

Obstetric Management of Morbid Obesity: A Comprehensive Audit of Care Practices

Eddyeffiom J, Sukumaran S




George Eliot Hospital
NHS Trust

INTRODUCTION

Morbid obesity, defined as a Body Mass Index (BMI) equal to and above 40 kg/m², is an increasingly prevalent condition among pregnant women and can lead to significant challenges to obstetric care, with a range of possible complications including gestational diabetes, hypertension, preeclampsia, thromboembolism, caesarean delivery, and postpartum haemorrhage. Additionally, it can affect anaesthetic management, labour progress, and the postpartum period. Several evidence-based recommendations have been made to mitigate these complications, but implementation is variable.

METHODS

Sampling method: Simple random sampling

Type of study: Retrospective Audit

Inclusion criteria:

50 women with a booking BMI > 40, who delivered after 24weeks of Gestational age in GEH between January to December 2023

Exclusion criteria

Women with BMI >40 who had Early pregnancy loss, Termination Of Pregnancy or Transfer of care to another unit

Data collection

Data was collected from patients’ records into a Microsoft Excel spreadsheet and analyzed.



RESULTS		
AUDITABLE STANDARDS	STANDARD	RESULT
1 Record of booking and third trimester maternal height, weight and BMI.	100%	100%
2 Antenatal anesthetic review	100%	44%
3 Glucose tolerance test during pregnancy	100%	82%
4 VTE assessment antenatally	100%	92%
5 Mental health assessment	100%	100%
6 Serial growth scans	100%	100%
7 Venous access in labour	100%	88%
8 Active management of third stage	100%	96%
9 Postpartum VTE	100%	92%

OBJECTIVE

This audit evaluated the management practices for obstetric patients with morbid obesity in our institution against standards and criteria set by the Royal College of Obstetricians and Gynaecologists (RCOG), and the National Institute of Clinical Evidence (NICE).

CONCLUSION

We found high compliance with recording of BMI and serial growth scans; however, lower adherence to antenatal anesthetic reviews and glucose tolerance tests. The recommended action plans were improved education on the potential risks and to ensure timely anesthetic reviews, glucose testing, venous access, automatic prescription of postnatal thromboprophylaxis, and a re-audit of progress in 6-12 months.

REFERENCES

1. Denison FC, et al, on behalf of the Royal College of Obstetricians and Gynaecologists. Care of Women with Obesity in Pregnancy. Green-top Guideline No. 72. BJOG 2018.

2. NICE. PH27: Weight management before, during and after pregnancy 2010. Available from: <https://www.nice.org.uk/guidance/ph27>

Contact: joy.eddyeffiom@geh.nhs.uk