University Hospitals Plymouth NHS Trust

MATERNITY GUIDELINES

Obesity in pregnancy, labour and puerperium.

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1. Introduction

Obesity in pregnancy is defined as a Body Mass Index (BMI) of 30 kg/m2 or more at the first antenatal consultation.

Obesity is an independent risk factor for various adverse outcomes in mother and baby. This guideline reflects the need for an enhanced care pathway for pregnant women who are obese.

Sensitive and individualised care is important to avoid stigmatisation and promote a positive experience of pregnancy and birth.

2. Antenatal Care

Lead Health Care Professional

- Women with a BMI 30 – 35 who have no other comorbidities are suitable for midwifery led care.
- Women with a BMI of 35 or above should be under the care of a consultant obstetrician. All women with a BMI of 35 or more will be referred by their named consultant to the Keeping Well in Pregnancy Service. Dependent on the severity of the obesity and overall clinical picture, they will also have an antenatal review with their named consultant.

Measurement of BMI

- All pregnant women must have an accurate measurement of height and weight taken at their booking visit (preferably, before 12 weeks). This should be carried out by healthcare professional using appropriate equipment. The measurements of both height and weight must be clearly recorded in the patient notes and in the electronic booking system together with a calculation of the body mass index (BMI). Do not rely on self-reported measures of height and weight.
- Use BMI centile charts for pregnant women under 18 years, as BMI measure alone does not take growth into account and is inappropriate for this age group.

Information Provision

- All pregnant women with a booking BMI 30 kg/m2 or greater should be provided with accurate and accessible information about the risks associated with obesity in pregnancy and how they may be minimised. Women should be given the opportunity to discuss this information and how risks may be minimised. This must be documented in the woman's notes.
- All women should have the opportunity to discuss healthy eating and maintaining an active lifestyle during pregnancy. Women with a BMI of 30 or more can be referred to the Dietician for additional support with weight management.

Vitamin Supplements

- Women with a BMI 30+ should be advised to take daily Vitamin D 10 micrograms daily throughout pregnancy and whilst breast feeding.
- Women with BMI of 30+ should be advised to take high dose folic acid (5mg daily) at least 1 month before and for the duration of the 1st trimester.

Venous Thromboembolism (VTE)

- All women should be screened using the UHP VTE scoring tool to determine their risk of developing a VTE. Clexane doses are weight dependent and will be commenced on the day assessment unit on Lancaster Suite. Monitoring of anti-Xa levels will be organised by the team if required.

Hypertensive Disorders

An appropriate size of cuff should be used for blood pressure measurements taken at the booking visit and all subsequent antenatal consultations. The cuff

size used should be documented in the medical records and correct cuff size must be available in all settings.

- BMI of 35 or more is a moderate risk factor for pre-eclampsia. In the presence of any other risk factors (see appendix 3), Aspirin 150mg once daily (preferably at night) should be advised from 12 weeks gestation to birth.
- More frequent antenatal appointments to screen for the development of pre-eclampsia and pregnancy induced hypertension should be considered.

Screening for Gestational Diabetes

- Women with a BMI of 30 or more should be advised to have a Glucose Tolerance Test at 26-28 weeks gestation or at 12-14 weeks if gestational diabetes was present in a previous pregnancy.
- Women who have had either a gastric bypass or a gastric sleeve should not have a glucose tolerance test due to the likelihood of unpleasant symptoms associated with 'glucose dumping'. Women should be offered self-blood glucose monitoring for one week instead.

Screening for Fetal Growth

- Women with a BMI of 35 should be advised to have additional growth scans at 28 and 34 weeks gestation.

Re-weighing

- All women should have an accurate weight recorded at 34 weeks gestation. Please note that BMI should **not** be recalculated.

Anaesthetic Review

- Women with a BMI of 40-44 with no other risk factors will be offered an anaesthetic information session as an opportunity to understand more about why and how anaesthetists may be involved in their intrapartum care.
- Women with a BMI of 40-44 who have other anaesthetic risk factors or women with a BMI of 45+ are referred to the obstetric anaesthetic clinic on the standard referral form.

Manual Handling and Tissue Viability Assessment

Women with a booking BMI >40 should have a documented risk assessment in the third trimester of pregnancy by an appropriately qualified professional to determine manual handling requirements for childbirth and consider tissue viability issues. Manual Handling Department (01752 (4)39054 or email: Plh-tr.Manual-Handling@nhs.net) to ensure that appropriate equipment is available on admission to hospital.

- Criteria for referral to Manual Handling Department:
  - Current weight ≥ 160kg
  - Difficulty mobilising unaided
  - Uncomfortable in a standard width chair

Choice of Birth Place

As with all women, choice of birth place should be discussed and an individualised plan made which considers the increased risk of intrapartum complications associated with obesity. It is advisable that women with a BMI of 35 or more should give birth in a consultant led unit.

