Guideline on Management of obesity in pregnancy: Summary for GP Shared Care

Provided for women birthing at St George (SGH) and Sutherland (TSH) Hospitals

At booking:

- Calculation of the BMI is done using the pre-pregnant or actual weight
- Measure upper arm circumference to ascertain the BP cuff size and record on booking notes
- From calculated BMI, target weight gain should be identified and discussed with the woman at this visit. The yellow 'Antenatal Record' card has a guide for the target weight gain and can be used as a reminder at the following antenatal visits.

Pre-pregnancy BMI (kg/m2)	Rate of gain 2nd and 3rd Trimester (kg per week)*	Recommended total gain range (kg)
Less than 18.5	0.45	12.5-18
18.5-24.9	0.45	11.5-16
25-29.9	0.28	7-11.5
Greater than or equal to 30.0	0.22	5-9

- Discuss issues relating to the effect of obesity on pregnancy and birth with tact and respect. These include medical and anaesthetic complications such as:
  - hypertension
  - gestational diabetes
  - intrauterine growth restriction or large for gestational age (SGA/LGA)
  - stillbirth
  - thromboembolism
- Provide written information: *Weight management during pregnancy* to all women with BMI>30kg/m^2
- Discuss the importance of healthy eating and appropriate exercise during pregnancy in order to prevent excessive weight gain and reduce the risk of gestational diabetes
- Women who have had previous bariatric surgery are not suitable for the 75gGTT. These women must have HbA1c and fasting BSL early in pregnancy and at 28wks.
- Check the woman's weight at every visit
- Offer dietitian referral if not linked to Get Healthy in Pregnancy

Refer to *Get Healthy in Pregnancy* for 10 free, confidential telephone counselling sessions. Phone: 1300 806 258 or complete the online referral found in the CESPHN website under Resources for GP's; Get Healthy in Pregnancy

The *Get Health in Pregnancy* health coach can help your patient with:

- Healthy eating
- Getting active and staying active
- Healthy weight gain during pregnancy
- Assisting after birth to get back to best health
- Ceasing alcohol consumption during pregnancy and while breastfeeding

Location of birth:

- Women with a BMI <40 may book and birth at SGH or TSH
- Women with a BMI ≥ 35 at TSH who gain more than 9kg in weight need to be transferred to SGH during pregnancy
- Women with BMI > 35 are not suitable for ANSC
- Women with BMI ≥ 40 should have all antenatal care and birth at SGH.

For all women with booking BMI > 30kg/m^2:

- Women with a BMI ≥30 should have an early 75gGTT. If abnormal, fax a referral to Diabetes Education (DEC) at St George Hospital 9113 2690. Include a referral letter and copy of the GTT result. The woman will be contacted directly by DEC.
- Advise 5mg/day folate 1 month prior to conception and 12 weeks into the pregnancy
- Referral to the lactation consultant will occur at the hospital appointment and encourage attendance at free antenatal feeding classes at the hospitals
- Be aware of the risk of VTE and discuss with woman

In addition to above, women with booking BMI > 35kg/m^2:

- Women with BMI > 35 are not suitable for ANSC
- Women may attend care with the midwife at the hospital with a medical review at 20-24 weeks gestation and again at 34-36 weeks gestation
- A bariatric management plan is made and discussed with the woman
- Antenatal checks are fortnightly from 28 weeks, and weekly from 36 weeks
- A 3rd trimester ultrasound for fetal growth is arranged at 34-36 weeks gestation
- A referral for an anaesthetic consult at the Pre-admission clinic (PAC) is arranged at 32-34 weeks gestation

In addition to above, women with a booking BMI > 40:

- Birth should be at SGH
- Offer induction of labour at 40 weeks (unless there is an indication for earlier birth), or the woman is to present to Birth Unit for 2nd daily CTGs after 40 weeks if induction declined in consultation with the consultant

In addition to above, for women with booking BMI > 45kg/m^2:

- Plan antenatal care at SGH
- The woman is reviewed in the High Risk clinic (RAP) at least once per trimester
- Use of antenatal Enoxaparin (0.5mg/kg/day) is considered in the 3rd trimester
- Early anaesthetic review is arranged in PAC
- Careful consideration of co-morbidities is required (e.g., hypertension, ischaemic heart disease)
- The Birth Unit and Postnatal Midwifery Managers are notified by 32 weeks gestation of her Bariatric management plan and arrangements made for suitable bed and equipment required

Postnatal care:

- Ensure all women ≥ 30kg/m^2 wear anti-embolic stockings if possible
- Women with BMI 30-40kg/m^2 require prophylactic Enoxaparin 0.5mg/kg/day postpartum whilst in hospital following caesarean birth
- Women with BMI ≥ 40kg/m^2 should receive Enoxaparin 0.5mg/kg/day until discharge regardless of the mode of birth, and have calf compressors until mobile
- Women with BMI ≥ 45kg/m^2 should remain on Enoxaparin 0.5mg/kg/day until 6 weeks postpartum
- The woman should have seen the Lactation Consultant prior to discharge
- Physiotherapy for post caesarean woman who had a general anaesthetic and are non ambulant
- Advise all women on weight loss measures prior to next pregnancy to reduce obstetric risk