Care of the woman with a BMI >40 (Obese III)

**Antenatal Care**
- High dose folic acid – 5mg daily
- First trimester – Dating US
- 20–23/40 – Anomaly US
- 28, 32, 36/40 – Growth US (document BMI on referrals)
- 14–16/40 – OGTT (repeat at 26/28 weeks if negative)
- Offer Lactation Consultant referral
- Refer all women for anaesthetic review
- BMI ≥40 and <50 – Discuss risks/benefits of IOL at 39/40
- Plan for delivery prior to 41/40
- BMI >50 – IOL at 38-39/40

**Intrapartum Care**
- Notify anaesthetics & theatre of admission for labour or IOL
- Ensure appropriate equipment is accessible
- Ensure IV access – 2 x 16g cannula
- Continuous electronic fetal monitoring – FSE may be required
- Prepare for potential shoulder dystocia
- Active management of 3rd stage
- Caesarean = prophylactic antibiotics
- 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

**Postpartum Care**
- Remember that risks associated with obesity are relative to the booking BMI
- Consider service capability and the woman’s individual needs
- If the woman has a history of bariatric surgery:
  - nutritional supplements: B12, folate & iron
- 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
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