

# The Thursday clinic

**This leaflet explains more about the Thursday or bariatric antenatal clinic, why you have been offered an appointment, some of the risks of being overweight in pregnancy and how you can help to reduce those risks. If you have any further questions, please speak to a doctor or midwife caring for you.**

## What is the Thursday clinic?

This clinic will give you special care during your pregnancy to try and make sure both you and your baby do as well as you possibly can, long term.

During your first appointment at the clinic, you will meet with a doctor who will look at your medical history and tell you about healthy eating and exercise during pregnancy.

## Why should I attend this clinic?

You have been asked to attend this clinic because your weight puts you at risk of certain pregnancy complications, some of which can be very severe

Starting your pregnancy overweight can put yourself and your unborn baby at risk, so we need to keep an eye on this.

Pregnancy is a great time to make some lifestyle changes to help your and your baby's health. This clinic will help with this.

You shouldn't lose weight while pregnant, but a mix of changes to your diet and lifestyle can help to either maintain your weight or limit your weight gain. Strong evidence shows that even if you are overweight before, if you manage to limit your weight gain during your pregnancy you and your baby will have less risk of complications.

If you can make these changes during your pregnancy and carry on with them afterwards, you and your family will feel the benefits for a long time.

## Who can attend the clinic?

This clinic is for women with a body mass index (BMI) of 40 and above.

Your BMI is a measure of body fat, using your height and weight, which your midwife works out for you at your booking appointment. When this is over 40, she will arrange for you to be sent an appointment for the bariatric antenatal clinic in the post.

## Where do I need to go?

The clinic is held every Thursday afternoon in the antenatal clinic, ground floor Lanesborough wing. You will be seen early in your pregnancy and again at around 36 weeks. You will see your usual midwife team in between these appointments.

## What do I need to bring with me?

Please remember to always bring your pregnancy notes with you.

## What will happen at my appointment?

The consultant will talk to you about the following:

### **Medicines**

You should be taking **folic acid** already, to reduce the risk of disorders such as Spina Bifida. We would advise that you take a higher dose (5mg) until you are at least 12 weeks pregnant.

**Vitamin D** will help healthy bone growth in your baby. You should take this during your whole pregnancy and whilst breastfeeding.

**Aspirin** reduces the risk of raised blood pressure and a condition called pre-eclampsia during your pregnancy.

**Dalteparin (Fragmin)** is an injection that is given once a day to reduce the risk of blood clots in your legs or lungs during pregnancy. If you are overweight during pregnancy you are up to 9 times more likely to develop blood clots in the legs (venous thrombosis) or lungs (pulmonary embolism). To help stop this, you can take these blood-thinning injections during pregnancy and for six weeks after having your baby. You may be advised to take these injections from 28 weeks onwards, or during your whole pregnancy. You will be shown how to give yourself these injections by one of our specialist midwives.

### **Tests and scans**

You will be sent an appointment for a **glucose tolerance test** to diagnose diabetes in pregnancy (gestational diabetes) for when you are between 16 and 18 weeks pregnant and if this is normal, again between 24 and 28 weeks.

From 28 weeks onwards, either your GP or midwife will need to check your **blood pressure** at regular intervals (every two to three weeks).

An appointment to see an **anaesthetist** will be made for you for when you are between 34 and 36 weeks pregnant to see if an epidural or spinal anaesthetic will be OK for you and to talk about other pain relief. An anaesthetic plan will be made for your labour and delivery.

You will be offered an additional **scan** at 36 weeks to monitor your baby's growth.

### **Birth plan**

The consultant will also talk to you about where it will be best for you to have your baby and finalise this with you soon after your 36 week scan. The safest place we feel for you to deliver your baby is in the delivery suite, where you will receive one-to-one midwifery care and care from doctors if needed.

### **Breastfeeding**

This is the best method of feeding your baby, but breastfeeding when you are overweight can be hard. Our midwives can give you information on antenatal colostrum harvesting, where you can hand-express your first breast milk (colostrum) before your baby is born so it can be kept to feed your baby if there are any problems with breastfeeding.

### **Bariatric services**

Finally, your consultant will offer you a referral for possible bariatric surgery after you have had your baby, so your health gets better in the long-term and for future pregnancies.

## Useful information

### Categories of BMI

Weight	BMI (kg/m <sup>2</sup> )	Disease risk
Underweight	< 18.5	
Normal	18.5 - 24.9	Normal
Overweight	25.0 - 29.9	Increased
Obesity		
Class I	30.0 - 34.9	High
Class II	35.0 - 39.9	Very high
Class III	≥ 40	Extremely high

### Obesity-related problems during pregnancy and childbirth

Obesity means having a BMI greater than 30 and can cause problems at different times during pregnancy and birth, as laid out below.

#### *During pregnancy*

- miscarriage
- gestational diabetes
- blood pressure problems including pre-eclampsia
- blood clots in legs or lungs.

#### *During labour*

- more likely to need induction of labour
- difficulties monitoring your baby's heart rate
- slow progress
- emergency Caesarean:
  - may be more technical difficulties with increased risk of complications
- instrumental deliveries
- severe perineal tears
- anaesthetic complications:
  - general anaesthetic
  - difficulties inserting epidural/spinal.

#### *After delivery*

- wound infection
- blood clots in legs or lungs.

#### *Long-term*

- blood pressure problems
- heart disease
- diabetes
- early death.

### There are also possible risks to your baby:

- birth defects
- large baby (macrosomia)

- delivering your baby early (prematurity)
- difficulty delivering shoulders (shoulder dystocia) and long term damage to the baby
- stillbirth
- admission to neonatal unit
- difficulties with breastfeeding
- childhood obesity and diabetes.

When you come to the clinic we can help you to take action to cut down on all of these risks and have the safest pregnancy and birth that you can.

### **Healthy diet**

You should not try to lose weight in pregnancy as it may harm your unborn baby. You can make healthy changes to your diet which will limit your weight gain. This will be good for both you and your baby.

You should:

- avoid 'eating for two' and monitor portion size of your meals
- eat five portions of fruit and vegetables a day
- eat a low fat diet
- base your meals on starchy foods such as potatoes, bread, rice and pasta (wholegrain if possible).

The following websites have really useful information:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx)

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

[www.babycentre.co.uk/a1015666/how-to-have-a-healthy-pregnancy-if-youre-overweight](http://www.babycentre.co.uk/a1015666/how-to-have-a-healthy-pregnancy-if-youre-overweight)

<http://www.slimmingworld.co.uk/rcm/>

### **Exercise in pregnancy**

If you do not exercise already, you can start during pregnancy if you do it gently. Start with 15 minutes of exercise three times a week and slowly build this up to 30 minutes three times a week.

The following website should help:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-exercise.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-exercise.aspx)

### **Breastfeeding**

Breastfeeding is great for your baby and helps you manage your weight after birth, but it can be hard.

The following websites should help:

[www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-positioning-attachment.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-positioning-attachment.aspx)

[www.who.int/topics/breastfeeding/en/](http://www.who.int/topics/breastfeeding/en/)

## **Contact us**

If you have any questions or concerns about the Thursday Clinic please contact the Mulberry Team on 020 8725 4570 or call reception on 020 8672 1255 and ask them to bleep 8123 or 8778 (Monday to Friday, 8am to 5pm). Out of hours, please contact the delivery suite on 020 8725 2547.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### References

RCOG. Management of women with obesity in pregnancy (2010)

RCOG. Dietary interventions for weight management before, during and after pregnancy (2010)

RCOG. Information for you: Why your weight matters during pregnancy and after birth (2011)

