

Fetomaternal Outcomes in Pregnancies Complicated with Obesity at London District General Hospital

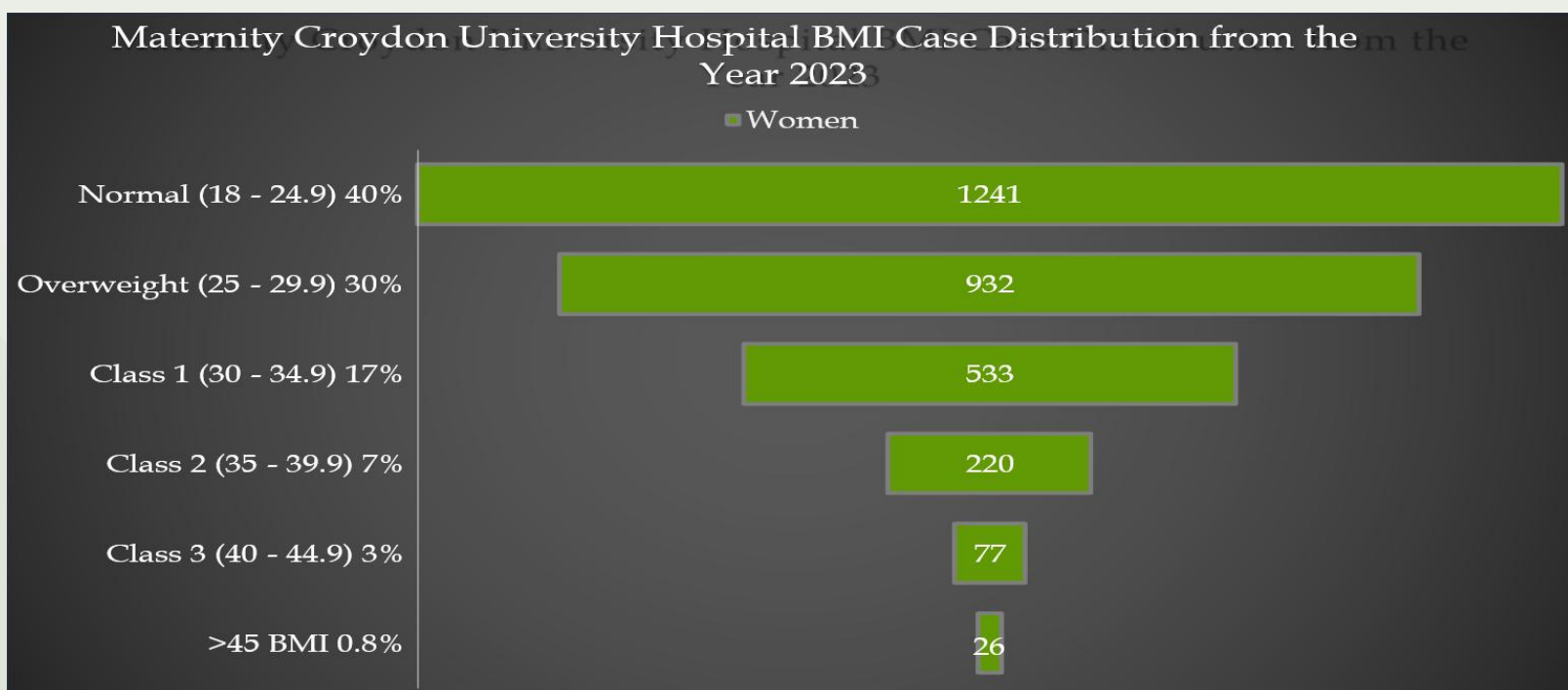
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INTRODUCTION AND BACKGROUND

Obesity in pregnancy is an increasingly significant issue at Croydon University Maternity Unit, particularly due to the diverse ethnic population. Alarminglly, this is becoming more prevalent in young and adult age group. This is posing young antenatal patients to complications such as gestational diabetes, pregnancy-induced hypertension, pre-eclampsia, thromboembolism, and increased rates of caesarean sections, leading to higher care costs. This study aimed to assess compliance with the management of obese pregnant women against RCOG Guideline No. 72, NICE Guidelines 189 and 235, and departmental guidelines.



