

NHS Lanarkshire Care Pathway - Management of Pregnant Women with a Body Mass Index of $\geq 30\text{kg/m}^2$

	Pre Pregnancy if opportunity arises	Antenatal Booking Visit	Throughout Pregnancy	Third Trimester	Labour and delivery	Postnatal Period
Care for all women with BMI ≥ 30	<ul style="list-style-type: none"> Give risks of obesity information leaflet. Discuss risks of obesity. Provide information on healthy diet and exercise. Signpost to local leisure facilities and community leisure initiatives. Encourage and support weight loss. Recommend 5mg folic acid supplements for a minimum of one month prior to pregnancy. Recommend 10mcgs of Vitamin D supplements. 	<ul style="list-style-type: none"> Offer referral to Healthy Lifestyle in pregnancy service. Measure weight, height using appropriate equipment. Calculate BMI and record in electronic notes. Record BP using appropriate cuff size Give Pregnancy information leaflet for women with a BMI >30 Encourage to continue daily 5mg of folic acid until 12 weeks and provide Healthy Start Vitamins. Ensure Healthy Eating Checklist is completed and filed in purple booklet or scanned onto electronic notes. Discuss healthy eating checklist, diet and exercise. Signpost to local leisure facilities and community leisure initiatives. For more information refer to the 'Improving Maternal Health Resource pack' available on Firstport → Maternity. Encourage attendance to Infant feeding workshops. Give information on Active birth sessions. Arrange booking scan around 12 weeks and arrange fetal anomaly scan for around 20 week's gestation. Assess thromboembolism risk. Advise delivery within Consultant led unit. Refer to Anaesthetist if additional risk¹. 	<ul style="list-style-type: none"> Ongoing assessment of thromboembolism risk. Provide Thromboprophylaxis if indicated. -Arrange GTT for 28weeks Monitor BP with appropriate cuff size. Encourage healthy diet and exercise. Advise to continue Healthy Start Vitamins Routine weighing not advocated however individualised assessment and women's choice to be considered, re. Frequency of weighing. Promote the benefits of breastfeeding for both mum and baby. Promote Infant feeding workshops and uptake of Active birth sessions 	<ul style="list-style-type: none"> Measure weight with appropriate scales, -Re-calculate BMI at 38 weeks and record in the electronic notes. 	<ul style="list-style-type: none"> Active management of the third stage of labour. Provide oral or IV ranitidine 6 hourly throughout labour if weight $\geq 80\text{kg}$ at term. At caesarean section recommended to suture subcutaneous tissue space if more than 2cm of subcutaneous fat. Provide support for achievement of initiation and maintenance of breastfeeding. 	<ul style="list-style-type: none"> As early as practicable promote mobilisation. Re-assess thromboembolism risk and provide thromboprophylaxis for 10 days if one or more additional risk factor for thromboembolism. Provide T.E.D .anti embolism stockings if ≥ 2 additional risk factors for thromboembolism. Continue to provide support and encouragement of continuance of breastfeeding. Give information on healthy diet and appropriate safe exercise. Signpost to local leisure facilities and community leisure initiatives. Advise breastfeeding women to continue with Vitamin D 10mcg supplements whilst the baby is breastfeeding. Signpost to local weight management/support groups which promote healthy diet and exercise.
Additional care for women with BMI ≥ 35	→	<ul style="list-style-type: none"> Refer to consultant Obstetrician to discuss appropriate plan of care. Consider 75mg of Aspirin daily if additional moderate risk factors for pre-eclampsia². Arrange ultrasound scan at 36 weeks gestation. 		Ensure scan at 36weeks had been arranged	<ul style="list-style-type: none"> Advise delivery within a Consultant led unit. Inform Anaesthetist and Obstetrician when admitted in labour. Ensure all equipment used in labour and delivery is of a suitable weight capacity. 	
Additional care for women with BMI ≥ 40	→	<ul style="list-style-type: none"> Refer to Antenatal high risk Anaesthetic clinic if BMI ≥ 45. Consider 75mg of Asprin daily if additional moderate risk factors for pre-eclampsia. Give anaesthetic referral information leaflet. Refer to community Dietitian. 		Ensure scan at 36weeks has been arranged	<ul style="list-style-type: none"> On admission, inform Senior Obstetrician and Anaesthetist. Obtain early venous access. Early epidural in labour for pain relief as more likely to take longer to site. Recommend continuous fetal monitoring which may require application of FSE. 	<ul style="list-style-type: none"> Regardless of delivery type, provide postnatal thromboprophylaxis for 10 days. Provide T.E.D. anti embolism stockings. Consider Tissue viability issues such as wound care, dressings.

- 1. Additional Anaesthetic Risk:** Any previous anaesthetic problem, Previous problem with epidural for labour or epidural/spinal for operative delivery, Potential airway management problems, Possible or proven drug or latex allergies, Cardiac problems, Haematological problems, Respiratory disease causing impairment of daily activities, Back problems, Neurological disease, Muscular disease, Skin disorders, Porphyria, Sickle cell disease, Renal impairment, Hepatic impairment, Autoimmune disorders, Diabetes mellitus with secondary organ impairment, Anything else you think the Anaesthetists need to know about. **Refer to Wishaw General Hospital Women’s Services Directorate Guideline “Referral for Antenatal Anaesthetic Review” (2008)**
- 2. Risk factors for pre-eclampsia,** first pregnancy, maternal age ≥ 40 years, family history of pre-eclampsia, multiple pregnancy, ≥ 10 years since last baby, booking diastolic BP ≥ 80 mmHg, booking proteinuria $\geq 1+$ on more than one occasion or ≥ 0.3 g/24 hours and certain underlying medical conditions such as antiphospholipid antibodies or pre-existing hypertension, renal disease or diabetes. (CMACE/RCOG , 2010)

References

Centre for Maternal and Child Enquiries and the Royal College of Obstetricians and Gynaecologists, Joint Guideline Management of Women with Obesity in Pregnancy March 2010

CEMACH Saving Mothers Lives: reviewing maternal deaths to make motherhood safer. 2003-2005. Dec.2007.

NHS Quality Improvement Scotland, Scottish Intercollegiate Guidelines Network , Guideline 115 Management of Obesity February 2010

Wishaw General Hospital Women’s Services Directorate Guideline Referral for Antenatal Anaesthetic Review June 2008 (Updated 2011)

Wishaw General Hospital Women’s Services Directorate Guideline Anaesthetic Assessment of Women with High Body Mass Index “ High Body Mass Index in Pregnancy June 2008

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