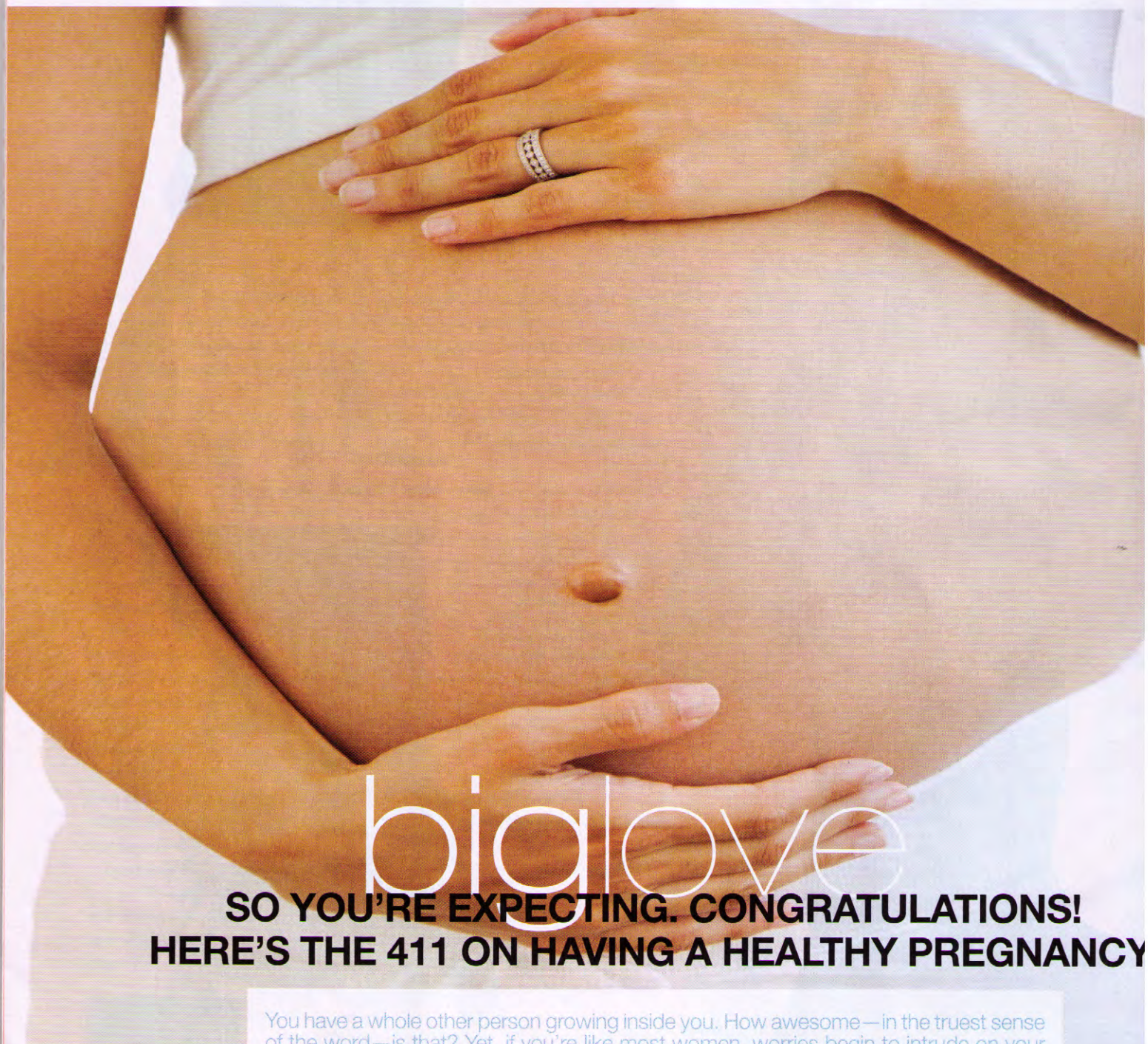
Words by Brette Sember



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SO YOU'RE EXPECTING. CONGRATULATIONS! HERE'S THE 411 ON HAVING A HEALTHY PREGNANCY

You have a whole other person growing inside you. How awesome—in the truest sense of the word—is that? Yet, if you're like most women, worries begin to intrude on your baby bliss. If you hear that curvy moms-to-be are more at risk for this or that, it's easy to freak. But wait. The actual odds of something going wrong are reassuringly small in most cases. Nevertheless, knowledge is power. Best to know what challenges might lurk so you can do your best to dodge them. Here's the scoop.

PREGNANCY CHALLENGE: FLAGGING SELF-IMAGE

Many women feel self-conscious about their bodies on any given day. When you add pregnancy and raging hormones to the mix, watch out!

TAKE ACTION: Focus on what your body's doing. "You are fertile and beautiful. There is a baby growing inside that magnificent belly," says Lillian Schapiro, M.D. of Peachtree Women's Specialists in Atlanta. Your body is working hard to produce a little human—give it the recognition, appreciation and TLC it deserves! Treat yourself to a mani/pedi, ask your partner for a shoulder or foot rub and get a sassy haircut. Trade your hubbie's comfy sweats for some cute—but still comfy—maternity clothes that show off your bump. Get plenty of rest too. If you've always held yourself to Wonder Woman standards, start adjusting your expectations now—before the baby arrives.

PREGNANCY CHALLENGE: WEIGHT GAIN

Nobody wants to gain too much during pregnancy, but this is no time to diet. For almost every woman, healthy weight gain is essential to a healthy baby. Gaining appropriate weight reduces your risk of gestational diabetes and C-section delivery and supports both the baby's health and your own.

