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AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes
Document for Public Display: No
Evidence reviewed by Library Services N/a

HOW THE NHS CONSTITUTION APPLIES TO THIS DOCUMENT

WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Principles	Tick those which apply	WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Pledges	Tick those which apply
1. The NHS provides a comprehensive service, available to all.	√	1. Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.	√
2. Access to NHS services is based on clinical need, not an individual's ability to pay.	√	2. Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.	√
3. The NHS aspires to the highest standards of excellence and professionalism.	√	3. Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.	√
4. The patient will be at the heart of everything the NHS does.	√	4. Provide support and opportunities for staff to maintain their health, wellbeing and safety.	√
5. The NHS works across organisational boundaries.	√	5. Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.	√
6. The NHS is committed to providing best value for taxpayers' money.	√	6. To have a process for staff to raise an internal grievance.	√
7. The NHS is accountable to the public, communities and patients that it serves.	√	7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	√

WHICH AIMS OF THE TRUST APPLY? Click here for Aims	Tick those which apply	WHICH AMBITIONS OF THE TRUST APPLY? Click here for Ambitions	Tick those which apply
1. To offer excellent health care and treatment to our local communities.	√	1. Consistently deliver excellent care.	√
2. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria.	√	2. Great place to work.	√
3. To drive innovation through world-class education, teaching and research.	√	3. Deliver value for money.	√
		4. Fit for the future.	√

Weight Management in Pregnancy

Background

Most women will have a straightforward pregnancy and birth and have healthy babies; however, being underweight or overweight increases the risk of complications to both mother and baby.

All women should have their height and weight measured, using calibrated equipment in the hospital antenatal clinic, and Body Mass Index (BMI) calculated at the beginning of pregnancy and this should be documented in the maternal records, recorded on MUMS and used when generating the customized growth chart. Women should not be repeatedly weighed during pregnancy. Weight should only be measured if clinical management can be influenced or if nutrition is a concern.

Achieving and maintaining a healthy weight

At the earliest opportunity, for example at the first face to face contact, eating habits and physical exercise should be discussed. Advise about the importance of healthy diet, lifestyle and target weight gain for the developing pregnancy.

Women should be advised that a healthy diet and being physically active will benefit both her and her unborn child and they are more likely to achieve and maintain a healthy weight before, during and after pregnancy if they:

- base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible
- eat fibre-rich foods such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, brown rice and pasta
- eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories
- eat a low-fat diet and avoid increasing their fat and/or calorie intake; eat as little as possible of fried food, drinks and confectionery high in added sugars (such as cakes, pastries and fizzy drinks) and other food high in fat and sugar (such as some takeaway and fast foods)
- eat breakfast
- control the portion size of meals and snacks, and how often they are eating
- make activities such as walking, cycling, swimming, aerobics and gardening part of everyday life and build activity into daily life – for example, by taking the stairs instead of the lift or taking a walk at lunchtime
- minimise sedentary activities, such as sitting for long periods watching television, at a computer or playing video games
- Walk, cycle or use another mode of transport involving physical activity.

Weight loss programmes are not recommended during pregnancy as they may harm the health of the unborn baby.

Women should be advised that moderate-intensity physical activity will not harm her or her unborn baby; at least 30 minutes per day of moderate intensity activity is recommended.

Advice about being physically active during pregnancy should include:

- recreational exercise such as swimming or brisk walking and strength conditioning exercise is safe and beneficial
- the aim of recreational exercise is to stay fit, rather than to reach peak fitness
- if women have not exercised routinely they should begin with no more than 15 minutes of continuous exercise, three times per week, increasing gradually to daily 30-minute sessions
- if women exercised regularly before pregnancy, they should be able to continue with no adverse effects.

BMI related antenatal and intrapartum care (in addition to routine care) ✓ = recommended for BMI range	<18	≥25 & <30	≥30 & <35	≥35 & <40	≥40
Advise high-dose folic acid (5 mg/day) for first trimester				✓	✓
Offer Healthy Start Vitamins for use throughout pregnancy.	✓		✓	✓	✓
Advise Vitamin D supplement in accordance with Vitamin D supplementation			✓	✓	✓
If > 1 additional risk factor for pre-eclampsia, offer 75mg Aspirin daily, ideally from 12 weeks until birth				✓	✓
Consider referral to dietician/nutritionist for dietary assessment & counselling	✓				
For residents of Preston, Chorley or South Ribble, offer referral to Central Lancashire '*Food for Thought*' 10-week weight management programme; team can be contacted on 01772 644158			✓	✓	✓
Midwife/obstetrician to explain, sensitively, health risks to mother and baby of increased BMI and discuss possible complications. Discussion can be supported by Pregnancy and raised body mass index (BMI) information leaflet and should be documented in the Pregnancy Notes			✓	✓	✓
In the absence of other risk factors, can have midwife-led care and deliver in midwife-led setting		✓	✓		
Refer for Consultant-led care and advise to give birth In Consultant unit; requests for midwife-led settings should be discussed with consultant obstetrician/consultant midwife and/or supervisor of midwives				✓	✓
Complete Raised BMI Multidisciplinary assessment; attach to Pregnancy Notes			✓	✓	✓
Not suitable for serial fundal height measurements; assess fetal growth in accordance with Small for Gestational Age – Screening guideline				✓	✓
ECG (if BMI <15)	✓				
Referral to Obstetric Anaesthetist; Obstetric anaesthetic intrapartum plan should be discussed and documented in maternal records	✓				✓
Advise and arrange Glucose Tolerance Test, in accordance with Screening for gestational diabetes			✓	✓	✓
3rd trimester - appropriately qualified professional to consider tissue viability issues (Tissue Viability team Ext 2655/bleep 3285)					✓
Around 36 weeks, reassess weight (calibrated equipment in hospital antenatal clinic); if >120kg, complete 'Raised BMI equipment requirement assessment'.			✓	✓	✓
Induction of labour should be for obstetric indications and not maternal obesity per se (risk of failed induction and emergency caesarean section)				✓	✓
Inform Obstetrician (bleep 4001) & Anaesthetist (bleep 4154) of admission in established labour				✓	✓
If Delivery Suite trainee Obstetrician not signed off as competent to perform caesarean section on women with BMI ≥ 40, Consultant Obstetrician to attend/be immediately available for care					✓
Anaesthetist, ST6, or above/equivalent experience in non-training grade/ signed as competent, to be available for care					✓
Establish venous access as early as practicable in labour					✓
Recommend active management of third stage of labour			✓	✓	✓

