Being obese while pregnant associated with risk of health complications for mother and baby

By ACSH Staff — March 30, 2015

Obesity not only decreases the likelihood that a woman can become pregnant, but obese women are also at increased risk of complications (such as gestational diabetes and elevated blood pressure with its more-worrisome pre-eclampsia) when they do become pregnant. They also have an increased risk of large babies, early delivery, and stillbirths, and their infants are at increased risk of congenital malformations. They are also more likely to need C-sections as well as to have serious complications from them, such as infections, hernias or bleeding. But it doesn't stop there.

Dr. Claire A. Putnam, an obstetrician and gynecologist at a Kaiser Permanente hospital, describes her personal experiences working a delivery shift in an op-ed in the New York Times. She specifically discusses an instance of shoulder dystocia the condition in which a baby's shoulders are too big to pass through the birth canal, which is associated with obesity and overweight which can have serious consequences for the baby. She also discusses an incidence of pre-eclampsia, defined by elevated blood pressure, edema, and organ dysfunction. It can potentially lead to seizures, stroke and liver rupture, if left untreated. Putnam highlights a dangerous delivery in her op-ed in which an obese woman suffers from seizures, the baby's heart rate quickly falls from 100 beats per minute to 40, the mother needs to be intubated but her airway is blocked due obesity and swelling and ultimately the baby is delivered surgically.

Dr. Putnam then makes the broader point that doctors are all-too-often not discussing with their patients pregnant or otherwise the necessity of losing weight if one is obese or overweight. A JAMA study conducted in 2011 found that only 45 percent of overweight patients and 66 percent of obese patients recalled being told by their doctors that they were overweight. This may not only be due to short office visits and lack of training, but also because doctors do not want to risk losing a patient by offending them.

Dr. Putnam calls for the need to end the taboo against talking frankly about obesity. Doctors need to be sensitive and nonjudgmental, and patients should not take offense, especially when their health, and their children's health, is at stake. She also calls for better prenatal programs to educate women about appropriate weight gain during pregnancy as well as the importance of eating well and exercising. And the science shows that these kinds of programs can be effective.

ACSH's Ariel Savransky adds, Dr. Putnam's discussion really highlights the importance of counseling obese patients before they become pregnant, as well as throughout their pregnancy to make sure that they are not gaining too much weight. However, she highlights an even broader fact that the conversation surrounding obesity needs to be changed. Doctors must be trained to
discuss losing weight with their obese and overweight patients, as well as to discuss appropriate interventions such as exercising and eating well, as well as surgical options should this be necessary.