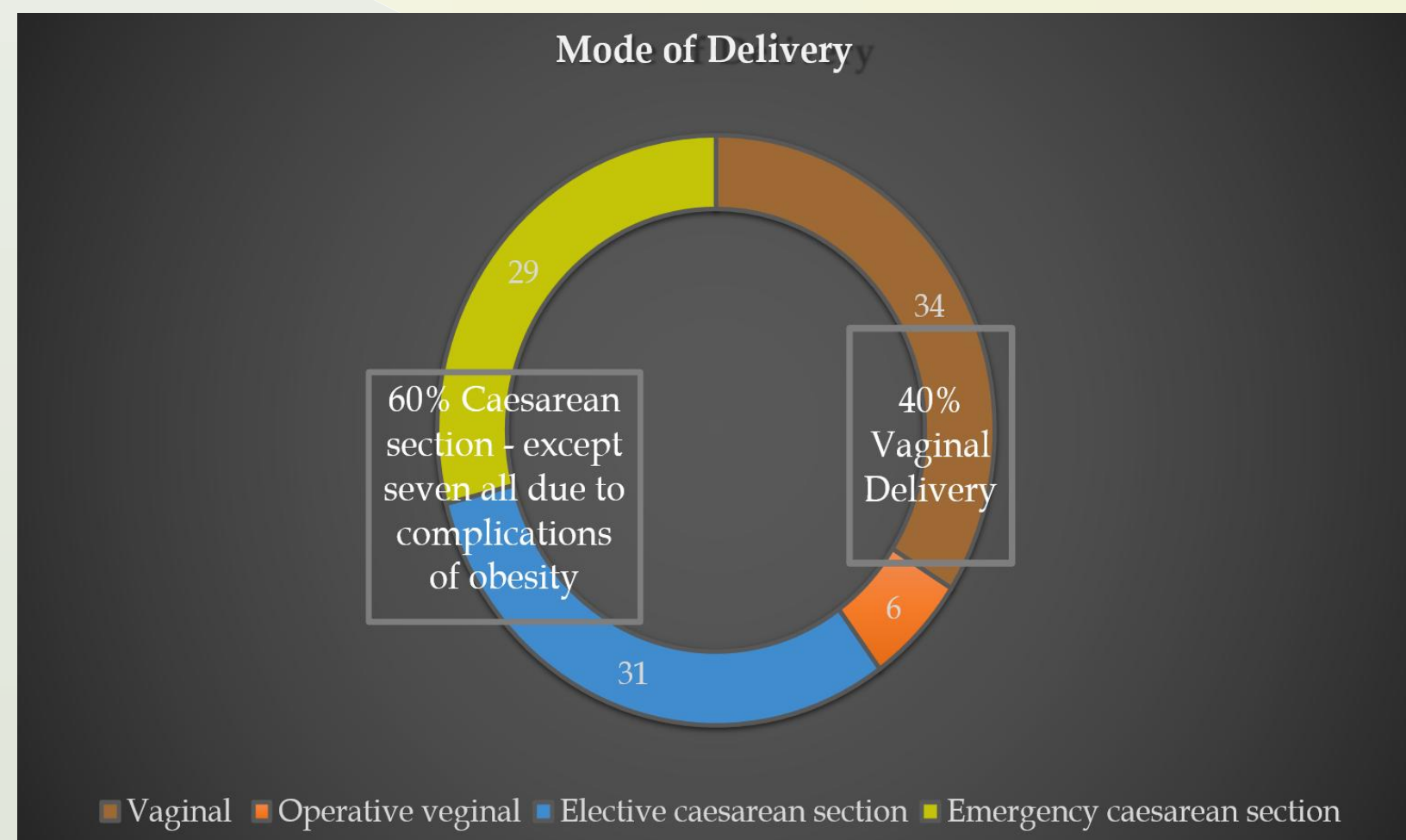
