

FAMILY & WOMEN'S HEALTH GROUP**MANAGEMENT OF WOMEN WITH BMI OVER 30KG/M²**

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CHANGE RECORD			
Date	Author	Nature of Change	Reference
August 2011	Fiona Robinson	New guideline	V1
November 2011	Fiona Robinson	Update	V2
July 2012	Fiona Robinson	Update	V3

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1 INTRODUCTION

Obesity is defined by the World Health Organisation (WHO) (1998) and the National Institute of Health (1998) as a Body Mass Index (BMI) of $\geq 30\text{kg}/\text{m}^2$. There is substantial evidence that obesity in pregnancy contributes to increased morbidity and mortality for both mother and baby.

2 PURPOSE

The aim is to identify and reduce complications associated with obesity in pregnant women.

The objectives are to:

- Identify women with a raised BMI over $30\text{kg}/\text{m}^2$ for maternity team based care
- Highlighting women with a raised BMI over $40\text{ kg}/\text{m}^2$ who require an obstetric and Anaesthetic management plan
- Ensuring women with a BMI over $30\text{ kg}/\text{m}^2$ have documented antenatal consultation with appropriately trained professional
- Provide guidance to ensure available and suitable bariatric equipment

3 SCOPE

This guideline will apply to all Obstetricians and Midwives caring for women at Hull and East Yorkshire Hospitals NHS Trust

4 DUTIES

INDIVIDUALS

Consultant Obstetrician	Lead professional for all women with a BMI over 30
Consultant Anaesthetist	Antenatal Consultation and management plan for

	<i>women with BMI over 40</i>
<i>ODP</i>	<i>Support Anaesthetist</i>
<i>Medical Staff</i>	<i>To ensure compliance with guideline</i>
<i>Healthy Lifestyle Midwife</i>	<i>To review all women with BMI over 35</i>
<i>Midwives</i>	<i>To ensure compliance with guideline</i>
<i>Physiotherapist</i>	<i>Support with manual handling requirements and identified physiotherapy assessment</i>
<i>Labour Ward Practitioners</i>	<i>Support for all midwives and medical staff</i>

DEPARTMENTS

<i>Antenatal Department</i>	<i>To comply with BMI guideline</i>
<i>Labour Ward</i>	<i>To comply with BMI guideline</i>
<i>Postnatal Areas</i>	<i>To comply with BMI guideline</i>
<i>Anaesthetic Department</i>	<i>To comply with BMI guideline</i>
<i>Physiotherapy Department</i>	<i>To comply with BMI guideline</i>
<i>Health & Safety Department (Equipment Library)</i>	<i>To comply with BMI guideline</i>
<i>Theatres</i>	<i>To comply with BMI guideline</i>

COMMITTEES

<i>Labour Ward Forum (LWF)</i>	<i>Discuss themes or issues</i>
<i>Multi Disciplinary Team (MDT)</i>	<i>Full case review if appropriate</i>
<i>Obstetric & Gynaecology Governance Meeting</i>	<i>Themes, issues or reporting of incidents discussed following escalation from LWF or MDT</i>

5 CONTENT/PROCESS

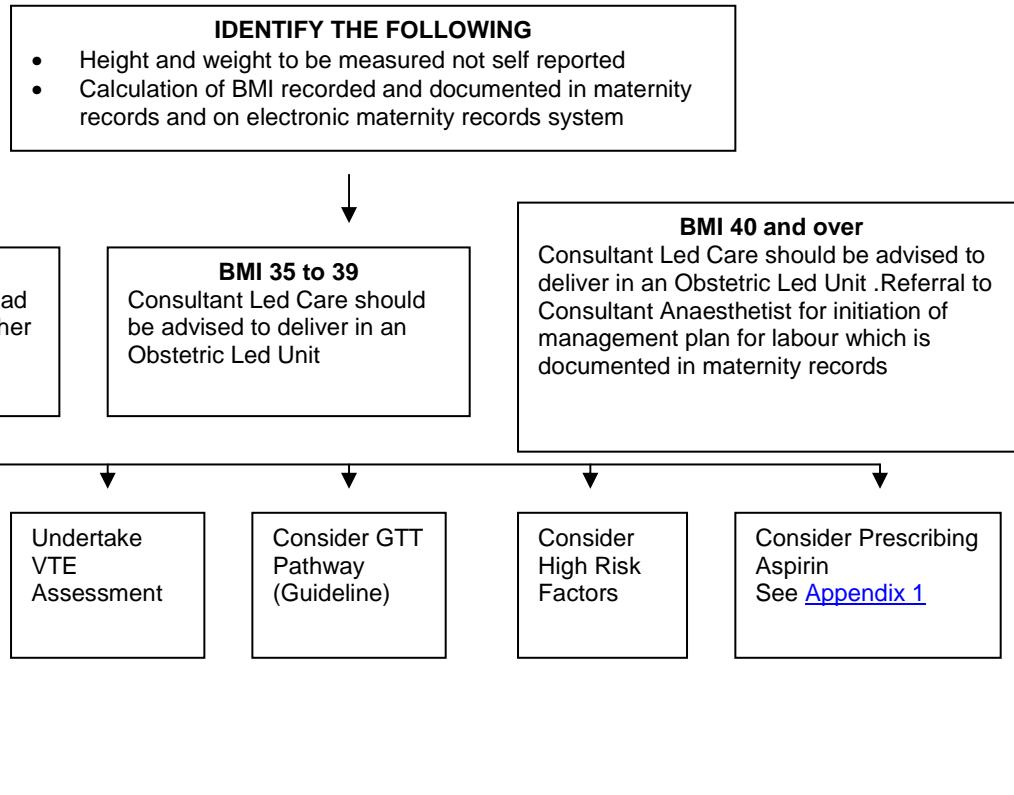
ANTENATAL CARE PATHWAY FOR WOMEN WITH BMI OVER 30kg/m²

