

## Morbid obesity and Super obesity Care Pathway

### Key points

- Most pregnancies in women with raised body mass index (BMI) will result in a healthy baby. However, adverse pregnancy outcomes rise as BMI rises.
- Morbid obesity is  $>/=$ BMI 40
- Super obesity (BMI $>/=$  50) is associated with higher rates of pre-eclampsia and low birthweight babies, instrumental delivery, and caesarean delivery (approx. 50%)
- Women with a BMI of  $>/=$ 60 require specialist care in a tertiary unit.

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### Abbreviations

BMI	Body Mass Index
BP	Blood pressure
CGM	Capillary glucose monitoring
GDM	Gestational Diabetes Mellitus
GTT	Glucose tolerance test
LMWH	Low molecular weight heparin
MDT	Multidisciplinary team
RCOG	Royal College of Obstetricians and Gynaecologists
SGH	St George's Hospital
VTE	Venous thromboembolism / venous thromboembolic

## 1. INTRODUCTION

### Obstetric appt

If BMI  $\geq 60$  at 12+ weeks, refer to Maternal Medicine Team. Will need referral to St George's Hospital (SGH) Maternal Medicine Team.

If BMI  $\geq 40$  at 28 weeks, please re-calculate at 32 and 36 weeks. If BMI  $\geq 60$  at either of these appointments, please refer to SGH Maternal Medicine Service via maternal medicine administrator (using referapatient).

Conversation should be supportive and concentrate on their safety and receiving the correct care during their pregnancy and birth.

## 2. PATHWAY

At Booking	<ul style="list-style-type: none"> <li>Book for consultant-led care: appointment after 1st trimester scan</li> <li>Give or signpost Royal College of Obstetricians and Gynaecologists (RCOG) information leaflet</li> <li>Dietary advice – discuss habits/pitfalls</li> <li>Ensure correct blood pressure (BP) sized cuff used</li> <li>Advised to take increased folic acid dosage (5mg) and pregnancy multivitamin (request from GP)</li> <li>Advised to take 2000iu/50mcg Vitamin D throughout pregnancy and breastfeeding (available via GP/over the counter)</li> <li>Consider need for Aspirin 150mg once nightly from nuchal scan</li> <li>Calculate venous thromboembolic (VTE) risk and refer for low molecular weight heparin (LMWH) if additional risk factors to BMI <math>&gt;/=40</math></li> <li>If previous gestational diabetes (GDM), offer capillary glucose monitoring (CGM) or glucose tolerance test (GTT)</li> <li>For GTT at 26-28 weeks</li> </ul>
At Obstetric appointment (after nuchal before 20 weeks)	<ul style="list-style-type: none"> <li>Give or signpost RCOG information leaflet</li> <li>Dietary and exercise advice – consider dietitian referral if think beneficial</li> <li>Enquire about active eating disorders</li> <li>Discuss transfer of care if BMI <math>&gt;/=60</math> at delivery</li> <li>Review need for aspirin 150mg once nightly</li> <li>Serial scan pathway from 32 weeks</li> <li>Perform BP monitoring every 3 weeks between 24-32 weeks, every 2 weeks from 32 weeks until delivery</li> <li>Ensure VTE risk factors assessed, as to whether they need LMWH.</li> <li>High risk anaesthetic appointment if BMI <math>&gt;/= 40</math> and co-morbidities or if BMI <math>&gt;/= 50</math></li> <li>Refer to Maternal Medicine MDT if BMI <math>&gt;/= 40</math> and co-morbidities or if BMI <math>&gt;/= 50</math></li> <li>Overall obstetric management plan for intrapartum and postnatal care documented in notes by 36 weeks, even if delivery care planned elsewhere.</li> </ul>

At 28 weeks	<ul style="list-style-type: none"><li>• Re-assess need for LMWH, if not already administering</li><li>• Re-calculate BMI if <math>&gt;40 &lt; 60</math> to assess risk and to facilitate timely transfer of care to SGH</li><li>• Refer to high risk anaesthetics if BMI now <math>&gt;50</math>.</li><li>• Serial scan pathway to commence.</li><li>• For GTT</li></ul>
At 32 weeks	<ul style="list-style-type: none"><li>• Re-calculate BMI if <math>&gt;40 &lt; 60</math> to assess risk and to facilitate timely transfer of care to SGH</li><li>• Refer to high risk anaesthetics if BMI now <math>&gt;50</math>.</li><li>• Ensure Maternal Medicine MDT referral</li></ul>
At 36 weeks	<ul style="list-style-type: none"><li>• Re-calculate BMI if <math>&gt;40 &lt; 60</math> to assess risk and to facilitate timely transfer of care to SGH</li><li>• Refer to high risk anaesthetics if BMI now <math>&gt;50</math>.</li><li>• Ensure Maternal Medicine MDT plan in notes</li></ul>

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