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[Home](#) > [Articles](#) > [Eating For Two](#) > [Obesity and C-sections](#)

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Obesity and C-sections

Is There a Link Between the Two?

By Teri Brown

Gina Ritter, a mother of three from Wappingers Falls, N.Y., was about 220 pounds when she had an emergency C-section. She isn't sure if obesity played a part in it, but figures there may be a connection. She also thinks it's important for weight challenged mothers to educate themselves on the subject beforehand so they know what risks they may be facing.

"Talking to a midwife about the obesity/C-section link might shed a ton of light on the subject," says Ritter. "I do think it can play a role, but it can be helped, too."

The Obesity Connection

Dr. Jacques Moritz, the director of gynecology at the St. Luke's Roosevelt Hospital Center in New York City, believes the number of C-sections has risen dramatically in recent years due in part to the increased rate of obesity. "C-sections rates are rising quickly in the U.S., and there are many reasons for this," says Dr. Moritz. "For one, there is an increase in the birth weight of babies as well as an increase in weight for the mothers."

Dr. Moritz believes one of the major medical problems facing obstetricians today is patient obesity. Not only can it cause problems for the mother-to-be, such as maternal diabetes and high blood pressure, but it also can increase her chance of having a C-section as opposed to a vaginal birth.

Brette Sember, co-author of *Your Plus-Size Pregnancy* (Barricade Books, 2005), says the link between obesity and C-sections has been proven. "A Case Western Reserve University study showed that plus-size women had twice as many first time C-sections as other women," says Sember. "The study separated out gestational diabetes and isolated weight as a separate risk factor."

Why Does Obesity Increase the Risk?

There are several reasons why obesity increases the chance of an emergency C-section. One of these is a longer labor time. Sember says a University of North Carolina at Chapel Hill study showed larger women have naturally longer active labors – defined as the time going from 4 centimeters to 10 – between one and one and a half hours longer.

"Many of these women, if allowed to continue to progress, can have successful vaginal births, but many physicians are unaware of this

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study, so women who could probably deliver vaginally instead end up on the operating table because they exceed the usual time limits for labor," says Sember.

Another reason is that larger women also often have larger babies, either because of gestational diabetes, genetic reasons or because of weight gain during pregnancy, and larger babies are more difficult to deliver vaginally.

Sember found during her research that there is a prevailing belief among many physicians that plus-size women have a slim chance of delivering vaginally. According to Sember, a recent Duke University study found that plus-size women should be given epidurals upon admittance to the hospital to prevent the need for emergency anesthesia should a C-section become necessary.

Obesity can cause complications in pregnancy, birth and delivery. These complications can include gestational diabetes; delayed active labor; problems placing epidurals; difficulty inserting a breathing tube for general anesthesia; and complications from C-sections such as blood clots and incisions that don't heal properly.

"However, I really do want to emphasize that most plus-size women have healthy and happy deliveries, whether by C-section or not," says Sember. "I say in the book that all women come to pregnancy with their own risk factors. No one is guaranteed a healthy pregnancy and being plus-sized is just another one in a variety of possible risk factors.

Weight Control and Pregnancy

"The thing to keep in mind here is that if you had trouble controlling your weight before you got pregnant, it isn't going to be any easier with baby on board," says Sember. "You're supposed to be hungry and you're supposed to be eating when you're pregnant, and you shouldn't feel bad about that. However, you've got to keep your eyes on the prize, which is a healthy pregnancy and a healthy baby, and that means making good decisions for both of you."

Sember gives plus-sized women the following tips to help control their weight during pregnancy:

- The most important thing is to learn what the recommended weight gain is for you. Most physicians now believe that plus-size moms should gain about 15 to 20 pounds during pregnancy. Some women who are very obese may have different recommendations, so that's why it's important to have a conversation with your health care provider about it.
- Exercise is important. Sember encourages plus-size moms to try to get some exercise most days. "Now, when I say that, some people envision step aerobic classes and marathons and think 'I can't do that,'" she says. "When I say exercise, I mean moving your body – walk the mall, swim, lift some small weights, do some Pilates or yoga. Exercise doesn't have to be horrible, and pregnancy is not the time to decide to take up kickboxing if you aren't already doing it. Do things that are comfortable for you."
- The next advice is to eat more frequent, smaller meals. You're going to be hungry during pregnancy so you've got to eat more frequently. For example, make yourself half a big bagel instead of a whole one and say you'll have the other half later in the morning instead of right now.
- Drink a lot of fluids – not only do you need them, but they help fill you up. Don't deprive yourself. Eat healthy food, but make sure you're satisfying your cravings.

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