Obesity

Obesity is defined as women with a BMI greater than or equal to 30. This group is at high-risk for pregnancy complications because of their elevated risk for gestational diabetes, cardiac dysfunction, hypertensive disorders (including preeclampsia), sleep apnea, nonalcoholic liver disease and stillbirth.

There are several strategies for optimizing outcomes for these women. First, all women with obesity should be identified. Ideally this group of women will have received referral for a preconception consultation with an MFM or OB, but if not, early identification (e.g. first prenatal visit) will help optimize their care. Management is based on the ACOG Practice Bulletin\(^1\) and key points summarized in the slides.

Care should focus on:
- Referral to MFM/OB for preconception consultation if BMI ≥40
- BMI calculation and Review of implications on pregnancy
- Diabetes screening
- Screen for associated comorbidities (hypertension, lipid abnormalities, thyroid dysfunction, sleep apnea cardiac disease etc)
- Lifestyle modifications – motivation for weight loss, nutrition and exercise counseling
- Consideration for gastric bypass in the preconception cohort.
- Plan for antenatal surveillance; screen for appropriate growth, BPPs/NSTs after 36 weeks if BMI ≥40

Reference:
This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine’s (SMFM’s) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

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