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Title: Obesity - Management Of The Pregnant Women	Version Number: 2	Status: Ratified
Scope: Woman and Children's Division		Classification: Organisational
Author/Originator and title: Barbara Ellison – Maternity Manager Louise Dowell – Clinical Governance Lead		Responsibility: Woman and Children's Division
Replaces: Version 1 OBS/GYNAE/GUID/099 – Obesity – Management of the pregnant woman with a body mass index (BMI) of 30 or more	Description of amendments: Re-titled and amendments throughout	
Name Of: Divisional/Directorate/Working Group: Policy Group	Date of Meeting: 21/09/2010	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: Obstetrics & Gynaecology Directorate meeting	Validation Date: 29/07/2010	Which Principles of the NHS Constitution Apply? 1 - 4
Ratified by: Clinical Improvement Committee	Ratified Date: 07/10/2010	Issue Date: 07/10/2010
Review dates may alter if any significant changes are made		Review Date: 01/08/2013
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion or Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

1. PURPOSE

To ensure that all woman have a Body Mass Index (BMI) calculated and recorded, and that those woman with a BMI of greater than 30 receive optimal care throughout their birthing experience in all care settings.

2. SCOPE

All staff working within the Women and Children's Division, Blackpool Fylde and Wyre Hospitals NHS Foundation Trust.

3. PROCEDURE

3.1 CALCULATION AND RECORDING OF BMI FOR ALL WOMEN

The Midwife will ensure at booking that all women have a BMI calculated either electronically (Euroking) or by using a ready BMI calculator. This will be documented in the antenatal record.

3.2 AN AGREED BMI AT WHICH WOMAN SHOULD BE ADVISED TO BOOK FOR MATERNITY TEAM BASED CARE

All women with a BMI of greater than 30 will require additional care / information as outlined in appendix 1.

Women with a BMI above 35 will be referred to the Consultant Obstetrician for Maternity Team based care. See flow chart Appendix 1. All referrals must be documented in the antenatal record.

3.3 BMI AT WHICH WOMAN SHOULD BE ADVISED TO DELIVER IN HOSPITAL

All women with a BMI of greater than 35 should be advised to deliver in hospital.

Women with a BMI who request a home birth will be advised by the midwife that they should deliver in hospital and the associated risks discussed. The midwife will document in the antenatal record.

3.4 BMI AT WHICH WOMAN MUST BE OFFERED AN ANTEPARTUM ASSESSMENT WITH AN OBSTETRIC ANAESTHETIST

All women with a BMI of greater than 40 must be offered an antenatal assessment with the Obstetric Anaesthetist. This must be documented in the antenatal record.

3.5 THE REQUIREMENT TO ASSESS THE AVAILABILITY OF SUITABLE EQUIPMENT IN ALL CARE SETTINGS FOR WOMAN WITH A HIGH BMI

3.5.1 Hospital

The following equipment is available in the Maternity Unit (with recommended weight limits):

Delivery bed – 227kg

Theatre Table – 360kg

Hovermatt – no weight limit

Scales – 200kg

Large Blood pressure cuffs

Evolution 156 ward bed – 170kg
The availability of the above equipment will be audited annually by the Clinical Governance Lead.

The following equipment can be accessed via the 002 Bleep Holder:
Primo Dynamic mattress system – 150kg
Dou Dynamic mattress system – 170kg
Chairs

The following can be accessed from the Cardiac Unit:
Opera Hoist – 203kg
Maximove Hoist – 318kg

The Clinical Governance Lead will confirm availability by an annual audit. An action plan will be developed if areas of deficiency are identified.

3.5.2 Community

Weighing Scales and large blood pressure cuffs are available within the Community Settings. Equipment availability will be monitored by the Community Midwifery Lead by an annual audit.

3.6 THE REQUIREMENT TO DOCUMENT AN INDIVIDUAL MANAGEMENT PLAN IN THE HEALTH RECORDS OF WOMAN WHO REQUIRE SPECIALIST EQUIPMENT

The midwife, obstetrician and anaesthetist involved in the care of the woman who requires specialist equipment are responsible for documenting a plan of care in the antenatal record.

3.7 MONITORING COMPLIANCE

The process for monitoring compliance is identified in Appendix 3

4. ATTACHMENTS

Appendix 1 Antenatal Care Pathway for Pregnant Woman with a BMI greater than 30
Appendix 2 Process for monitoring compliance

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION

Electronic Database for Policies, Procedures, Protocols and Guidelines
Held By Policy Coordinator/Archivist office

6. LOCATIONS THIS DOCUMENT ISSUED TO

Copy No	Location	Date Issued
1	Intranet	07/10/2010
2	Wards and Departments	

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS

Unique Identifier	Title and web links from the document library
Corp/Pol/081	Safer Manual Handling of Obese/Morbidly Obese Patients http://bfwnet/departments/policies_procedures/documents/

