**Antenatal checklist for women with raised BMI**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **When /weeks** | **Staff** | **Action** | **Date ordered** | **Name/role** |
|  |  | **All women BMI>30kg/m2** |  |  |
| **Booking** | RM | Calculate BMI at booking and record |  |  |
|  | RM | Start Folic acid 5 mg, Vitamin D 10mg od, in all  +/- Aspirin 150mg as indicated |  |  |
|  | RM | Discuss risks related to increased BMI in pregnancy |  |  |
|  | RM | Discuss healthy habits  Refer to PIMS team – Wiltshire only |  |  |
|  | RM | Decide and document appropriate sized BP cuff |  |  |
|  | RM | Complete Antenatal VTE risk assessment |  |  |
|  | RM | Discuss GDM screening and book OGTT for 28/40 |  |  |
|  | RM | Book for continued CMW care |  |  |
|  |  | **In addition for Women BMI 35-39.9kg/m2** |  |  |
|  | RM | Book for consultant review 20/40 |  |  |
|  | RM | Book for growth scans three weekly from 28 weeks |  |  |
|  |  | **In addition for Women BMI >40kg/m2** |  |  |
|  | RM | Book appointment with anaesthetist 34-36/40 in DAU |  |  |
|  | RM | Advise COVID vaccination |  |  |
|  |  |  |  |  |
| **28** | Dr | Consultant review after first scan |  |  |
|  | Dr | Discuss and document risks high BMI and recommended birth plan |  |  |
| **30-32** | RM | Follow up results OGTT FBC G+S and action |  |  |
| **31** | Dr | Review second scan |  |  |
| **34** | Dr | Review third scan |  |  |
| **36** | RM | Reweigh and calculate BMI |  |  |
|  |  | Repeat VTE risk assessment |  |  |
|  |  | Discuss and document birth plan |  |  |
|  |  | Consider input from tissue viability if ElCS |  |  |
|  |  | Refer in for risk assessment re manual handling and bariatric equipment |  |  |
| 37 | Dr | Review 4th scan – ensure risks discussed and documented plan in place |  |  |
| 38-42 | RM | See weekly for AN check |  |  |
| 40 | Dr | Review 5th scan – plan for IOL 40+12 |  |  |

**Intrapartum checklist for women with raised BMI**

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| --- | --- | --- | --- | --- |
| **When** | **Staff** | **Action** | **Date** | **Name/role** |
|  |  | Check plan in notes for labour and any special requirements – order equipment early |  |  |
|  |  | Ultrasound to check presentation |  |  |
|  |  | Fetal monitoring – if IA difficult, consider CTG, consider FSE |  |  |
|  |  | IV access in early labour. Take FBC and G&S |  |  |
|  |  | Inform obstetric middle grade doctor and middle grade anaesthetist |  |  |
|  |  | If BMI>40 inform Consultant Obstetrician and Consultant Anaesthetist |  |  |

**Postpartum checklist for women with raised BMI**

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| **When** | **Staff** | **Action** | **Date ordered** | **Name/role** |
|  |  | **Postnatal Care** |  |  |
|  |  | Complete PN VTE risk assessment |  |  |
|  |  | Consider mechanical prophylaxis *(flowtrons)* if immobile |  |  |
|  |  | Ensure early mobilisation and adequate hydration |  |  |
|  |  | Complete pressure area assessment |  |  |
|  |  | Offer specialist advice/support for breastfeeding |  |  |
|  |  | For any operative intervention consider 7 day prophylactic oral antibiotics |  |  |
|  |  | **Postnatal care – Community Midwife** |  |  |
|  |  | Advise patient to see GP re weight reduction and healthy lifestyle |  |  |