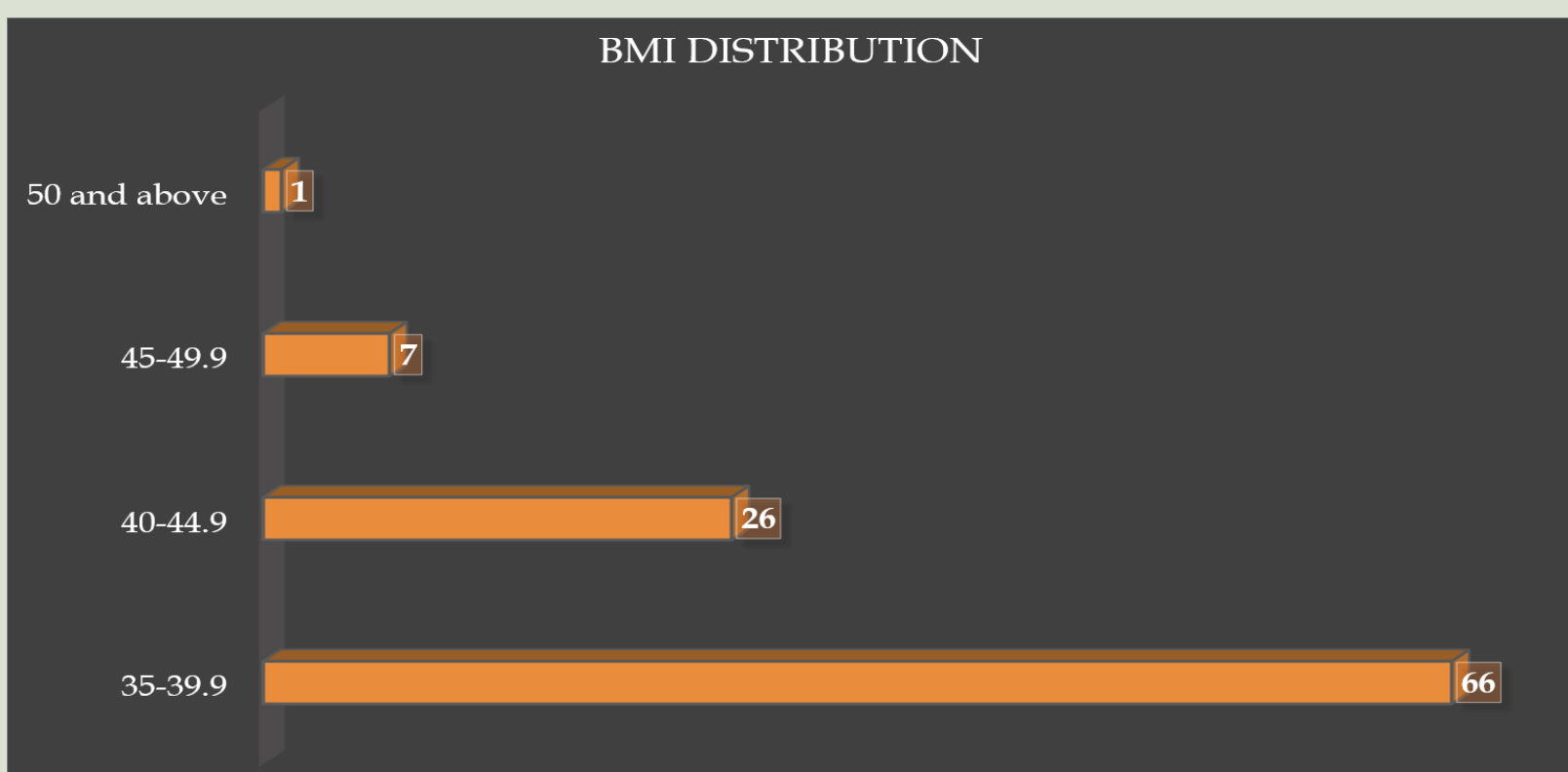
