

Antenatal Management of Obesity

Purpose: To assist OB providers managing women who are obese with respect to antenatal surveillance, management, timing of delivery and postpartum management.

Definition: Class I obesity BMI \geq 30-34.9 kg/m², Class II obesity BMI \geq 35-39.9 kg/m², Class III obesity BMI \geq 40 kg/m². NB: all BMI calculations are pre-pregnancy.

Recommendations:

Recommendation	Class I	Class II	Class III	BMI $>$ 60
ASA 162mg	X	X	X	X
Early ultrasound for accurate dating	X	X	X	X
Consider nutrition consult	X	X	X	X
Early screening for GDM, baseline preeclampsia labs and HgbA1c should be done at first prenatal visit	X	X	X	X
Maternal Echocardiogram	X (with risk factors: cHTN/GDM)	X (with risk factors: cHTN/GDM)	X (with risk factors: cHTN/GDM)	X
Consider early anatomy survey at 18 weeks with MFM; otherwise, initial anatomy can be done at 20 weeks in your facility. msAFP can be used as an adjunct to screen for NTDs especially if ultrasound visualization is poor.	X	X	X	X
Pediatric Cardiology/MFM fetal echocardiography should be considered if detailed anatomy scan <i>cannot</i> adequately visualize: 4CH, RVOT/LVOT, 3VV and tracheal view.	X	X	X	X
Consider sleep apnea screening (STOPBANG questionnaire: https://www.mdcalc.com/stop-bang-score-obstructive-sleep-apnea)	X	X	X	X
Fetal growth assessment at 30 and 36 weeks	X	X	X	X

CHMG Maternal Fetal Medicine has developed these guidelines as a reference tool to assist referring physicians. Obstetric medical needs are complex and these guidelines may not apply in every case. Treating clinicians should exercise their own professional medical judgment with regard to the appropriate treatment and management of their patients. Treating clinicians are solely responsible for confirming the accuracy, timelines, completeness, appropriateness and helpfulness of this material in making all medical, diagnostic, or prescription decisions.

Start once weekly NSTs once a week at 36 weeks.			X	X
Anesthesia consult				X
Perioperative Antibiotics: Azithro + Ancef (3g if >120kg)	X	X	X	X
Delivery timing	40w (39w with risk factors: LGA,GDM,poly)	40w (39w with risk factors: LGA,GDM,poly)	39-40w	39-40w
Consider wound vac placement postop			X (with risk factors such as DM/chorio)	X
Postop prophylactic Lovenox while inpatient	X (with risk factors)	X (with risk factors)	X	X

References:

American College of Obstetricians and Gynecologists. Practice Advisory on low-dose aspirin and prevention of preeclampsia: Updated recommendations. <http://www.acog.org>.

Wax et al. Consensus report on the detailed fetal anatomic ultrasound examination: indications, components and qualifications. J Ultrasound Med 2014;33:189-95.

Donofrio et al. Diagnosis and treatment of fetal cardiac disease: a scientific statement from the American Heart Association. Circulation 2014;129:2183.

Schuster M et al. The effect of the MFM obesity protocol on cesarean delivery rates. Am J Obstet Gynecol 2016;215:492e1-6.

