

Bariatric OB Patient Medical Guideline Summary Table (Note: All care recommendations are cumulative from prior BMI category)

Pre Pregnancy BMI	Preconception Care	Antenatal/Prenatal Care	Intrapartum Care	Post-Partum Care	Discharge Planning/Teaching
≥30 to 39.9	- Consider MFM consultation if patient has existing conditions: hypertension, diabetes, OSA, cardiac disease - Nutrition consult - OSA screening using STOP BANG OSA Screening Questions (<i>per Meriter Patient Care Policy #16.076 "Obstructive Sleep Apnea: Assessment & Monitoring."</i>) - If ≥3 questions "yes," per STOP BANG OSA Questions, consider sleep study - Weight gain/loss recommendations - Patient teaching: - Preeclampsia - Gestational diabetes - Preterm labor/delivery - Birth trauma - Safe surgery issues/risk for Cesarean delivery - Infertility & miscarriage - Still birth - Post-partum Birth control options	- Nutrition/dietary consult 1st prenatal visit. fasting blood sugar, A1C - Baseline preeclampsia labs @ first pre-natal visit - Growth US every 4 weeks starting at 24 weeks - OSA Screening (using Facco 4 scoring for outpatients) - Delivery plan - Post-partum birth control planning - Patient Teaching: - Preeclampsia - Gestational diabetes - Preterm labor/delivery - Birth trauma - Safe surgery issues/risk for Cesarean delivery - Infertility & miscarriage - Still birth - Post-partum Birth control options - Weight gain/loss recommendations - Facco4 Scoring at first prenatal visit - If positive (> 75), consider sleep study - If antenatal patient in hospital, initiate OSA order panel if STOP BANG questions "yes" responses ≥ 3		- Follow OSA screening algorithm, using STOP BANG tool - Initiate OSA order panel if not already done for 3 or more "Yes" responses - Consider RT consult	- Wound care - Surgical site infection prevention - Hand hygiene - VTE prevention

Pre Pregnancy BMI	Preconception Care	Antenatal/Prenatal Care	Intrapartum Care	Post-Partum Care	Discharge Planning/Teaching
≥40 to 44.9	See recommendations above	• See above • AFI weekly starting @ 36 weeks • Anesthesia consult for patients with significant co-morbidities only (i.e. hypertension, diabetes, documented OSA, cardiac disease) • Evaluate cardiac status; consider cardiac evaluation (ECHO or EKG)	• Notification of OB-Gyn (for FM, CNM) • BMI alert on grease board • Pre-incision antibiotics increase to 3 grams • Discuss location of delivery with OB team • Pannus retractor • Hover Mat • Consider ADA room • FiO2 with each VS; maintain ≥ 95% • Anesthesia consult if not already done*	• Wound care consultation, if Cesarean delivery • Preventive care for Cesarean delivery—"SSI prevention bundle" • Pharmacy consultation—VTE prophylaxis • Consider bariatric bed, ADA room • FiO2 with each VS; maintain ≥ 95% • Consider PT/OT consult if patient has mobility issues • RT for + OSA screen STOP BANG >3 "Yes" questions • Early ambulation as tolerant	See recommendations above
≥ 45	See recommendations above	• OB Consult • Anesthesia Consult • Birth Planning • Evaluate cardiac status; consider ECHO or EKG	• Plan positioning for Cesarean delivery • Glide scope and Sonosite available • Troop elevation pillow	See recommendations above	See recommendations above
≥ 50	See recommendations above	• MFM Consult	• Consider 4Tower OR for Cesarean delivery • Consider Invasive BP monitoring (art line) • If Cesarean delivery, consider additional assistance from senior	See recommendations above	See recommendations above

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*Anesthesia note to include: pregnancy demographics, GA, EDD scheduled delivery date, OB Delivery plan, Co-morbidities, HTN, OSA< asthma, smoking, obesity hypoventilation, other heart/lung, venous access, pulses, back (vertebral landmarks), labs and tests, and assessment & recommendations.