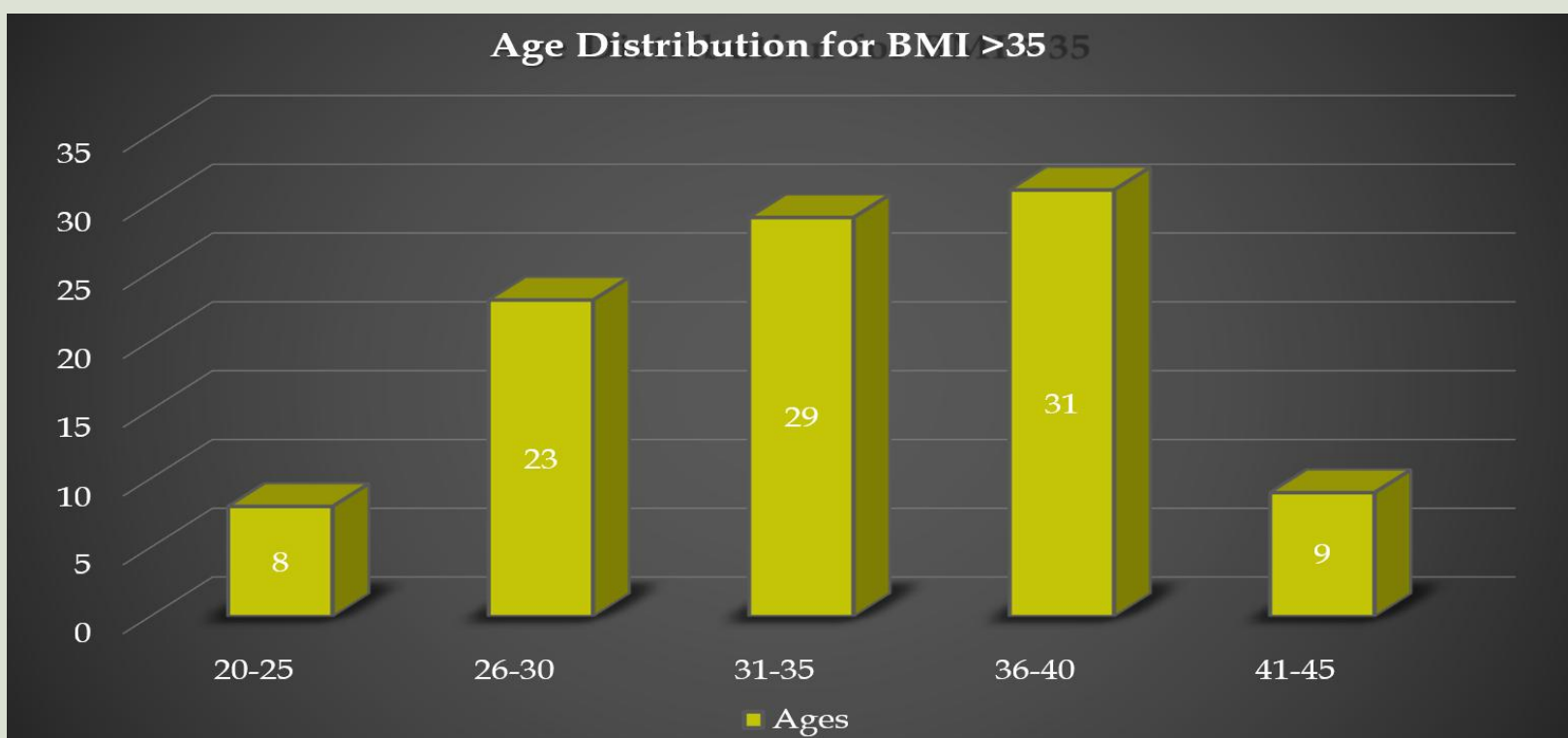
AIMS AND OBJECTIVES

