Care of the woman with a BMI 35–39.9 (Obese II)

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Remember that risks associated with obesity are relative to the booking BMI

Consider service capability and the woman's individual needs

Risk Assessment
- Assess for cardiac risk factors and sleep apnoea (STOP tool)
- Assess for other comorbidities. E.g. hypertension, advanced maternal age, endocrine or thyroid disease, renal disease, mental health disorder, history of bariatric surgery
- Refer to specialists and allied health clinicians as indicated

If the woman has a history of bariatric surgery:
- nutritional supplements: B12, folate & iron
- growth US: 28, 32 & 36 weeks

Antenatal Care
- High dose folic acid – 5mg daily
- First trimester Dating US
- 20–23/40 – Anomaly US
- 35/40 – Growth US (document BMI on referrals)
- 14–16/40 – OGTT (repeat at 26/28 weeks if negative)
- Offer Lactation Consultant referral
- Level 2/3 Service: refer all women for anaesthetic review
- Level 4/5 Service: refer women with comorbidities for anaesthetic review
- Discuss risks/benefits of IOL at 39/40
- Plan for delivery prior to 41/40

Intrapartum Care
- Notify anaesthetics & theatre of admission for labour or IOL
- Ensure appropriate equipment is accessible
- Ensure IV access – 16g cannula
- CEFM for any women with comorbidities or history of bariatric surgery – internal fetal monitoring (FSE) may be required
- Prepare for potential shoulder dystocia
- Active management of 3rd stage
- Caesarean = prophylactic antibiotics

Postpartum Care
- Consider thromboprophylaxis – dose appropriate for weight
- Consider compression stockings
- If woman has had sedatives/narcotics, keep bedhead at 45 degree angle until alert
- Early mobilisation
- Physiotherapy
- Increased surveillance for infection
- VTE risk assessment for women using hormonal contraception
- GDM – refer for OGTT 6 weeks postpartum
- Discuss SIDS
- Avoid co-sleeping and bed-sharing

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