

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 \geq BMI 40
- Super obesity (BMI \geq 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 \geq 60 require specialist care in a tertiary unit.

Version: 1.0

Guidelines Lead(s): Dr Alexandra Tillet (Consultant O&G FPH), Miss Lamia Zafrani (Consultant O&G WPH)

Contributors: Dr Sarah Armstrong (Consultant Anaesthetist FPH), Dr Liz Combeer (Consultant Anaesthetist FPH)

Lead Director: Miss Anne Deans, Chief of Service for Obstetrics and Gynaecology

Ratified at: Cross Site Obstetrics Clinical Governance meeting, 30 March 2024

Date Issued: 31 July 2024

Review Date: July 2027

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 ≥ 60 at 12+ weeks, refer to Maternal Medicine Team. Will need referral to St George's Hospital (SGH) Maternal Medicine Team.

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

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

References

1. National Institute of Health and Clinical Excellence. [NICE] (2010) *Weight management before, during and after pregnancy*. PH27. Available at: [Overview | Weight management before, during and after pregnancy | Guidance | NICE](#) (Accessed: 07 June 2024)
2. Royal College of Obstetricians & Gynaecologists (2015) Reducing Risk of Thrombosis and Embolism during Pregnancy and the Puerperium. Green-top Guideline No. 37a Available at: [Reducing the Risk of Thrombosis and Embolism during Pregnancy and the Puerperium \(Green-top Guideline No. 37a\) | RCOG](#) (Accessed; 07 June 2024)
3. American College of Obstetricians and Gynecologists (2013) 'ACOG Committee opinion no. 549: obesity in pregnancy' *Obstetrics and Gynaecology*, 121(1). Pp. 213-217. Available at: [Obstetrics & Gynecology \(lww.com\)](#) (Accessed: 07 June 2024)
4. Crane, J.M. G. et al. (2013) Maternal and perinatal outcomes of extreme obesity in pregnancy. *Journal of Obstetrics and Gynaecology Canada*, 35(7), pp. 606-611. Available at: [Page loading - ClinicalKey](#) (Accessed; 07 June 2024)
5. World Health Organization (2024) *Obesity and overweight*. Available from: [Obesity and overweight \(who.int\)](#) (Accessed: 07 June 2024)
6. Royal College of Obstetrics and Gynaecology (2018) Care of Women with Obesity in Pregnancy. Green-top Guideline NO. 72. Available at: [Care of Women with Obesity in Pregnancy \(Green-top Guideline No. 72\) | RCOG](#) (Accessed: 07 June 2024).
7. Knight, M. et al. (2023) *Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland*, Confidential Enquiries into Maternal Deaths and Morbidity 2019-21. Available at: [MBRRACE-UK Maternal Compiled Report 2023.pdf \(ox.ac.uk\)](#) (Access: 07 June 2024).
8. Hignett, S. et al. (2007) *Risk assessment and process planning for bariatric patient handling pathways* Available at: [Risk assessment and process planning for bariatric patient handling pathways \(hse.gov.uk\)](#) (Accessed at: 07 June 2024)
9. National Institute for Health and Clinical Excellence [NICE] (2015) *Obesity prevention*. NG43. Available at: [Overview | Obesity prevention | Guidance | NICE](#) (Accessed: 07 June 2024).
10. National Institute for Clinical Excellence [NICE] (2023). *Intrapartum Care*. NG235. Available at: [Overview | Intrapartum care | Guidance | NICE](#) (Accessed: 07 June 2024).
11. National Institute for Clinical Excellence [NICE] (2021) *Inducing Labour*. NG207. Available at: [Overview | Inducing labour | Guidance | NICE](#) (Accessed: 07 June 2024)
12. National Institute for Clinical Excellence [NICE] (2024) *Caesarean Birth*. NG192. Available at: [Overview | Caesarean birth | Guidance | NICE](#) (Accessed: 07 June 2024).