

Obesity in Pregnancy: How serious is it?

Obesity is one of the most frequent causes for complications in pregnancy. If a woman has a BMI of over 25 units at the beginning of her pregnancy, she is considered Obese.

An obese woman has a greater predisposition to contract two very serious diseases, arterial hypertension and diabetes mellitus.

There are a number of factors that greatly influence weight gain during pregnancy. These include:

- The mother's weight at the beginning of her pregnancy
- Genetic factors
- Reduction in physical activity
- Excessive calorie consumption during pregnancy
- The weight of the product
- The size of the placenta
- The amount of amniotic liquid
- The mother's liquid retention

Many women can eat less and still be very healthy and grow a healthy baby. Some may need supplementation, more so in countries where the nutrition of women is not given importance. The old concept "eating for two is out! Most women only have to add about 200 calories every day to their diet if they are already taking a balanced nutrition.

Baby depends on the mother for all of its food, so a pregnant woman needs to eat well. Making healthy changes in diet is very important. Lots of fruit and vegetables need to be added, along with the normal routine diet.

Cutting down on fats is extremely important. A pregnant woman whose diet is optimal does not need to eat much more than she normally did. Those who are underweight, and have other pregnancy related problems jeopardizing the intake, need special dietary supplements.

Recommended weight gain guidelines for pregnant women:

Normal weight before pregnancy: Gain 25 to 35 pounds during pregnancy.

Overweight before pregnancy: Gain 15 to 25 pounds during pregnancy.

Underweight before pregnancy: Gain 28 to 40 pounds during pregnancy (depending on your pre-pregnancy weight).

Diet during pregnancy and lactation has far fetched implications for the health and well being of the mother and the offspring in decades to come. All dietary supplementation during pregnancy and lactation should reflect components of a balanced, and healthy nutrition to ensure a healthy outcome.

Glucose metabolism in pregnancy:

- Increased Fat Intake during pregnancy is linked to abnormalities in Glucose metabolism:
- Increased fat intake is associated with the development of glucose abnormalities including Impaired Glucose Tolerance in pregnancy.
- The risk of Impaired glucose tolerance (IGT) increases 7% if a woman consumes a diet with more dietary fat and less dietary carbohydrate.
- Research supports the fact that, substituting carbohydrates for fats resulted in a 6% decrease in risk of both IGT and gestational diabetes.
- Exercise can be beneficial in the treatment of diabetes because contraction-induced glucose uptake occurs in distinct, insulin-independent pathways.

Fuel Metabolism During Pregnancy:

- Research shows that prevention of hypercholesterolemia and atherosclerosis from early childhood will result in lower mortality rates in adulthood.
- Modification of the ante-natal diet produces favorable changes in serum lipid profile at birth and even, upto one year of age.
- Prevention of atherosclerosis in the antenatal period, particularly in families with a history of hypercholesterolemia, and atherosclerosis, can be an important and effective step to control this common, life-threatening disease.

Maternal Obesity Raises Pregnancy Risks:

- Obese women experience more pregnancy and childbirth complications than normal-weight women.
- Rate of gestational diabetes increased by nearly one-quarter, with a similar rise in larger-than-normal newborns. Obese women are 50% to 80% more likely than other women to need a C-section.
- An increased incidence of large-for-gestational-age infants was observed when maternal weight gain during pregnancy was more than 25 lb.
- Among women who had weight loss or poor weight gain, pregnancy outcome was not affected.
- A weight gain of no more than 15-25 lb during pregnancy is optimal.

- Women who are overweight or obese double their risk of have babies with birth defects. Those babies are more likely to suffer heart abnormalities and defects.

Recommendations for obstetricians and gynecologists treating obese patients:

1. *Explain* to the pregnant women the recommendations for prenatal weight gain:
 - a. 25 to 35 pounds for women of normal weight;
 - b. 15 to 25 pounds for overweight women;
 - c. 15 pounds for obese women.
 2. *Record* height and weight for all women at the initial prenatal visit to allow BMI calculation.
 3. *Offer* nutrition consultation to all obese women and encourage them to follow an exercise program, which should be continued after the baby is born and before attempting another pregnancy.
 4. *Consider* screening obese pregnant women for gestational diabetes during the first trimester and repeating it later in pregnancy if initial screening is negative.
 5. *Discuss* potential pregnancy complications such as difficulty estimating fetal weight and obtaining fetal heartbeat.
 6. *Suggest* that patients consult with an anesthesiologist prior to delivery—or at the very latest, early in labor—because they're at high risk for emergency cesareans.
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