Pregnancy Risks Associated with Obesity: The complications of obesity during pregnancy have implications for both mother and child. There is an increased risk of a range of antenatal, intrapartum, anaesthetic and postnatal complications, with the degree of risk being relative to the level of obesity.

Antenatal	Intrapartum	Postnatal
<ul style="list-style-type: none"> • Miscarriage • Gestational Diabetes • Abnormal fetal growth: macrosomia or intra uterine growth restriction • Hypertension and pre-eclampsia • Thromboembolism • Pelvic Girdle pain • Undiagnosed fetal anomaly 	<ul style="list-style-type: none"> • Failure to progress in labour • Shoulder dystocia • Difficulty in monitoring the fetal heart. • Technically difficult siting of epidural/spinal and resulting inadequate analgesia post insertion • Increased risk of PPH • Increased risk of Caesarean Section • Technically difficult Caesarean section with associated increased morbidity / mortality • Risk of failed intubation with general anaesthetic 	<ul style="list-style-type: none"> • Wound infection • Thromboembolism • Lower rates of breast feeding initiation

Heath and Safety of Staff Positioning and moving of the woman and the safe use of the appropriate equipment i.e. Operating tables, wheelchairs considered. See Appendix 2

BOOKING FOR WOMEN WITH BMI OVER 30kg/m²



Antenatal Care

Women will be offered routine antenatal care as per guideline www.nice.org.uk/guidance/CG62 with the following additions:

Appropriately Trained Professionals	BMI 30-40 kg/m ²
Midwives and medical staff who have received training on obesity issues	<ul style="list-style-type: none"> • Receive healthy lifestyle information • Weigh at 36 weeks gestation • Follow GTT pathway • Use large cuff to record BP.(record size of cuff used) • Assess and document skin integrity at 36-38 weeks • Ensure VTE assessment has been undertaken in line with Maternity VTE Guideline http://intranet/guidelines/guidelines/111.pdf • Ensure equipment appropriate in clinical areas (Appendix 2) • Documented assessment to identify possible intrapartum complications
Healthy Lifestyle Midwife	
Consultant Obstetrician	
Obstetric Physiotherapist	BMI > 40 kg/m² apply all above in addition:
Consultant Obstetric Anaesthetist	<ul style="list-style-type: none"> • A documented assessment will be evident from third trimester of pregnancy by a midwife, doctor or physiotherapist who have undertaken the Trust's Lifting and Handling training to determine manual handling requirements for childbirth. • A documented obstetric anaesthetic management plan for labour and delivery is discussed with the woman • Consider tissue viability issues as advised from Trust Tissue Viability service from http://intranet/tissueviability/tv_service.asp and documenting management plan in maternity records

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INTRAPARTUM CARE

Women will be offered routine Intrapartum care as per Trust guideline <http://intranet/guidelines/guidelines/236.pdf> with the following additions:

- Women with BMI **30kg/m²** and above to be admitted to Labour ward under Consultant Led Care
- Ensure BMI (from booking) and 36 week weight clearly documented on labour record
- Anaesthetist to be informed of admission if BMI over **40 kg/m²**
- BMI over **40 kg/m²** venous access required
- Complete Trust Risk Assessment for VTE to consider thromboprophylaxis
- Assess waterlow score
- BMI over **40 kg/m²** VTE trust guideline <http://intranet/guidelines/guidelines/111.pdf>
- Fetal scalp electrode should be used if unable to obtain satisfactory external CTG monitoring

POSTNATAL CARE

Women will be offered routine Postnatal Care as per Trust guideline <http://intranet/guidelines/guidelines/301.pdf> with the following additions:

- Ensure VTE assessment has been undertaken in line with Maternity VTE Guideline <http://intranet/guidelines/guidelines/111.pdf>

