

Obesity in pregnancy - Are we complying with the CMACE/ RCOG guidelines?

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Objective

The prevalence of maternal obesity has increased in the early 2000s; it is one of the most common risk factors for maternal and fetal morbidity and mortality. About 50% of women who died were obese as reported by the last two 'Saving Mothers' Lives Reports' in 2007¹ and 2011². There is a high obesity population in our local area of 27%. RCOG and CMACE guidelines recommend that all obese women of child bearing age should be counselled pre-pregnancy and supported throughout their pregnancy to improve maternal and fetal outcomes³. We assessed what information our women received pre-pregnancy and if we were following the guidelines for care we provided antenatally, during labour and delivery and postnatally.

Methods

A leaflet was produced to educate women of the risks of obesity during pregnancy and how they can be minimised. The leaflet was distributed to 50 women attending antenatal clinic. We assessed their insights into the risks of obesity in pregnancy and the importance of lifestyle changes, their motivation for change, their understanding of the leaflet and whether this information was provided pre-pregnancy. We also looked through maternity notes of women with a BMI of >30 to see if we were complying with the CMACE/RCOG recommendations.

Results

Although 90% of women were aware that weight control during pregnancy was important, only 60% knew what BMI meant, with fewer knowing their BMI. Less than a quarter of our women were given information pre-pregnancy on the risks of having a BMI greater than 30. Women felt that the leaflet improved their motivation for healthy lifestyle changes and that they would have benefited from this leaflet in their local community prior to getting pregnant so that they could have acted upon its recommendations. As for fulfilling the guidelines during their pregnancy, the majority of women were assessed for obesity relevant risk factors, their BP was measured appropriately. Most received information about potential intrapartum complications, but infant feeding options were poorly discussed antenatally. As for the labour and delivery, assessment of tissue viability was rarely carried out, but venous access and antibiotics were provided appropriately in most cases. Postnatally LMWH was offered in majority of cases but there was little evidence in the notes about advice / support for breast feeding.

Conclusion

A simple educational leaflet is a cost-effective strategy for improving pre-pregnancy awareness of the complications and the necessary lifestyle changes required for women with a high BMI. A departmental proforma with clear guidelines as well as staff education will facilitate the fulfilment of CMACE/ RCOG guidelines.