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Background Information

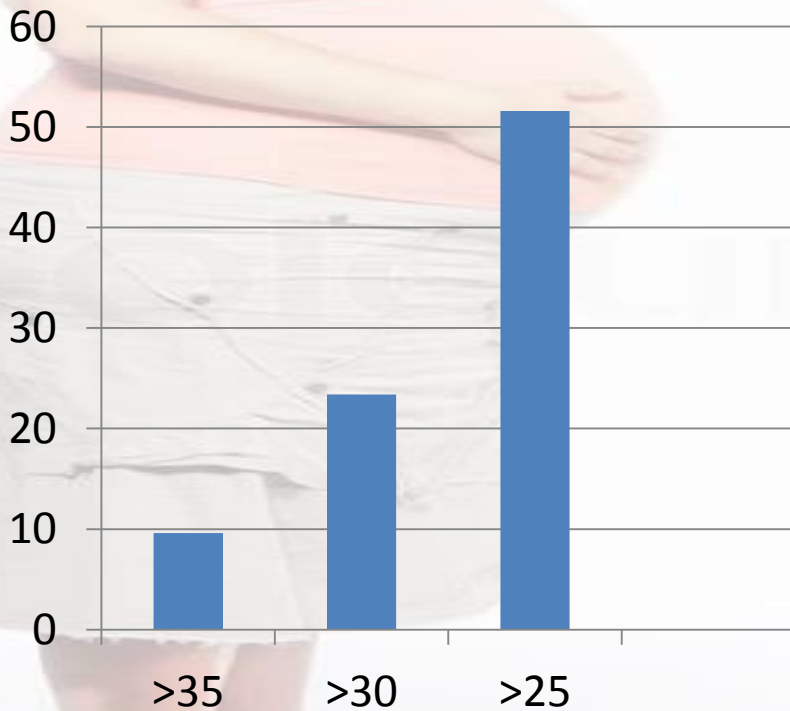
A woman with dark hair, wearing a white, sleeveless, form-fitting dress, is standing on a white scale. She is looking down at her reflection in a mirror. The background is a plain, light color.

- **BHF – Increase in heart disease, stroke, diabetes. Associated with rising obesity rate.**
- **2016 - 26.6% of women age over 16 obese.**
- **2018 - 52.7% of pregnant women overweight or obese (WHO)**
- **The latest MBACE report (2016), 33% women who died were obese.**
- **Obesity is one of the most common health risks in pregnancy due to the increased risk of morbidity and mortality.**

- Baker, C 2018.
- Denison et al . 2019
- BHF – 2019.
- RCOG 2018

UHS Data 2018

% of bookings



BMI	% of bookings	
>35	9.6	(2015 -8%)
>30	23.4%	(2015 -13.8%)
>25	51.6%	(2015- 49%)

Weight Gain in Pregnancy

Pre Pregnancy BMI	BMI	Total Weight Gain
Underweight	<18.5	12.5 – 18
Normal Weight	18.5 – 24.9	11.5 – 16
Overweight	25 – 29.9	7 – 11.5
Obese	>30	5-9

Maternal Complications

Miscarriage
Pre term labour

Gestational diabetes
PET
Hypertension
Thromboembolism
UTI/incontinence

Induction of labour
Prolonged labour
Decreased mobility
Increased pain relief
Difficulty siting regional anaesthesia

Increased risk of infection/slower healing
Breast feeding problems
Reduced BF rates

Birth trauma
Shoulder dystocia
Increased risk of intervention/LSCS
PPH

Neonatal Complications

Increased neural tube defects
Difficulty U/S imaging
Risk of Still birth doubled

Lower Apgars
Admission to NNU
Hypoglycaemia
(Childhood obesity)

Birth trauma
Shoulder dystocia
Birthweight >90th
Centile



No17 ANTE NATAL CLINIC BOOKING FOR WOMEN WITH RAISED BMI

Measure weight, height and BMI for ALL women at booking

For all women use appropriate sized cuff for BP measurement and re-weigh in third trimester

For women with BMI > 30 at booking:

- Advise multivitamins that include 10mcg Vitamin D, prescribe 5mg Folic Acid
- Be aware fetal assessment of growth, liquor volume and presentation via abdominal palpation less accurate than in those with a lower BMI. If any concerns consider referral for scan
- Explain the risks of raised BMI for antenatal, intrapartum and postnatal care and document discussion.
- Create individualised birth plan to include appropriate place of birth and consider manual handling needs

BMI 30 -34.9

- Arrange GTT at 24-28 weeks
- Risk assess for Thromboprophylaxis
- Risk assess for Aspirin
- If no other risks can continue community care (midwifery led care)

BMI 35- 39.9

- Arrange GTT at 24-28 weeks
- Risk assess for Thromboprophylaxis and Aspirin
- **ALSO INCLUDE**
- Consider place of birth dependent on parity and presence of other risk factors
- Serial scans as per trust policy
- Signpost to weight management services (if not already accessed) and/or discuss benefits of weight loss/ minimal weight gain and exercise

BMI ≥ 40

- Arrange GTT at 24-28 weeks
- Risk assess for Thromboprophylaxis and Aspirin
- **ALSO INCLUDE**
- Birth on obstetric unit
- Refer to anaesthetic team antenatally and inform of admission when on labour ward
- Consider equipment required
- Consider consultant review



Key points

Calculate BMI at booking

No evidence to support recalculating BMI in third trimester

Place of birth

Primips-

BMI <35 MLU

>35 Labour ward

Multips-

BMI <40. Previous uncomplicated delivery – MLU.

BMI 40 – Labour ward

Weight gain

Discussing BMI at booking

Calculated BMI

“what do you know about having a raised BMI in pregnancy?”

Offer information

Support available

Websites & Resources



Healthier Together

Improving the health of children and young people
in Dorset, Hampshire and the Isle of Wight

**baby
buddy**

start 4 life



Referral Pathway Hampshire

- From the 1st of August
- **Women will be supported over a 30 week period. During these weeks you will receive:**
- Bi-monthly, themed, dietitian-hosted live webinars where questions are answered and peer support is encouraged
- A monthly newsletter where webinar content is summarised and recipes are given
- Optional access to a 30 minute 1:1 session with a registered dietitian to answer any personal questions you have about weight management and pregnancy (via your preference of phone or app for video calling)
- **The emphasis is on healthy balanced eating and enjoyment that provides all the nutrients needed for mother and baby's health. Webinar Topics include:**
- Mindful eating during pregnancy
- Healthy snacking ideas,
- Mental health in pregnancy
- Eatwell guide in pregnancy & more
- **Resources available on the app include a photo food diary, goal tracker, an activity log that can sync to select activity trackers, and a message function.**
- www.weightwatchers.com/uk/hampshire



A pregnant woman with dark hair, wearing a light-colored, sleeveless top and shorts, is standing on a white scale. She is looking down at her belly with a concerned expression. The background is plain white.

Take away messages

- **We all need to be concerned about the rate of obesity.**
- **What you eat in pregnancy can reduce your child's risk of diabetes & heart disease**
- **Be sensitive- explore woman's own knowledge and motivation to change.**
- **Regardless of BMI, all women have the capacity to make their pregnancy healthier & should be empowered to do so.**



**Any
Questions**