If 36 week weight >120kg - on admission to hospital:
Inform Tissue viability team (Ext 2655/Bleep 3285/Pager 07659518149)
If appropriate equipment e.g. bed/mattress /commode/bedside chair, not available, hire from Huntleigh; hoist & sling appropriate for woman's weight and body shape (Liko Viking) can be obtained from Portering Control or hired from ARJO: 01452 50 60 50.
If moving and handling is required, identify additional staffing requirements; refer to appropriate multidisciplinary team members. For further information, refer to Trust Moving and Handling Policy
Ensure theatre/radiology is informed in advance; moving and handling plan and prescribed heavy duty equipment must accompany the woman.

BMI	Classification	Comment	Weight gain during pregnancy	
			Kg	Pounds
<18.0	Underweight	**May reflect poor nutrition and inadequate nutrient stores.** **There is evidence to show that weight gain during pregnancy (in excess of 12kg) will increase likelihood of good pregnancy outcome.**	12.5 - 18	28 -40
≥18 and <25	Normal		11.5 - 16	25 -35
≥25 and <30	Overweight	At increased risk of health problems during pregnancy	7 -11.5	15 -25
≥30 and <40	Obese	Poses increased health risks to both mother and baby: • Miscarriage (1:4 chance) • Macrosomia (risk doubled to 14:100) • Stillbirth (risk doubled to 1:100) • Developing high blood pressure and pre-eclampsia • Gestational diabetes (3x more likely) • Thrombosis	6, or less	14, or less
≥40	Morbidly obese	Increased risk of complications during labour including: • Preterm labour • Longer labour • Shoulder dystocia • Emergency caesarean section • A more difficult caesarean section with higher risk of complications e.g. wound infection • Anaesthetic complications • Postpartum haemorrhage		

Women at risk of pre-eclampsia

Risk factors	Risk level	Reducing risk of pre-eclampsia	Antenatal consultations
• Hypertensive disease during a previous pregnancy • Chronic kidney disease • Autoimmune disease (e.g. SLE or antiphospholipid syndrome) • Type 1 or type 2 diabetes • Chronic hypertension	High	Advise aspirin 75 mg daily from 12 weeks until birth of the baby.	An individualised management plan should be documented in the maternal record.
• First pregnancy • Age 40 years or older • Pregnancy interval of more than 10 years • Booking BMI ≥ 35 • Family history of pre-eclampsia • Multiple pregnancy	Moderate	If more than one risk factor, advise aspirin 75 mg daily from 12 weeks until birth of the baby.	Consider risk factors with respect to the schedule of antenatal appointments

References:

- CMACE/RCOG Joint Guideline (2010) *Management of Women with Obesity in Pregnancy* London: RCOG
- ACOG (2013) *Committee Opinion (No 548): Weight gain during pregnancy*. Washington: ACOG
- CEMAH (2007) *Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer – 2003 – 2005. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom*. London: CEMACH
- NICE (2010) *Weight management before during and after pregnancy* London :NICE
- RCOG (2007) *Obesity and Reproductive Health - study group statement .London: RCOG*

Appendix 1

Lancashire Teaching Hospitals NHS Foundation Trust

Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Women's Health			
Lead Assessor	Emma Ashton / Sue Wylie			
What is being assessed?	Weight Management in Pregnancy			
Date of assessment	21/06/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☐	Staff Side Colleagues	☒
	Service Users	☒	Staff Inclusion Network/s	☒
	Personal Fair Diverse Champions	☐	Other (Inc. external orgs)	☐
	Pharmacy, Medicine, Anaesthetics, Scanning, NICE Guidelines and RCOG			

1) What is the impact on the following equality groups?			
Positive: ➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups		**Negative:** ➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	**Neutral:** ➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments:** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?	
Race (All ethnic groups)	Neutral		
Disability (Including physical and mental impairments)	Neutral		
Sex	Neutral		
Gender reassignment	Neutral		
Religion or Belief (includes non-belief)	Neutral		
Sexual orientation	Neutral		
Age	Neutral		
Marriage and Civil Partnership	Neutral		

Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights, social)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

ACTION PLAN SUMMARY

Action	Lead	Timescale