This study evaluated maternal and neonatal outcomes in pregnancies complicated by BMI ≥ 35 at Croydon University Hospital.

METHODOLOGY

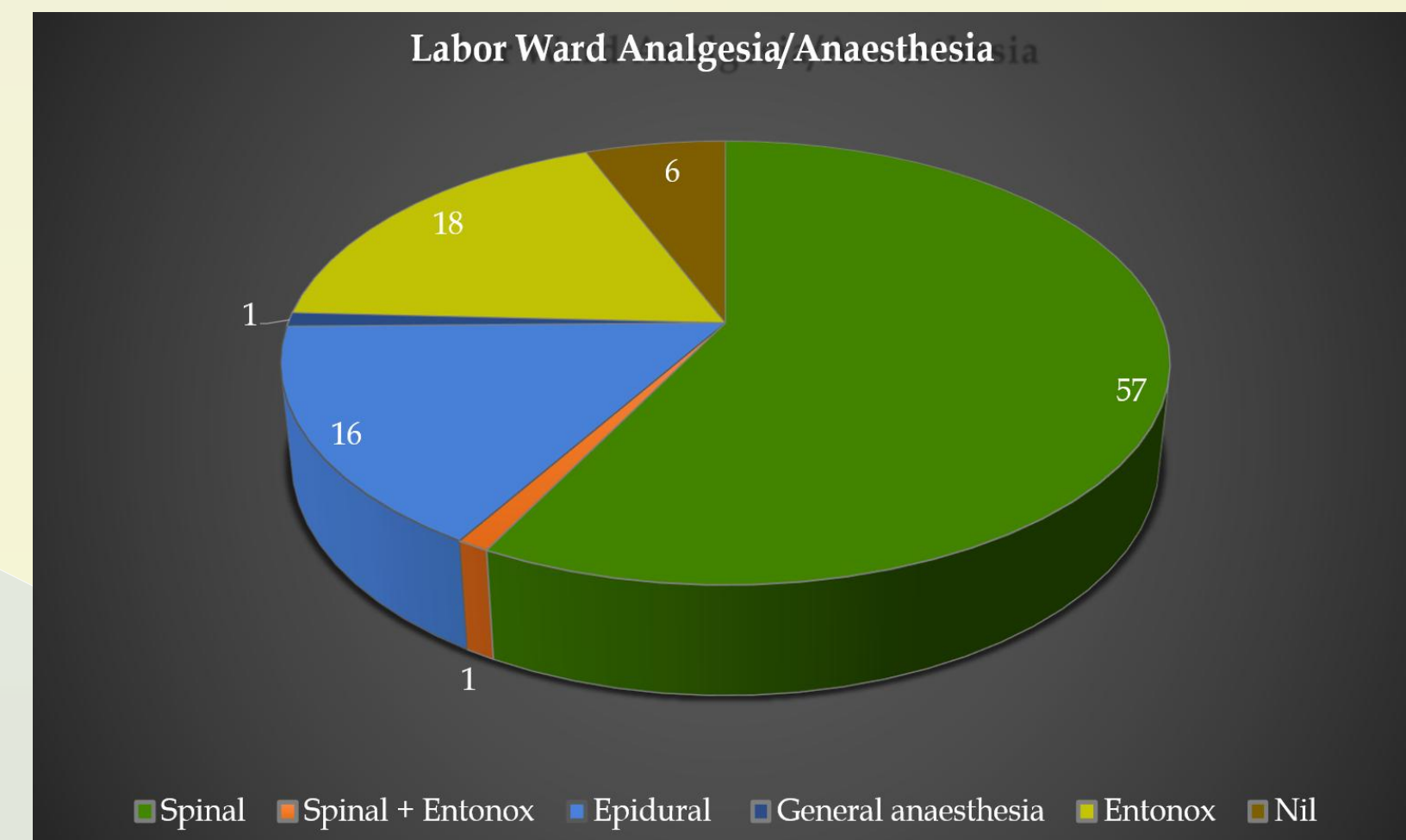
