

### Obesity in Pregnancy

| Trimester     | 30 ≤ BMI < 35  | 35 ≤ BMI < 40  | BMI ≥ 40  | Hx Bariatric Sx   |
|---------------|--|--|---|---|
| Preconception | <ul style="list-style-type: none"> <li>- Weight loss to normal BMI</li> <li>- 1mg Folic acid</li> <li>- Screen for sleep apnea Sx</li> </ul>   | <ul style="list-style-type: none"> <li>- Weight loss to normal BMI</li> <li>- 1mg Folic acid</li> <li>- Screen for sleep apnea Sx</li> </ul>   | <ul style="list-style-type: none"> <li>- Weight loss to normal BMI</li> <li>- 1mg Folic acid</li> <li>- Screen for sleep apnea Sx</li> </ul>  | <ul style="list-style-type: none"> <li>- Document operative type</li> <li>- 1mg Folic acid</li> <li>- 4mg if any other sign of deficiency</li> <li>- Delay pregnancy 18 mo post-op</li> </ul>   |
| 1st Trimester | <ul style="list-style-type: none"> <li>- Determine pre-pregnancy BMI - Early GCT</li> <li>- Consider baseline PEC labs, TSH</li> <li>- HgbA1c</li> <li>- Nutrition referral - Weight gain goal <b>11-20lb total</b></li> </ul> | <ul style="list-style-type: none"> <li>- Determine pre-pregnancy BMI - Early GCT</li> <li>- Consider baseline PEC labs, TSH</li> <li>- HgbA1c</li> <li>- Nutrition referral</li> <li>- Weight goal <b>11-20lb total</b></li> </ul> | <ul style="list-style-type: none"> <li>- Determine pre-pregnancy BMI - Early GCT</li> <li>- Consider baseline PEC labs, TSH</li> <li>- HgbA1c</li> <li>- Nutrition referral</li> <li>- Gestational weight goal <b>&lt;15lb<sup>a</sup></b></li> </ul> | <ul style="list-style-type: none"> <li>- Determine pre-pregnancy BMI</li> <li>- Early GCT if no 'dumping'</li> <li>- Consider baseline PEC labs, TSH, HgbA1c - check Vit D, Fe/TIBC, Ca<sup>2+</sup>, Vit B<sub>12</sub> and Folate - Nutrition referral</li> </ul> |
| 2nd Trimester | <ul style="list-style-type: none"> <li>- Monitor gestational weight gain</li> <li>- 81mg ASA if other risk factors present - Monitor gestational weight gain</li> </ul>  | <ul style="list-style-type: none"> <li>- Monitor gestational weight gain</li> <li>- 81mg ASA if other risk factors present - Monitor gestational weight gain</li> </ul>  | <ul style="list-style-type: none"> <li>- Monitor gestational weight gain</li> <li>- 81mg ASA if other risk factors present - Anesthesia Consult at &gt;30wk GA</li> <li>- Monitor gestational weight gain</li> </ul>                                  | <ul style="list-style-type: none"> <li>- Monitor gestational weight gain</li> <li>- consider 81mg ASA if other risk factors present</li> <li>- check Vit D, Fe/TIBC, Ca<sup>2+</sup></li> <li>- Monitor gestational weight gain</li> </ul>                          |

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| 3rd Trimester | <ul style="list-style-type: none"> <li>- US for growth if pannus prohibits FH - repeat GCT if neg - stop ASA at 36wk - Monitor gestational weight gain</li> </ul> | <ul style="list-style-type: none"> <li>- US for growth if pannus prohibits FH - repeat GCT if neg - stop ASA at 36wk - Monitor gestational weight gain</li> </ul> | <ul style="list-style-type: none"> <li>- Consider growth scan starting at 28wk - repeat GCT if neg - Determine place of delivery</li> <li>- repeat GCT if neg</li> <li>- weekly NST/BPP to start at 34wk<sup>β</sup></li> <li>- stop ASA at 36wk - Monitor gestational weight gain</li> </ul> | <ul style="list-style-type: none"> <li>- Consider growth scan starting at 28wk</li> <li>- repeat GCT if neg</li> <li>- check Vit D, Fe/TIBC, Ca<sup>2+</sup></li> <li>- offer antenatal testing at 34-36wk</li> <li>- Monitor gestational weight gain</li> </ul> |
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| Labor and Delivery |   | <ul style="list-style-type: none"> <li>- Shoulder precautions</li> </ul>                  | <ul style="list-style-type: none"> <li>- Peripartum DVT prophylaxis</li> <li>- Consider type and cross on admission for PPH risk</li> <li>- Shoulder precautions</li> </ul> |   |
| Postpartum         | <ul style="list-style-type: none"> <li>- Encourage weight loss + breastfeeding</li> </ul> | <ul style="list-style-type: none"> <li>- Encourage weight loss + breastfeeding</li> </ul> | <ul style="list-style-type: none"> <li>- Encourage weight loss + breastfeeding - progestin pills may be less effective</li> </ul>   | <ul style="list-style-type: none"> <li>- Encourage ideal weight + breastfeeding - If gastric band, refer back to bariatric surgery for adjustment</li> <li>- If Roux-en-Y avoid NSAIDs ppartum</li> </ul> |

α: Current guidelines from the Institute of Medicine recommend 11-20lb weight gain in pregnancy complicated by obesity, without distinction for class of obesity.

β: Guidelines per Columbia OB Dpt. Antenatal testing Guidelines.

- Per ACOG “a recommendation cannot be made for or against routine antenatal surveillance in obese pregnant women”

Other References:

ACOG Practice Bulletin No 156, December 2015: Obesity in Pregnancy

<https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins----Obstetrics/pb156.pdf?dmc=1&ts=20171127T1656059577>

ACOG Practice Bulletin No 105, June 2009: Bariatric Surgery in Pregnancy.

<https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins----Obstetrics/pb105.pdf?dmc=1&ts=20171127T1702095522>

Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: U.S. Preventive Services Task Force Recommendation Statement. Ann. of Int. Med. Dec 2 2015. Vol 161 • Number 11 p819-27

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication>