
June 29, 2004

PERSONAL HEALTH; Beginning a Pregnancy Already Overweight

By JANE E. BRODY

I remember well the days when women were told to gain no more than 24 pounds in the nine months of pregnancy. I remember, too, being terrified at my routine obstetrical visit the month I gained seven pounds, not realizing at the time that I was carrying twins.

Some women took the restrictions on weight gain to an extreme and failed to gain enough to produce a full-size baby.

So obstetricians eventually relaxed their warnings, allowing women the freedom to gain as much as 35 or 40 pounds with a singleton pregnancy.

This license to gain weight, however, prompted two women I know to put on 60 pounds in the course of their pregnancies. One was carrying twins, the other just one baby. Both thought they were doing the right thing to foster the growth of their unborn children. Both were mistaken, although they were fortunate in avoiding the many complications associated with excessive pregnancy weight gain.

Not so for a growing number of women, many of whom are already overweight or obese at the start of their pregnancies. For them, gaining even the 24 pounds formerly recommended can be too much if they want the best chance that their pregnancies will proceed without serious medical glitches.

Weight-related problems can compromise the mother and the baby's health and may even lead to pregnancy loss or stillbirth, said Dr. Laura E. Riley, an obstetrician at Massachusetts General Hospital who is chairwoman of the committee on obstetric practice at the American College of Obstetricians and Gynecologists.

At a recent news conference convened by the March of Dimes, Dr. Riley, who sees about two dozen pregnant patients each workday, said: "Obesity and being overweight is the toughest topic to discuss with patients. Patients think of weight as a cosmetic issue, not a health issue."

Such was the case, she said, with Liz, 26 and 5-feet-4, a patient who arrived for her first prenatal visit eight weeks pregnant and already weighing 290 pounds, giving her a body mass index, or B.M.I., close to 40. A normal B.M.I. is 20 to 24.

Dr. Riley said Liz should have had a consultation before becoming pregnant to provide advice on nutrition and exercise and to urge her to lose excess weight before the pregnancy.

"If you're 25 and really overweight, it's best to wait, lose the weight, then get pregnant at 27," Dr. Riley said.

She added that obstetricians should not be reluctant to discuss weight with patients, because "obesity is a medical disease" that should be treated before a woman becomes pregnant, not after.

For women who are already pregnant, pregnancy is no time to try to lose weight, Dr. Riley said. But weight gain should be based on pre-pregnancy weight.

The Institute of Medicine of the National Academy of Sciences recommends a gain of 25 to 35 pounds for women of normal weight, 28 to 40 pounds for those who start out underweight, 15 to 25 pounds for women initially overweight and a maximum of 15 pounds for obese women with B.M.I.'s more than 29.

Dr. Riley added that regular exercise should be part of pregnancy weight control. She recommended a daily 40-minute walk.

Many Risks to Mothers

The major obstetrical concern used to be excessive weight gain in pregnancy. Now that is combined with starting a pregnancy already significantly overweight. This is much more serious and should be a far greater concern to women than losing excess weight after the baby is born.

Dr. Riley discussed the serious risks associated with being overweight or obese in pregnancy. As one might expect, the risks increase with the degree of overweight and are highest in women like Liz with B.M.I.'s of 30 and above.

Although there are possibilities of complications in every pregnancy, "every one of the usual pregnancy complications is greater in obese women," Dr. Riley said.

These are some of the risks:

Chronic hypertension. Hypertension is associated with a greater than average risk of suffering a stroke and developing heart disease. Being overweight increases the risk of developing high blood pressure before pregnancy, a problem that raises the risks for two pregnancy complications, preeclampsia and intrauterine growth retardation.

Gestational hypertension. This is high blood pressure that develops in pregnancy. While it can sometimes occur in women of normal weight, the risk is higher in the obese.

Preeclampsia. This is a very dangerous complication that combines high blood pressure, protein in urine and swelling. Untreated, it can cause the death of the mother and unborn baby. The only cure after preeclampsia develops is delivery of the baby, even if that means the baby will be very premature, a problem that carries its own risk of impaired development and failure to survive.

Diabetes. Like hypertension, Type 2 diabetes is more common in overweight people. It increases the risk of heart attacks and circulatory problems that could mean poor blood supply to the fetus.

Gestational diabetes. This is diabetes that develops during pregnancy and, like gestational hypertension, it can happen even in normal-weight women. But the likelihood is much higher for overweight or obese women when they become pregnant.

Thromboembolic disease. These are blood clots. They typically start in the legs and can break loose and travel to the lungs, where they can quickly cause a fatal pulmonary embolism.

In addition, women who are obese have a greater than average chance of requiring induction of labor, laboring longer and developing infections in labor, as well as a nearly threefold chance of requiring Caesarean deliveries.

Women who gain excessive weight in pregnancy, say 50 or 60 pounds, also face increased risk of needing emergency Caesareans because their babies are more likely to be too large to fit through the birth canal. The rate of overly large babies, a condition called macrosomia, has been steadily increasing, Dr. Riley said.

Babies at Risk, Too

There are also risks to the baby if the mother is obese. They start, Dr. Riley said, with increased risk of a baby with the neural tube defect spina bifida, an incomplete development of the spine.

It is also difficult to obtain a clear sonogram when the mother has an abundance of body fat. "In obese women," the doctor said, "you see a lot of snow. You don't see the details of the fetus very well."

A poor sonogram can mean that the doctor misses babies with neural tube defects. And if an unborn baby has spina bifida, it is important to know that in advance. To minimize neurological damage, these babies are best delivered by Caesarean before labor begins to avoid further trauma from a vaginal delivery.

The babies of obese women are also more likely to die in the womb late in pregnancy, a complication that may be related to increased blood sugar, even if the mother is not frankly diabetic, Dr. Riley said.

And if the baby grows too large, as is more likely to occur if the mother is obese, there is an increased risk of birth trauma -- what Dr. Riley called "an obstetrical nightmare" -- when the head comes through but the baby's shoulders become stuck.