A comparison of the management of obesity in pregnancy at University Hospital Lewisham in 2014-2015

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Introduction

It was identified in the last confidential enquiry that over 50% of maternal deaths occur in women with a Body Mass Index (BMI) of over 35[1]. Obesity in pregnancy presents a number of challenges, as these women are at greater risk of several complications.

As a result, the Royal College of Obstetrics and Gynaecology (RCOG) have made five recommendations in the management of pregnant women with a BMI over 30 (Table 1)[2]. In particular they also stress the importance of discussing the risks of developing[3];

- Gestational diabetes
- Hypertension disorders
- Dysfunctional labour
- Difficulty with monitoring the fetal heartbeat and requiring a fetal scalp electrode
- Postpartum haemorrhage (PPH)
- Venous thromboembolism

The aim of this audit was to identify compliance in following these recommendations, as determined by the RCOG, at the University Hospital Lewisham, London. The audit was conducted over three months, from October to December 2015 and the findings compared to those of 2014, over the same time period.

Table 1- RCOG recommendations for managing obesity in pregnancy

1. All patients should have their BMI recorded electronically and in their hand held notes
2. All women with a BMI>30 should be referred to the obstetrician
3. All women with a BMI >40 should be referred to the anaesthetist and have a documented care plan
4. All women with a BMI >35 should have a documented discussion on the risks involved in pregnancy
5. All women with a BMI >40 should have discussion on tissue viability and manual handling

Methods

150 case notes were analysed over the period of October to December 2015, with the data collected entered onto an Excel spreadsheet. When analysing the discussion surrounding the risks involved in pregnancy, it was only considered complete if all six risks as highlighted in the introduction were documented. This audit was registered on the audit database at University Hospital Lewisham.

Results

The comparison between compliance for the five recommendations in 2014 and 2015, is shown in Table 2.

The main difference between 2014 and 2015 is that there was a marked reduction in the percentage of women who had a documented discussion on the antenatal, intrapartum and postnatal risks involved. None of the women with a BMI>40 had a documented discussion on manual handling and tissue viability, which was similar to the findings of the previous year.

Table 2- Comparison of compliance between 2014 and 2015

Aim	Compliance	
	2014	2015
BMI electronically recorded and in hand held notes	100	100
Referred to obstetricians if BMI >30	100	100
Referred to anaesthetist with documented care plan	100	100
Documented discussion of obstetric risks If BMI >35	**100**	**32**
Discussion on tissue viability and manual handling for patients with BMI >40	**0**	**0**

Discussion

It can be seen in this audit that of the five recommendations, three of them were being well followed with a 100% compliance. It cannot be stressed how important it is to identify women at risk early in their pregnancy and to ensure appropriate referral.

However, there are two key areas of improvement. Firstly, the discussion between the obstetrician and patient on the risks involved when patients have a BMI greater than 35 lacks consistency. Documentation was often lacking in these consultations and this was further compounded by a lack of time in clinic. It is important to strike a balance between discussing the risks, not appearing to pessimistic for these women and avoiding information overload too. One of the avenues being explored to combat this, is by providing these women with a specially designed leaflet that would outline the risks involved.

Disappointingly, despite being highlighted in the 2014 audit, there had been no improvement in the discussion on manual handling and tissue viability for women with a BMI greater than 40. This issue requires education specifically regarding the use of specialist equipment and is vital to ensure not only patients are safely transferred but also, that we as a medical profession protect our health too. Finally, posters on recognising and preventing pressure sores are going to be displayed in the Labour Ward

There can be no doubt that as the incidence of obesity rises in the general population, this will have a greater impact on our Obstetric practices in the UK. Therefore, the need to recognise and manage these women is vital to reduce the potential risks involved.

[1] Centre for Maternal and Child Enquiries (CMACE). Maternal obesity in the UK: Findings from a national project. London: CMACE, 2010
[2, 3] Management of obesity in pregnancy RCOG and CMACE (2010)