

Antenatal care for all women with a raised BMI (≥ 30)

- Women should be booked early with a midwife so early referral is recommended.
- Offer the woman personalised advice on healthy eating and physical activity (NICE, 2010) highlighting that significant weight loss is not recommended during pregnancy.
- Recommend the use of 5milligram folic acid until 12 weeks gestation (Modder and Fitzsimons, 2010)
- Recommend the use of 10microgram Vitamin D supplementation daily throughout pregnancy and while breast-feeding (NICE 2014b).
- Unless contraindicated some women with raised BMI should be advised to take 150mg aspirin daily (see the section on aspirin criteria). This is to reduce the risk of pre-eclampsia.
- Advise the woman of how to access the on-line information leaflet entitled “*Raised BMI in Pregnancy*” on the Saint Mary’s page “Patient Information Leaflets and Resources” and give the woman the opportunity to discuss the information.
- All women will be advised by their midwife or obstetrician about the increased risk of antenatal and intrapartum complications. These include:

Complications for the mother

- Raised blood pressure
- Miscarriage
- Diabetes in pregnancy
- Difficulty delivering both vaginally and by caesarean section
- Difficulty monitoring the baby in labour
- Postpartum haemorrhage
- Venous thromboembolism (blood clots in legs and lungs)

Complications for the baby

- Birth defects
- Stillbirth and neonatal death
- Prematurity
- Macrosomia – a newborn significantly larger than average
- Shoulder dystocia
- Admission to the neonatal unit

Please note that these risks will not apply in a uniform manner to all women with a BMI >30

- All women with a raised BMI are offered an oral glucose tolerance test (OGTT) at 26 weeks which will be arranged by her midwife.
- At Saint Mary's hospital women with a BMI ≥ 40 will be seen as soon as possible in their pregnancy by a doctor and specialist midwife in the **raised BMI clinic**. At the raised BMI clinic:
 - Women are encouraged to see a dietician as early as possible in their pregnancy. At Saint Mary's there is a hospital based dietician available for women with a BMI ≥ 40 . Otherwise women are encouraged to discuss a referral to the community dietician with their General Practitioner (GP).
 - Women with BMI >50 will be offered an oral glucose tolerance test at 16 as well as 26 weeks.
 - Venous thromboembolism (VTE) prophylaxis will be discussed with the woman in accordance with their risk factors. All women are assessed in accordance with their risk factors. Some will be advised to start low molecular weight heparin during pregnancy and others just in the postpartum period. See the section on Thromboprophylaxis in Pregnancy.
 - Women with a BMI ≥ 40 will be given additional scheduled growth scans. Normally this would be at 32 and 36 weeks if there are no other risk factors for small for gestation age (SGA).
 - Women with a BMI ≥ 40 should be seen in the third trimester in order to discuss induction of labour (IOL) and a personalised plan of care regarding mode of delivery will be made. BMI ≥ 50 alone is not used as an indication to offer elective Caesarean section (NICE, 2011).