3. Intrapartum

- All women with a booking BMI of 30 or above should be weighed on admission to Triage. Please note BMI should not be re-calculated.
- Women with a BMI of 35 or more should be advised not to have a water birth.
- Consider presentation USS on admission for labouring women and before IOL
- On call anaesthetist must be informed of all women with a BMI >40 is admitted to CDS (antenatal, intrapartum and postnatal admissions) to enable early review. This communication must be documented within the patient notes and recorded on the white board.
- All women with a BMI >40 must have a large bore (16 gauge) cannula sited early in labour together with a FBC and Group and Save sent to lab.
- Administer oral Ranitidine 150mg/6 hourly, in labour. Consumption of food should be avoided.
- All staff must follow the Trust Manual Handling policy
- All women with a BMI >30 should be recommended to have active management of the third stage of labour with IM syntometrine This should be documented in the notes.

4. Postnatal Care

- Follow the Obstetric Risk Assessment for venous thromboembolism (VTE).

Planning the next Pregnancy

Women with a booking BMI >30 should be supported to lose weight postnatally and health professionals have a responsibility to signpost women to weight loss services for additional support.

Preconception care, including entering pregnancy at a healthier weight will help to reduce the risk of poor outcome in subsequent pregnancies.

5. Record keeping

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.
All entries must have the date and time together with signature and printed name.

Appendix 1
Antenatal Care Pathway Checklist BMI ≥ 30

University Hospitals Plymouth NHS Trust

<table>
<tr><th>Gest</th><th colspan="2">Plan</th><th>Sign/date</th></tr>
<tr><td>By 12/40</td><td colspan="2">Booking Appointment
• RCOG patient information
• Healthy Eating Leaflet
• Anaesthetic referral BMI 40-44 with other comorbidities or BMI ≥45 *
• 5mg Folic Acid until 12/40
• 10mcg (400 iu) Vitamin D daily throughout pregnancy
• Check criteria for aspirin 150mg OD from 12/40 for the duration of the pregnancy and arrange prescription.
• Offer Dietician appointment Accepted/Declined
• Consider nulliparous pathway for more frequent BP and Urinalysis (eg. previous PET)</td><td></td></tr>
<tr><td></td><td>BMI 30-34</td><td>BMI ≥ 35</td><td></td></tr>
<tr><td></td><td>• Midwife Led Care if no other comorbiditi es</td><td>• Refer for Consultant Led Care
• If on prophylactic clexane, anti X A levels may be required (prescribing doctor to arrange with Day Assessment Ward)</td><td></td></tr>
<tr><td>16/40</td><td></td><td>Keeping Well In Pregnancy Clinic (Hospital ANC)
• Routine antenatal check
• Discuss antenatal, intrapartum and postnatal risks associated with raised BMI in pregnancy.
• Discuss healthy eating, safe exercise and weight gain in pregnancy</td><td></td></tr>
<tr><td>20/40</td><td>• Consultant clinic if indicated</td><td>• Consultant clinic if indicated</td><td></td></tr>
<tr><td>28/40</td><td>• GTT</td><td>• GTT
• USS growth, liquor and doppler</td><td></td></tr>
<tr><td>34/40</td><td>• Third trimester weight
• Discuss postnatal weight loss</td><td>• USS growth, liquor and doppler
• BMI ≥40 USS and Consultant appointment
• BMI 40-44 (no cormorbidities) Anaesthetic group talk
• Third trimester weight
• Discuss postnatal weight loss
• Refer to Manual Handling Team** if any of the following:
Current weight ≥160kg
Difficulty mobilizing unaided (ie requires crutches)
Uncomfortable in standard width chair</td><td></td></tr>
</table>

***Anaesthetic referrals**: BMI 40-44 with no co-morbidities will be invited to a group talk. This information session replaces a one to one anaesthetic outpatient clinic appointment.
****MH referrals**: Please contact the Manual Handling Team by telephone: 01752 (4)39054 or email: Plh-tr.Manual-Handling@nhs.net

Appendix 2

Table 1: Clinical risk assessment for preeclampsia as indications for aspirin in pregnancy

Risk level	Risk factors	Recommendation
High	• Hypertensive disease during a previous pregnancy • Chronic kidney disease • Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome • Type 1 or type 2 diabetes • Chronic hypertension • Placental histology confirming placental dysfunction in a previous pregnancy	Recommend low dosage aspirin if the woman has ≥1 of these high risk factors
Moderate	• First pregnancy • Are 40 years or older at booking • Pregnancy interval of more than 10 years • Body mass index (BMI) of 35kg/m² or more at first visit • Family history of preeclampsia in a first degree relative • Multiple pregnancy	Consider aspirin if the woman has two or more

Monitoring and Audit

Auditable standards:

Accurate BMI recorded in notes
BMI > 35 for CLC
BMI >30 Triage admission weight.
Suitability of available equipment in all care settings
Documentation of individual management plans in the health records of women requiring specialised equipment.
Aspiring appropriately given

Reports to:

Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Frequency of audit: Annual

Responsible person: Public Health Midwife

Cross references

Guidelines can now be found on the network share (drive) 'G:\DocumentLibrary\UHPT Clinical Guidelines\Maternity'.

Maternity Hand Held Notes, Hospital Records and Record Keeping

References

Royal College of Obstetricians and Gynaecologists (November 2018). RCOG Green –top Guideline 72: Care of Women with Obesity in Pregnancy. RCOG, London.

Saving Babies Lives Version Two. A care bundle for reducing perinatal mortality. March 2019, NHS England.

Author	Guideline Committee		
Work Address	Maternity Unit, Derriford Hospital, Plymouth, Devon, PL6 8DH		
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