

	<b>Policy/Procedure Name: Pregnant Patients with High BMI</b>
<b>Manual:</b> Nursing	<b>Number:</b>
<b>Section:</b> Obstetrics	<b>Effective Date:</b> 15 MAY 2017
<b>Pages:</b> 1 of 2	<b>Revision Date:</b> 18 NOV 2018

### Purpose

Morbid obesity in the pregnant patient has serious implications for morbidity and mortality. The WHO classification of obesity defines BMI >40 as Obese Class **111** and identifies these persons as having very severely increased health risks. The rate of emergency C/S, poses surgical, anaesthetic and other logistical challenges. The purpose of this policy is to acknowledge and mitigate these risks beforehand. The goal is best outcomes for mothers and their babies.

### Scope

The policy pertains to all staff members, midwives and physicians at Muskoka Algonquin Healthcare (MAHC).

### Policy Statement

Morbid obesity in the pregnant patient has serious implications for morbidity and mortality. The WHO classification of obesity defines BMI >40 as Obese Class **111** and identifies these persons as having very severely increased health risks. The rate of emergency C/S, poses surgical, anaesthetic and other logistical challenges. The purpose of this policy is to acknowledge and mitigate these risks beforehand. The goal is best outcomes for mothers and their babies.

### Definitions

A list of key words and/or abbreviations used in the document is provided with a description of the term(s).

### Procedure

1. All pregnant women will have a measured BMI done and recorded at their first prenatal visit.
2. Parturients with a **first trimester BMI of 40 - 44.9** will be referred for preoperative anaesthetic consultation at 28 weeks at the site of intended delivery. An assessment of the airway, cardiovascular status and discussion of anesthetic options and risks should occur at this time in anticipation of the possible need for caesarean delivery.
3. If the anaesthetist feels that the patient's care can be managed at MAHC, the patient will then be referred by the primary obstetrical provider for local surgical consultation prior to labour and delivery. Both of these consultation reports should be with the

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patient's antenatal forms at the labour and delivery site.

4. Parturients with a **first trimester BMI of 45 - 50** will be referred for consultation with an obstetrician at 28 weeks gestation for discussion as to the best level of care for intended delivery. If the obstetrician feels that the patient's care can be managed at a level **1** centre, the patient will then be referred by the primary obstetrical provider for a preoperative anaesthesia consultation and a subsequent local surgical consultation prior to labour and delivery. Both of these consultation reports should be with the patient's antenatal forms at the labour and delivery site.
5. Parturients with a **first trimester BMI >50** should be referred for delivery at a higher level centre.

### **Cross Reference**

### **Notes**

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### **References / Relevant Legislation**

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