

## Care of the woman with a BMI >40 (Obese III)

BMI ≥ 40 (Obese III)

Remember that risks associated with obesity are relative to the **booking BMI** 

Consider service capability and the woman's individual needs

#### **Risk Assessment**

- Assess for cardiac risk factors and sleep apnoea (STOP tool)
- Assess for other comorbidities. E.g. hypertension, advanced maternal age, endocrine or thyroid disease, renal disease, mental health disorder, history of bariatric surgery
- Refer to specialists and allied health clinicians as indicated

# If the woman has a history of bariatric surgery:

nutritional supplements:
B12, folate & iron

#### **Antenatal Care**

- 14-16/40 OGTT (repeat at 26/28 weeks if negative)
- Offer Lactation Consultant referral
- Refer all women for anaesthetic review
- BMI ≥40 and <50 Discuss risks/benefits of IOL at 39/40
- Plan for delivery prior to 41/40
- BMI ≥50 IOL at 38-39/40

### Intrapartum Care

- Notify anaesthetics & theatre of admission for labour or IOL
- Ensure appropriate equipment is accessible
- Ensure IV access 2 x 16g cannula

• High dose folic acid – 5mg daily

• First trimester – Dating US

• 20-23/40 - Anomaly US

• 28, 32, 36/40 - Growth US

(document BMI on referrals)

- Continuous electronic fetal monitoring FSE may be required
- Prepare for potential shoulder dystocia
- Active management of 3rd stage
- Caesarean = prophylactic antibiotics

#### **Postpartum Care**

- Consider thromboprophylaxis dose appropriate for weight
- Consider compression stockings
- If woman has had sedatives/narcotics, keep bedhead at 45 degree angle until alert
- Early mobilisation
- Physiotherapy

- Increased surveillance for infection
- VTE risk assessment for women using hormonal contraception
- GDM refer for OGTT 6 weeks postpartum
- Discuss SIDS
- Avoid co-sleeping and bed-sharing

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