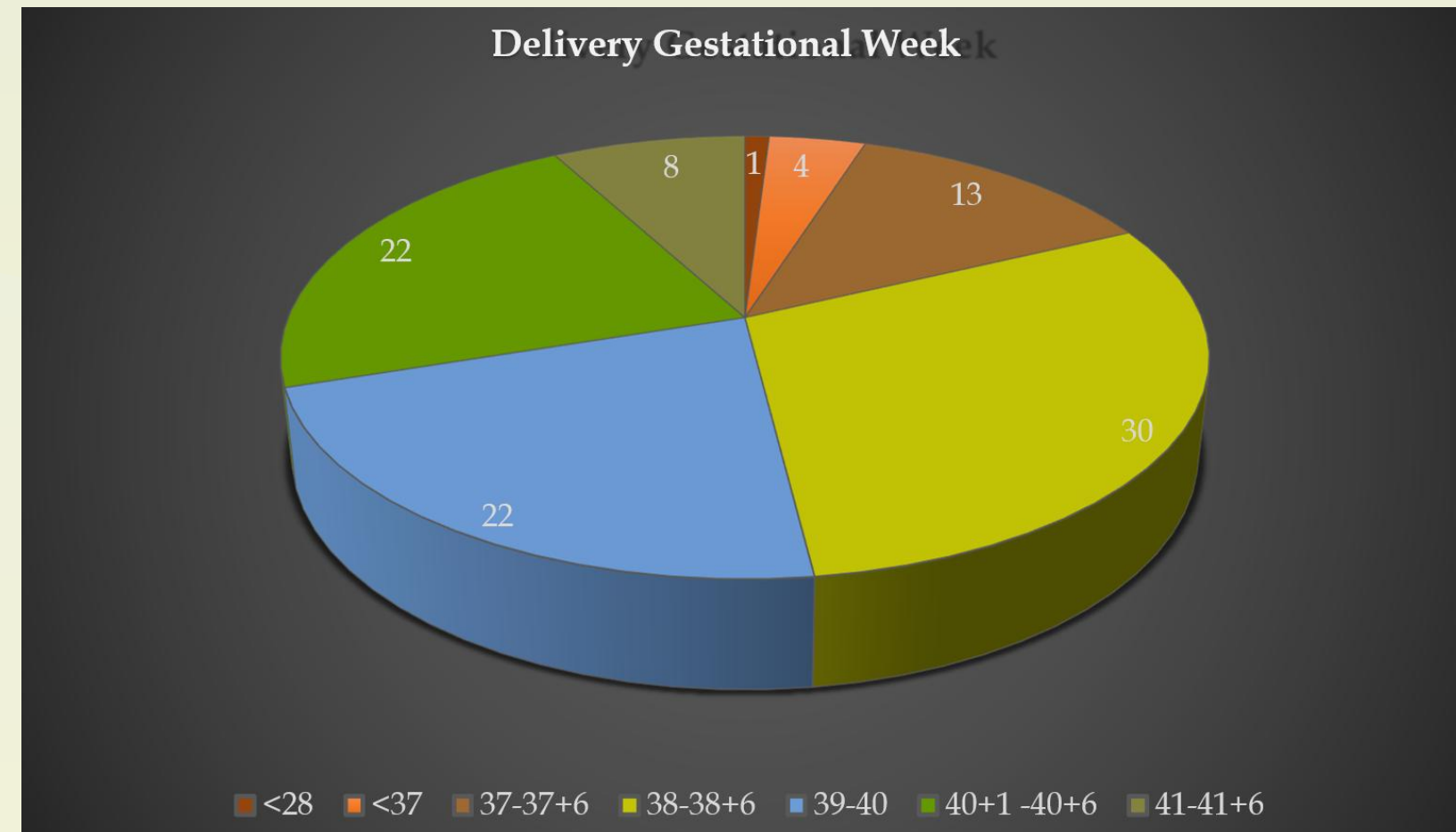
This retrospective study included 100 pregnant women with BMI ≥ 35 who delivered at the Croydon Maternity Unit from January to December 2023.

