



Your body shape birth secrets

Your pregnant body is about to undertake its greatest physical challenge. But does your physique really affect your labour – and, if so, how?

Expectant mums come in all shapes and sizes, all heights and widths, and with varying levels of fitness. But how much does this really affect your pregnancy and labour? Has Mother Nature equipped some of us for a smoother ride in the delivery room, and made the journey bumpier for others? And is there any truth in the sayings about some women being built for bearing babies? We spoke to the experts to find out...

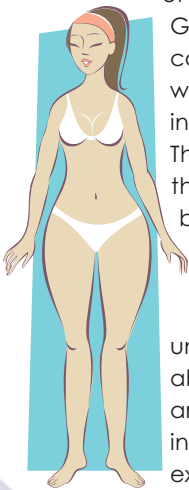


CHILD-BEARING HIPS

Wide hips and a generous bottom are traditional symbols of fertility. But should they be? "I'm afraid not. It's all a bit of a myth," says Dr Virginia Beckett, of the Royal College

of Obstetricians and Gynaecologists. "The correlation between a woman's outside and internal shape is weak. The ilium, or the wings of the pelvis, might be wide but the inlet, where the baby's head enters the pelvis, narrow."

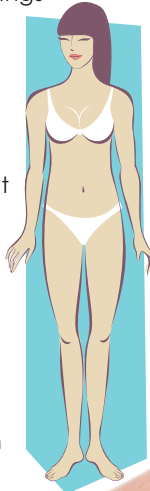
What's more, you're unlikely to know anything about your pelvis until you are pushing your child out into the world. In the past, expectant mums had X-rays and MRIs to see if their pelvis was wide enough for a safe delivery, but



because both scans actually have a rather low predictive value, the practice has pretty much stopped. A vaginal examination is a more accurate way of revealing the width of your pubic arch, but you will only get one of these once you are in labour and only then if things are progressing slowly.

BOYISH BUILD

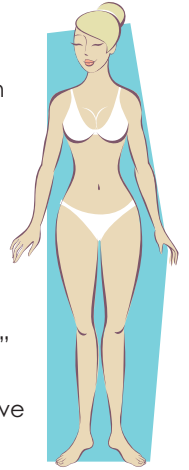
There is, however, one body shape where the size of your pelvis is almost always easy to predict from your outside appearance. If you're tall and have skinny hips, you're very likely to be narrow on the inside, too. "It is called an android pelvis, and tall ladies with what you could call a boyish figure often have one," says Denise Linay, of the Royal



College of Midwives. "Unfortunately, for these mums a natural delivery is often a struggle."

PETITE WOMEN

It's also true that women with dainty bodies are likely to have small pelvises. But the good news is they also tend to have smaller babies – the baby generally fits its mother, so to speak. "Evolution works with us," says Denise. "If it didn't, petite women would have died out in labour." Not that small babies



DID YOU KNOW?

Those in birthing professions recognise that race influences pelvic size and position. Afro-Caribbean women frequently have a tilted pelvis, which means the baby's head might not engage until labour starts. And they often have an android pelvis, too

necessarily grow into small adults. "If a baby has a petite mum and a tall, big-boned dad, the woman's genes generally decide the baby's birth weight, and the combined genes of both parents, the size of the eventual adult," notes Denise.

Dr Christian Barnick, consultant obstetrician and gynaecologist at the Portland Hospital and Homerton Hospital, both in London, says that the whole question of pelvic size can be misleading. It's the position of the baby's head as it descends and rotates down the birth canal that's the most important factor in determining the pain level, and success, of a natural delivery. "Labour is a dynamic process," he explains. "If the baby's head is looking upward with the back pointing to mum's

bottom, it can provide an additional 3cm of space, which trumps any difference that a small or wider pelvis can make to childbirth."

OVERWEIGHT

The potential problems of obesity in pregnancy are no secret: an increased risk of high blood pressure, gestational diabetes and pre-eclampsia, to name just some. But if your BMI is more than 30 (around a dress size 18), it's not great news for your developing baby, either.

Ironically, a lot of overweight mums-to-be have a poor diet which means their babies aren't nourished properly, and enter the world without enough meat on their bones. Or, conversely, they can be born too big because they have high levels of



insulin. And during the pregnancy it can be difficult to monitor the baby's welfare because ultrasound doesn't penetrate fat very well.


Overweight women are also more likely to have labour complications because they have lots of fat in their vaginal tissue which can obstruct the birth canal. "And if they do end up having a non-selective caesarean, deep vein thrombosis means it often takes longer for the wound to heal," says Dr Barnick. This all said, do not diet once you are pregnant. Aim for a modest weight gain of around 14lb and take a brisk walk every day: it'll boost your chances of a straightforward birth.

TOO THIN?

The first thing to say is that if you're thin, you're not necessarily malnourished: there are different types of thinness with, in turn, different implications for your pregnancy and labour. One of Dr Barnick's recent patients, for example, had a BMI of 18, and was running 12 kilometres three times a week when she was 39 weeks pregnant. One week later, she had an entirely natural delivery.

However, if you have a BMI of 18 and are a smoker or a bulimic, you fall into a different health category. "In those instances, the woman would be malnourished and I would expect the baby's growth to be compromised," says Dr Barnick. Plus, a malnourished woman might simply not have enough strength to get through labour.

FIT ENOUGH FOR LABOUR?

If you're fit and strong your chances of a natural delivery and healthy baby are optimal: childbirth requires cardiovascular stamina and strong muscles to push with. However, you can actually be too fit: yes, there is such a thing as a too-tight pelvic floor! "It's possible for your perineum to be too tight, necessitating an episiotomy or an operative delivery using forceps or a vacuum device to get the baby out," says Dr Barnick. 



DID YOU KNOW?

You didn't just inherit your snakish hips and big boobs from your mum. A Norwegian study has found that the daughters of women who experienced severe morning sickness have a threefold higher chance of suffering from it, too

THE BEST BREASTS

Once you've delivered your baby, it's time to feed her. Will your breast shape play a part? Are some mums naturally better prepared for this task?

Does size matter?

Some small-breasted women worry their boobs won't be big enough to produce sufficient milk, but they shouldn't. We all have around the same amount of milk-producing tissue in our breasts – it is fat and other tissue that causes the variation in mammary size. You just need to find the right nursing position for you and your infant.

Nipple niggles

Nipples also come in many shapes and sizes. If yours protrude, as most

do, it makes it much easier for your baby to grasp and stretch them forward and upward against the roof of her mouth when she is feeding. Conversely, flat or inverted nipples make nursing more difficult, but certainly not impossible. In some cases, the nipple can be drawn out with a little finger pressure. Nipple shields while you are nursing, and breast pumps before you feed your child, can perform the same function.

Finally, if your breastfeeding technique is good, your baby will latch onto your areola, not your nipple, in any case: so he will get your milk.