

Obesity and pregnancy (including post bariatric surgery)

Principles of care		
<ul style="list-style-type: none"> • Sensitive language to reduce weight stigma • Sufficient resources (human and equipment) 	<ul style="list-style-type: none"> • Local criteria for safe care provision • Audit care 	
BMI classification (kg/m ²)	GWG	Total GWG
<ul style="list-style-type: none"> • Underweight < 18.5 • Normal 18.5–24.9* • Overweight 25.0–29.9* • Obese I 30.0–34.9* • Obese II 35.0–39.9 • Obese III > 40 	<p>Trimester 1 kg</p> <ul style="list-style-type: none"> • All women 0.5–2.0 <p>Trimester 2+3 kg/week</p> <ul style="list-style-type: none"> • Underweight 0.5 • Normal 0.4 • Overweight 0.3 • Obese 0.2 	<p>Singleton kg</p> <ul style="list-style-type: none"> • Normal 11.5–16 • Overweight 7–11.5 • Obese 5–9 <p>Twin/triplet kg</p> <ul style="list-style-type: none"> • Normal 17–25 • Overweight 14–23 • Obese 11–19
*Variations for Asian background		

Pre and inter-conception	
<ul style="list-style-type: none"> • Comprehensive health assessment • Discuss health impacts and options • Consider referral to dietitian • Aim to normalise weight • Higher dose folic acid daily 	<ul style="list-style-type: none"> • Personalised approach to weight concern and lifestyle • Post BS: micronutrient supplements and monitoring • Identify/optimize comorbidities (e.g. diabetes mellitus)

Antenatal	
<p>Assessment</p> <ul style="list-style-type: none"> • Comprehensive history (including past BS) • Early antenatal booking-in • Measure BMI pre-pregnancy and at 36 weeks • Use correctly sized BP cuff • If BS: micronutrient supplements/monitoring <p>Refer as required</p> <ul style="list-style-type: none"> • Psychosocial wellbeing • Mental health 	<p>Discuss</p> <ul style="list-style-type: none"> • Lifestyle options, healthy eating and physical activity • GWG and consider weight gain chart use • Implications for care (e.g. transfer of care) • Greater inaccuracy early pregnancy screening <p>Consider risk of</p> <ul style="list-style-type: none"> • Pre-eclampsia – low dose aspirin • VTE and need for thromboprophylaxis

Elements	BMI (kg/m ²)	25–29.9	30–34.9	35–39.9	> 40	BS
Higher dose folic acid			✓	✓	✓	✓
Multidisciplinary		✓	✓	✓	✓	✓
Additional bloods			✓	✓	✓	✓
Early GDM screen			✓	✓	✓	✓ caution:OGTT
Additional USS				✓	✓	✓
Referrals						
Dietitian		✓	✓	✓	✓	✓
Obstetrician				Consult	✓	✓
Anaesthetic					✓	✓
Obstetric medicine						✓

Labour and birth	Postpartum
<ul style="list-style-type: none"> • If BMI > 40 kg/m² <ul style="list-style-type: none"> ◦ Early assessment of IV access ◦ Recommend CFM • If prophylactic antibiotics, consider higher dosage • Surveillance for shoulder dystocia/PPH • Active third stage management 	<ul style="list-style-type: none"> • Surveillance for airway compromise • Early mobilisation • Assess risk of VTE and consider thromboprophylaxis • Additional support for breastfeeding • Referral for ongoing healthy lifestyle support

BMI: body mass index, BP: blood pressure, BS: bariatric surgery, CFM: continuous fetal monitoring, GDM: gestational diabetes mellitus, GWG: gestational weight gain, IV intravenous, OGTT: oral glucose tolerance test, PPH: postpartum haemorrhage, USS: ultrasound scan, VTE: venous thromboembolism, > greater than, < less than

Queensland Clinical Guidelines: Obesity and pregnancy (including post bariatric surgery). Flowchart version: F21.14-1-V6-R26