	Policy/Corp_Pol_081.pdf
Corp/Pol/134	Safer Manual Handling http://bfnw.net/departments/policies_procedures/documents/Policy/Corp_Pol_134.pdf
Obs/Gynae/Guid/074	Anaesthetic Referral Process for Obstetric Patients http://bfnw.net/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_074.pdf

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS

References In Full
Food Standards Agency (FSA) (2002) 'Eating while you are pregnant' leaflet, London, FSA
Lewis G (ed) 2007. The Confidential Enquiry in Maternal and Child Health. ' <i>Saving Mothers Lives: reviewing maternal deaths to make motherhood safer-2003-2005</i> '. The seventh report on confidential enquiries into maternal deaths in the UK. CEMACH, London
NICE (2008) <i>Antenatal Care – routine care for the healthy pregnant woman</i> , London, NICE
Obesity Statistics UK (2005) <i>Statistics of obesity in the UK: trends in obesity and excess weight</i> , www.annecollins.com/obesity/uk-obesity-statistics
Thomas B (2001) <i>The pregnancy manual of dietetic practice</i>

9. CONSULTATION WITH STAFF AND PATIENTS

Name	Designation
Louise Dowell	Clinical Governance Lead
Janet Brewer	Manual Handling Coordinator

10. DEFINITIONS/GLOSSARY OF TERMS

NAME	DEFINITION

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL

Issued By	Barbara Ellison	Checked By	Nicola Parry
Job Title	Midwifery Manager	Job Title	Consultant Midwife
Signature		Signature	
Date	October 2010	Date	October 2010

Appendix 1 – Antenatal Care Pathway for Pregnant Woman with a BMI greater than 30

Antenatal Care Pathway for Pregnant Women with a Body Mass Index (BMI) of 30 or more

Much of the care given to pregnant women with raised BMI in pregnancy will follow the care pathway for healthy pregnant women developed in accordance with NICE guidance. This addition supplements the routine pathway and should be used in conjunction with it.

All Women – the midwife will:

- At booking, calculate and record BMI in antenatal record
- Discussion re healthy lifestyle (eating and exercise in pregnancy)
- Ensure all care is documented in the Health Record

For woman with a BMI 30-35, the Midwife will

- Give the anaesthetic BMI information leaflet
- Arrange GTT appointment at 28 weeks
- This is documented in the antenatal record

For woman with a BMI 35 – 40 the Midwife will

- Refer to a Consultant Obstetrician at approx 20 weeks gestation.
- Give the anaesthetic BMI information leaflet
- An Obstetric Anaesthetic review may be considered
- Women should be advised to take a pregnancy specific multi vitamin that contains a daily dose of 10 micrograms of Vitamin D.
- Arrange GTT appointment at 28 weeks
- Document the above in the antenatal record

For woman with a BMI > 40, the Midwife will

- Referral is made to a consultant obstetrician at Approx 20 weeks gestation
- All women with a BMI > 40 should be referred to an Obstetric Anaesthetist
- Give the anaesthetic BMI leaflet
- Refer to dietician
- Women should be advised to take a pregnancy specific multi vitamin that contains a daily dose of 10 micrograms of Vitamin D
- Arrange GTT appointment at 28 weeks
- Ultrasound at 36 weeks
- An individualised management plan will be recorded in the woman's notes

APPENDIX 2 – Process for Monitoring Compliance

Minimum requirement to be monitored		Process for monitoring e.g. audit	Responsible individual/group/committee	Frequency of monitoring	Responsible individual/group/committee for review of results	Responsible individual/group/committee for development of action plan	Responsible individual/group/committee for monitoring of action plan and implementation
a)	The calculation and recording of the BMI for all woman	Monitoring of 1% of health records of woman who have delivered	Maternity Manager In patients / Woman and Children's Governance Group	Annual	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group
b)	The agreed BMI at which woman should be advised to book for maternity team based care	Monitoring of 1% of health records of woman who have delivered	Maternity Manager In patients / Woman and Children's Governance Group	Annual	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group
c)	The agreed BMI at which woman must be advised to deliver in hospital	Monitoring of 1% of health records of woman who have delivered	Maternity Manager In patients / Woman and Children's Governance Group	Annual	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group
d)	The agreed BMI at which woman must be offered an antenatal assessment with an obstetric anaesthetist	Monitoring of 1% of health records of woman who have delivered	Maternity Manager In patients / Woman and Children's Governance Group	Annual	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group
e)	The requirement to assess the	Audit of equipment availability	Clinical Governance Lead	Annual	Maternity Manager In	Maternity Manager In	Maternity Manager In

	availability of suitable equipment in all care settings for woman with a high BMI				patients / Woman and Children's Governance Group	patients / Woman and Children's Governance Group	patients / Woman and Children's Governance Group
f)	The requirement to document an individualised management plan for those woman who require specialist equipment	Monitoring of 1% of health records of woman who have delivered	Maternity Manager In patients / Woman and Children's Governance Group	Annual	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group	Maternity Manager In patients / Woman and Children's Governance Group