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Audit of adherence to Antenatal, Intrapartum & Postnatal Care Standards in Women with Raised BMI in a District General Hospital in the UK

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1. BACKGROUND

- 26.2% of pregnant women are obese in UK. (2023/24).
- BMI ≥ 35 kg/m² in pregnancy is associated with higher risk of Gestational Diabetes (x3.5-8), Hypertensive Disorders e.g. Pre-eclampsia (x2) and Venous Thromboembolism.
 - Fetal risks include: Intrauterine death (x2); Large-for-Gestational-Age or Macrosomia without confirmed GDM (x2); Fetal abnormalities (x3).
 - Intrapartum complications include: Induction of Labor (33% vs 20% with normal BMI); Caesarean Birth up to 46% (BMI ≥ 50); Postpartum Haemorrhage ≥ 500 ml in 38% which is 4x greater than the general population rate.
 - 27% of all UK maternal deaths occur in obese women
 - 10% of babies born to mothers with BMI ≥ 50 are admitted to NICU within 48 hours.
 - Maternal obesity incurs 39% more costs to Maternity services in the NHS.
 - High BMI pregnancies are more prevalent in deprived areas (32.4%) and in Black women (36.3%). This highlights the health inequalities in this group.

11. CONCLUSION

- In acute, safety-critical processes senior team involvement, anaesthetic preparation, and thromboprophylaxis are performed robustly for women with raised BMI.
- By contrast, preventive and educational elements of care (lifestyle discussion, referral pathways, risk-assessment documentation) fall well short of target, and no single standard achieved 100% compliance.
- Closing these gaps through checklist integration, patient information, and reinstated lifestyle support should be prioritised to improve outcomes and reduce inequalities for this high-risk group.

2. AIM AND OBJECTIVE

To evaluate adherence to East and North Hertfordshire Trust (ENHT) guideline: Management of women and birthing people with a BMI ≥ 30 in pregnancy.

3. METHODOLOGY

Population: Pregnant women reviewed in the Community or Consultant Antenatal Clinic, Lister Hospital Maternity Unit.

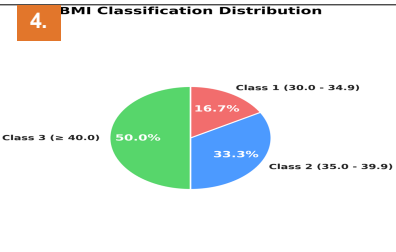
Data collection period: 1 month (July 2025).

Design: Retrospective clinical audit.

- Data accessed via electronic patient records.
- Input and analysis performed in Excel.
 - Adherence to 4 aspects of guideline : Antenatal care; Admission to consultant -lead unit (CLU); Theatre procedures and Postnatal care

12. KEY ACTION PLANS

- Reinstate the Midwife-Led Healthy Lifestyle Clinic, now discontinued.
- Share a QR code for the community-based weight management service.
- Provide weighing machines in the antenatal clinic to facilitate re-weighing at 36 weeks.
- Incorporate the BMI checklist into K2 to support audit and 100% guideline compliance.
- Produce a compassionate, educational Patient Information Leaflet on the risks of raised BMI, need for enhanced surveillance, and a QR code to weight-management services.
- Re-audit in 6–12 months.



5. ANTENATAL CARE STANDARDS (1/2)

Criterion	Y	N	ND	Target	%
Birth choices documented	19	9	2	100%	63.3%
High-BMI complications documented	14	11	5	100%	56.0%
Health & Wellness referral	3	24	3	100%	10.0%
Exercise in pregnancy discussed	1	26	3	100%	3.3%
BMI Antenatal Checklist completed	3	0	27	100%	10.0%

6. ANTENATAL CARE STANDARDS (2/2)

Criterion	Y	N	ND	N/A	%
Aspirin offered	25	2	3	0	83.3%
BP monitoring	20	1	9	0	66.7%
Midwife led Healthy Lifestyle Clinic referral*	1	29	0	0	3.3%
Re-weighed at 36 weeks	22	8	0	0	73.3%
Manual Handling needs assessment	2	25	1	2	6.6%
Pressure Ulcer Risk assessment	27	1	2	0	90.0%
High risk anaesthesia referral(BMI>45)	12	18	0	0	40.0%

7. CLU AND THEATRE

Criterion	Y	N	ND	%
CLU Waterlow Score	11	15	4	36.7%
Senior Obstetric Team & Anaesthetist informed	26	0	4	86.7%
Anaesthetic high-BMI sticker	2	27	1	6.7%
ST6+ present at operative birth	23	0	7	76.7%
Consultant present for CS if BMI ≥ 45	4	0	26	13.3%

13. ACTION PLANNING

RECOMMENDATION	ACTION	LEAD	TIME FRAME
Improve access to healthy lifestyle advice and referrals	QR codes for community weight-management services in all antenatal settings; scope new Midwife led healthy lifestyle clinics	Antenatal clinic management / Audit leads	3 months
Ensure routine re-weighing at 36 weeks	Weighing machine placed in antenatal clinic	Antenatal clinic management	3 months
Achieve aspirin offering	Upload antenatal BMI checklist to K2	Digital Team	3 months
Produce patient information leaflet (paper & digital)	Patient info leaflets used to counsel	Audit leads	2 months
Measure impact and sustainability	Repeat audit against the same standards	Audit leads	6–12 months

8. POSTNATAL CARE STANDARDS

Criterion	Y	N	ND	%
Appropriate breastfeeding support	17	0	11	56.6%
Early mobilisation	9	8	13	30.0%
VTE prophylaxis	27	0	3	90.0%

9. KEY SUCCESSES

- Aspirin offered appropriately - 83.3%
- Re-weighed at 36 weeks - 73.3%
- Senior team & anaesthetist informed- 86.7%
- ST6+ present at operative birth- 76.7%
- Pressure ulcer risk assessment - 90.0%
- VTE prophylaxis postnatally - 90.0%

10. KEY LEARNING

- Low documented consultant presence, low uptake of lifestyle discussion(exercise discussed 3.3%; Healthy Lifestyle Clinic referral 3.3%).
- Inconsistent documentation of high-BMI risks.
- Suboptimal risk-assessment completion (CLU Waterlow score 36.7%).
- Near-target but unmet routine items (BP monitoring, aspirin prophylaxis).
- No criterion reached 100% compliance.

14. REFERENCES

- Office for Health Improvement and Disparities. Child and maternal health profiles: December 2024 update. London: Department of Health and Social Care; 2024.
- National Maternity and Perinatal Audit. NMPA clinical report 2022: High BMI in pregnancy. London: RCOG; 2022.
- Knight M, Bunch K, Tuffnell D, et al. (Eds), on behalf of MBRACE-UK. Saving Lives, Improving Mothers' Care 2020–22. Oxford: National Perinatal Epidemiology Unit; 2024.
- Royal College of Obstetricians and Gynaecologists. Management of Obesity in Pregnancy: Green-top Guideline No. 72. BJOG. 2018;125(13):e52–e106.
- Centre for Maternal and Child Enquiries (CMACE). Maternal Obesity in the UK: Findings from a national project. London: CMACE; 2010.