TAKE ACTION: Talk to your doctor or midwife about guidelines for nutrition, exercise and appropriate weight gain. The American College of Obstetrics and Gynecology recommends gaining 15 to 25 pounds for women whose Body Mass Index puts them in the overweight category, and 15 pounds for those whose BMI lands in the obese column. You'll be growing a baby who will probably weigh at least 6 pounds, plus gaining 2 pounds of breast tissue and another 8 to 12 pounds of placenta and amniotic fluid. Be sure to get a second opinion if your healthcare provider advises against gaining.

Good news: Cheryl Perlis, M.D., OB/GYN founder and director of Women's Wellness Gynecology in Highland Park, Illinois, says her plus-size patients don't tend to gain too much during pregnancy.

PREGNANCY CHALLENGE: DUCKING DIABETES

Gestational diabetes is a pregnancy condition in which the mother's body doesn't produce enough insulin, a chemical that regulates the body's level of blood sugar, or is unable to use the insulin it has. This can be a problem because glucose can build up in the body, damaging organs and causing birth defects, large birth weight and blood sugar management issues for both pregnant mom and the baby after birth. Be aware: Excess pounds increase risk for gestational diabetes; women with high BMIs are two to three times as likely to develop gestational diabetes. The higher the BMI, the greater the risk.

TAKE ACTION: Being in the know is the secret to the best possible pregnancy. There's plenty you can do to reduce and control your risk. First, get tested as soon as you find out you're pregnant. Robert Atlas, M.D., chairman of the department of OB/GYN at Mercy Medical Center in Baltimore and assistant professor at the University of Maryland School of Medicine, recommends that all plus-size pregnant women get tested for diabetes at their initial obstetrics appointment and then again between 24 and 28 weeks. Studies show that exercise and a healthy diet lower gestational diabetes risk. To determine your chances of developing gestational diabetes, go to *www.nichd.nih.gov* and search for "gestational diabetes risk."

PREGNANCY CHALLENGE: BROAD-SHOULDER ISSUES

Perhaps you've heard about shoulder dystocia, which occurs when the baby's shoulders are too large for the birth canal or get stuck after the baby's head delivers. Shoulder dystocia is more common with large babies, who are more frequently born to larger moms, sometimes with gestational diabetes.

TAKE ACTION: Prevention is key. Henry Lerner, M.D., a shoulder dystocia expert affiliated with Newton-Wellesley Hospital in Newton, Massachusetts, recommends keeping weight gain within healthy limits and controlling blood sugar. In addition, a new test, called the CALM Shoulder Screen,

WEB RESOURCES FOR MOMS-TO-BE

yourplussizepregnancy.com
plus-size-pregnancy.org
plussizeyellowpages.com

PLUS-SIZE MATERNITY CLOTHES

LBmaternity.com
JakeandMe.com
plusmaternity.com
bbmaternity.com

MESSAGE BOARDS

babycenter.com (go to Community, Bulletin Boards and search for "plus size")
yourplussizepregnancy.com/forum

Brette Sember is a plus-size mom of two and the author of *Your Plus-Size Pregnancy* (Barricade Books, 2005), *Your Practical Pregnancy Planner* (McGraw-Hill, 2005), and *The Everything Guide to Pregnancy Over 35* (Adams Media, 2007).

tip **Make a birth plan.** Investigate your options and explain your wishes in advance. Interventions may become medically necessary, but you'll feel better thinking through a birth plan and a backup plan ahead of time.

TIP Get support. Every woman needs a well-fitting bra, especially during and after pregnancy. Look for wide straps and four hooks. Size up as needed; don't wear one you plan to "grow into."

Shoulder Screen, can be done in a doctor's office in the last few weeks of pregnancy. The screening is noninvasive and provides an estimate of risk regarding a woman's chance of giving birth to a child with persistent injury from shoulder dystocia, which allows a scheduled C-section to bypass the chance.

Liane Worthington's second baby weighed 9 pounds at birth. "He broke his own shoulder on the way out, and that's the only way he fit," recalls Worthington, of Simpson, Pennsylvania. To be safe, she delivered her third child by C-section without complications.

PREGNANCY CHALLENGE: BIRTH DEFECTS

Babies born to heavier women have twice the risk of neural tube defects. That sounds awful, but to put it in perspective, the risk is only two in 1,000 births (versus one in 1,000).

TAKE ACTION: Fortunately, many birth defects are preventable. Experts believe that larger women tend to have lower levels of folic acid, a mineral known to prevent birth defects, particularly neural tube problems. Taking just 400 micrograms daily of folic acid, beginning at least a month before conception, if possible, and continuing throughout pregnancy greatly reduces the risk. Talk to your doctor about taking this tiny supplement.

PREGNANCY CHALLENGE: LABOR PROBLEMS

Statistics show that plus-size women are more likely to have big babies and experience failure to progress in labor, longer labors and other problems that can lead to C-sections.

TAKE ACTION: You can do a lot to improve your chances of a vaginal birth. Maintaining recommended weight levels and avoiding gestational diabetes will increase your odds. Walking during labor, sitting on a birthing ball or doing anything to maximize gravity will also give you an extra boost. Inducing labor is a common precursor to a C-section. "Try and hang in there and labor on your own," Atlas recommends.

PREGNANCY CHALLENGE: C-SECTION ISSUES

Larger women who have C-sections are at higher risk for complications, which may include wound infections and post-surgery blood clots.

TAKE ACTION: Confirm that your doctor will give you preventive antibiotics during surgery to prevent infections in the wound. Also, getting up and walking several hours after surgery will reduce clotting risk. Many doctors don't talk about the importance of abdominal exercises after you've recovered from surgery. Rebuilding your core muscles takes time but will prevent back problems that can crop up later.

Keep in mind that C-sections are a safe and common option for many moms. However you end up delivering, you'll reap the same wonderful reward—a beautiful baby in your arms. ■