SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

STANDARD OPERATING PROCEDURE- GUIDELINE

CLASS 3 OBESITY AND PREGNANCY

SCOPE/APPLICABILITY:

All women during pregnancy should be screened for obesity/overweight, provided counseling to gain a healthy weight, and if obese, have care that is specific to the risks incurred by the degree of obesity.

PURPOSE:

The purpose of this document is to identify patients at increased risks of complications during pregnancy, and postpartum period due to obesity class 3, and add precautions to be taken in this particular group. This population is one that is being seen in our institution at a higher rate due to the referral from other birthing facilities and hospitals and their limitations in their capability to manage these patients their complications adequately.

Literature has shown that patient with class 3 obesity have more risks of multiple complications in pregnancy, intrapartum and post-partum period compared with normal weight patient and even when compared to obese patients with lower BMI's.

DEFINITIONS:

Class 3 obesity refers to patients with a BMI greater than 40.

PROCEDURE:

Pre-conception evaluation recommendations:

- Counseling about diet and weight loss
- Recommendation of exercise
    - At least 30 minutes of exercise several times a week (look up recommendations)
- Nutrition counseling referral
- Diabetes screening before conception
- Counseling about the increased risks of obesity class 3 in pregnancy
- Evaluation to assess if patient is candidate for bariatric surgery
- Behavioral health screening
    - Look for which tools to use according to lit search

Prenatal recommendations:

- MFM consultation
- Consider early ultrasound for dating and pregnancy confirmation
- First trimester U/S 11-14 week by skilled person
- Early diabetes screening, with repeat at 24 weeks if WNL
    - 1hr GTT in the first trimester
    - Hgb A1C is not considered screening for gestational diabetes
- Detailed anatomy ultrasound at 20-22 weeks and follow up growth q 4weeks

    - Most of these patients will need multiple ultrasounds to complete anatomy
    - The sensitivity for fetal anomalies is lower due to inadequate views
- Fetal Echo at 24 weeks
- Baseline pre-eclampsia labs (renal function, creatinine, LFTs)
- Low dose aspirin (81mg) daily starting at 12 weeks
- Counseling about weight gain during pregnancy
    - We do not have clear guidelines for Obesity class 3
    - ACOG recommends 0.5 lb/week in the late second and third trimester for obese in general
    - Lower weight gain and even weight loss in pregnancy has shown to decrease risks in this population
    - Nutritionist consult
- Anesthesia consultation
- No valid evidence for routine fetal surveillance in the absence of other risks factors

Intrapartum recommendations:

- No clear evidence for routine induction of labor solely for class 3 obesity
- Higher morbidity with TOLAC compared to repeat cesarean in this specific population
    - Consider repeat cesarean section in this population
    - Counseling about increased risks is important in this population
- Alert team of increased risk of shoulder dystocia, and postpartum hemorrhage
- Anesthesia evaluation before admission, or early in admission
- Pneumatic compression stockings during labor
- Continuous fetal and uterine monitoring in labor
- Avoid use of wound vacs or drains, they have not shown a decrease in wound complications in this population

Post-partum recommendations:

- Low-molecular weight heparin for thromboprophylaxis for 5-6 days postpartum
    - Weight based prophylaxis is better option
- Breast feeding encouraged due to higher risks of difficulties
    - Lactation counseling
    - Consider lactation consulting
- Incentive spirometry
- Early ambulation
- Avoid early hospital discharge

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APPROVALS:

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