RESULTS



Antenatal Complications	
Gestational diabetes mellitus	32
Large for dates	16
Small for dates	10
Intrauterine growth restriction	3
Mental issues	6
Nutritional deficiency	5
Pregnancy induced hypertension	5
Pre-eclampsia	2
Ventricular septal defect (congenital anomaly)	1
Stillbirth	1
Abruption	3
Venous thromboembolism	1
Nil	15

Postpartum Complications	
Wound Infection Endometritis	10
Postpartum hemorrhage	6
Sepsis	5
Anemia	1
Perinatal mental health referral	1



Intrapartum Complications	
Emergency caesarean section 21 (e.g category 3 caesarean for uncontrolled pre-eclampsia-1, failure to progress-13, failed induction of labor-6)	29
Elective caesarean section for BMI/gestational diabetes/large for dates/intrauterine growth restriction/previous anal sphincter injury	24
Induction of labour	20
Shoulder dystocia	2
Obstetric anal sphincter injury	2
Operative vaginal delivery	6
Difficult epidural/spinal	2
Prolonged induction of labour	4
Nil	11

Parameters	YES	NO	NA	Not Documented	Compliance Percentage
Preconception counselling record				50	0%
Environmental risk assessment				50	0%
Antenatal Counselling	92	1	1	4	93%
High dose folic acid	1	99			1%
Vitamin D assessment	62	38			62%
Dietician referral	26	74			26%
Anesthesia referral >40 BMI	27	7	66		79%
Documented anesthesia plan by 36 W	23	11	66		67%
Glucose tolerance test referral	97	3			97%
Pre-eclampsia assessment	99	1			99%
Venous thromboembolism assessment at booking admissions postpartum	100	0			100%
Reweighting at 28 and 36 weeks	3	97			3%
Mental health assessment	100				100%

Parameters	YES	NO	NA	Not Documented	Compliance Percentage
Fetal anatomy scan	98	2			98%
Serial scans	95	5			95%
Discussion of induction of labour by term at 36 weeks	0*	64	36		0%
Place of birth discussion	99	0	2		100%
Mode of birth discussion	100	0			100%
Extra monitoring >31 weeks		8	92		0%
Early epidural	33	5	62		95%
Ramitidine 4hrly for BMI >40	0	30	70		0%
Fetal scalp electrode consideration	22	0	88		100%
Operative vaginal delivery in theatre	6		94		100%
Senior midwife/obstetrician to attend vaginal delivery	24	16	40		60%
Postpartum hemorrhage prophylaxis	10	40			25%
LSCS prophylactic antibiotics and subcutaneous fat suture	60		40		100%

Parameters	YES	NO	NA	Not Documented	Compliance Percentage
Tissue viability nurse referral for ≥ 40 BMI		34	66		0%
Breast feeding counseling	52		36	6	88%
Contraception advise				100**	0%
Nutritional advise				100	0%
Weight management services referral				100	0%
Fasting blood glucose at 6 - 13 weeks			68	32	0%
High dose folic acid advise for next pregnancy				100	0%
Preconception counselling referral				100	0%

CONCLUSION

This study concluded that while department is compliant in several parameters, compliance with preconception counselling, antenatal discussions on induction of labor, dietician referrals, and postnatal support requires improvement. To address these gaps, we aim to update departmental guidelines, establish preconception counselling clinics, and create comprehensive checklists.

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