower midwives to have conversations about excess weight.
- Address the growing obesity epidemic in the child-bearing age population to reduce the number of women entering pregnancy an unhealthy weight.

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