IF BMI OVER 40 kg/m² COMMENCE POSTNATAL THROMBOPROPHYLAXIS FOR 7 DAYS REGARDLESS OF MODE DELIVERY

6 PROCESS FOR MONITORING COMPLIANCE

Refer to Monitoring Template (Appendix 3)

7 REFERENCES

Midwives rules and standards Nursing and Midwifery Council NMC (2004)
 National Institute for Health and Clinical Excellence (NICE 2008) *Antenatal care – Routine care for the healthy pregnant woman* CG 62
www.nice.org.uk/guidance/CG62
 BJOG (2010) Saving Mothers Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008. *The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom*

National Institute for Health and Clinical Excellence (NICE) (2010) weight management before, during and after pregnancy: Dietary interventions and physical activity interventions for weight management before, during and after pregnancy. <http://www.nice.org.uk/nicemedia/live/13056/49926/49926.pdf>

CMACE/RCOG joint guideline (2010) for the Management of Women with Obesity in Pregnancy <http://www.rcog.org.uk/womens-health/clinical-guidance/management-women-obesity-pregnancy>

National Institute for Health and Clinical Excellence. (NICE 2010) *Hypertension in pregnancy. (CG107) The management of hypertensive disorders during pregnancy* <http://www.nice.org.uk/nicemedia/live/13098/50418/50418.pdf>

8 APPENDICES

DEFINITIONS

Classification	BMI (kg/m ²)	Risk of obstetric/anaesthetic complications
Normal range	18.5-24.9	No increased obstetric/anaesthetic risk
Overweight	25-29.9	No increased obstetric/anaesthetic risk
Obese I	30-34.9	Mildly increased obstetric/anaesthetic risk
Obese II	35-39.9	Moderately increased obstetric/anaesthetic risk
Obese III	≥40	Significantly increased obstetric/anaesthetic risk

- APPENDIX 1 – GP Letter
- APPENDIX 2 – Equipment List
- APPENDIX 3 – Monitoring Template

Appendix 1

Letter to GP for consideration of Aspirin

The National Institute for Health and Clinical Excellence (NICE) published clinical guideline No: 107 – ‘*Hypertension in Pregnancy: The management of hypertensive disorders during pregnancy*’ in August 2010. This guideline clearly recommends the use of low dose aspirin to reduce the risk of developing pre-eclampsia in high risk women.

Women are considered to be at high risk of developing pre-eclampsia, if they have

1. Any one of the following high risk factors:

- 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

And/ Or

2. More than one of the moderate risk factors:

- First pregnancy
- Age 40 years or over
- Pregnancy interval of more than 10 years
- Body mass index (BMI) of $35\text{kg}/\text{m}^2$ or more at first visit
- Family history of pre-eclampsia
- Multiple pregnancy

As the majority of these women seek your services early in their pregnancy for booking, it would be very helpful if you could identify any woman as high risk for developing pre-eclampsia (any one high risk factor or more than one of moderate risk factors mentioned above) and kindly initiate low dose aspirin therapy (**Aspirin 75 mg daily from 12 weeks of pregnancy until birth of the baby**) if they do not have any contraindications to the same.

Thank you for your assistance in this matter.

Appendix 2

Equipment available - Maternity Services for women with BMI over 30kg/m ²				
	Bed	Wheelchair	Commode	TED's
Labour Ward	Hillrom 200kg / 31 stone Huntley 180kg /28 stone PLEASE NOTE - THESE BEDS HAVE A TILT HAZARD. DO NOT LET WOMEN SIT ON THE EDGE/END OF THE BED.	190kg/29 stone NB TROLLEYS IN RECOVERY ONLY SUPPORT 180KGS USE HILLROM BEDS FOR RECOVERY	159kg/25 stone	XXX LGE Sequential compression boots as well as stockings available.
Obstetric Theatre	TABLE RED LINE bed weight capacity 365kg. ASK ODP TO ADD EXTENSIONS			
Maple Ward	Kingsfund 158 kg/ 25 stone	Bariatric wheelchair available	Bariatric commode available	XXX LGE
Rowan Ward	Huntley 180kg /28 stone	Bariatric wheelchair available from Maple Ward	Bariatric commode available from Maple Ward	XXX LGE
Antenatal Clinic and Antenatal Day Unit (W&Ch)(CHH)	Couches on ANC & ADU will accommodate 158 kg/25 stone Couches 180kg Huntleigh at CHH	Bariatric wheelchair available from Maple Ward		
Ward 34 (Gynae)	Hoist available Limit 200kg / 31 stone			

Equipment Library via manual handling see link http://intranet/manualhandling/.	Commode Stocks standard bed frame that will support more than 25 stone Toilet surround Zimmer frame Slide sheet If waterlow score is more than 25 Nimbus mattress to be used. Equipment can be hired via Safety dept.. http://intranet/manualhandling/ Risk assessment and Manual handling files in all clinical areas
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Appendix 3

(Monitoring Template)