



## Your Delivery Options

If your pre-pregnancy BMI was 35 kg/m<sup>2</sup> or greater it is recommended that you deliver your baby between 39 and 40 weeks of pregnancy.

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# Your Options

If you do not go into labour on your own, there are two options:

- 1) Planned Induction
- 2) Planned Pre-Labour Caesarean Section

Each of these options has advantages and disadvantages. The best option for you may not be the best option for someone else. Your care provider is the best person to discuss recommendations for your individual situation.

The information provided in this booklet is to help you make an informed choice.

## Why is this recommended?

Body mass index (BMI) is the relationship of a person's height and weight. BMI is commonly used to determine health risks. A higher BMI is often related to greater health risks.

Women who enter pregnancy with a BMI  $>35\text{kg}/\text{m}^2$  are at a higher risk for pregnancy problems. This includes pregnancy loss, high blood pressure, preeclampsia, and gestational diabetes (diabetes that develops in pregnancy).

If a woman's BMI is  $>35\text{kg}/\text{m}^2$  it also increases the risk of problems for the baby. This includes problems with growth and birth defects. There is also a 3 to 8 times increased risk of stillbirth.

The Canadian guideline for management of women with a pre-pregnancy BMI of  $\geq 35\text{kg}/\text{m}^2$  recommends that women deliver between 39 and 40 weeks in pregnancy.

To deliver before the natural start of labour, a woman must have a planned induction of labour or a pre-labour C-section.

## Option 1: Induction of Labour

### Advantages

- a. Induction of labour appears to reduce the risks for your baby without increasing the risk of C-section or poor birth outcomes. This is when compared to waiting to go in to labour on your own.
- b. Vaginal birth allows for immediate skin-to-skin contact and earlier breastfeeding.
- c. Passage through the birth canal colonizes the baby with bacteria from your body. These bacteria appear to be important in establishing optimal immunity and metabolism in infants.

## Disadvantages

a. Induction of women who have not already given birth before is often difficult and long. Many patients require more time for their cervix to soften and higher doses of medications for the induction to work.

b. Rates of failed induction are high (in some studies >50%). Emergency C-sections for patients with obesity can be higher risk. It often takes a longer time to prepare for the surgery and longer time for the surgery. It also has increased anesthesia risks.

c. Mothers with obesity are more likely to give birth to large babies. This increases the risk of vaginal delivery with vacuum or forceps and birth injury, including the baby's shoulder becoming stuck in the birth canal.

## **Option 2: Pre-Labour Caesarean Section**

### **Advantages**

- a. Pre-labour C-section minimizes the risk of urgent and emergent C-section, which poses the highest risk to you and your baby.
- b. Surgical plans can be more thoroughly arranged by surgical team.
- c. Some women prefer to minimize the number of times and people who examine or see their bodies.

## Disadvantages

- a. Removes the chance of a vaginal delivery. Some patients strongly value vaginal delivery.
- b. The usual risks associated with surgery. This includes bleeding during surgery, infection and injury to the bladder or bowel.
- c. Increased risk in future pregnancies. This includes potential uterine rupture, placenta previa, and invasive growth of the placenta. In future C-sections you may also experience a longer time to prepare for the surgery or a longer time for the surgery.

## What next?

Speak with your care provider to discuss your choice, ask questions, and to hear their recommendations for your individual situation.

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