

Pregnancy Medical Home Care Pathway: Management of Obesity in Pregnancy

| Timing | BMI 30- 40 | BMI >40 | Prior Bariatric Surgery |
|---------------------------------|---|--|---|
| Preconception | <ul style="list-style-type: none"> Weight loss to normal BMI Review perinatal risks 400 mcg - 1 mg of folic acid Sleep apnea screening -Refer for sleep study if positive Metabolic syndrome screening -Diabetes/hypothyroid -Lipids -Hypertension -NASH syndrome Nutritional consultation | <ul style="list-style-type: none"> Weight loss to normal BMI Review perinatal risks 400 mcg - 1 mg of folic acid Sleep apnea screening -Refer for sleep study if positive Metabolic syndrome screening -Diabetes/Hypothyroid -Lipids -Hypertension -NASH syndrome Nutritional consultation Consider HROB/MFM referral for BMI > 50 | <ul style="list-style-type: none"> Document operative type 400mcg - 1 mg folic acid Advise delaying pregnancy 18 months following bariatric surgery |
| 1st trimester | <ul style="list-style-type: none"> Gestational diabetes screening CMP, TSH, Hgb A1c & Urine p/c ratio 400 mcg - 1 mg folic acid Nutritional consultation Gestational weight gain goal 11-20 lbs per IOM Discuss perinatal risks 1st trimester dating US Sleep apnea screening -Refer for sleep study if positive 81 mg ASA beginning at 12-16 weeks with additional risk factor | <ul style="list-style-type: none"> Gestational diabetes screening CMP, TSH, Hgb A1c, Urine p/c ratio 400mcg - 1 mg folic acid Nutrition consultation Gestational weight gain goal 11-20 lbs per IOM Discuss perinatal risks 1st trimester dating US Sleep apnea screening -Refer for sleep study if positive Maternal EKG Consider HROB/MFM referral for BMI > 50 or per local policy 81 mg ASA beginning at 11-14 weeks | <ul style="list-style-type: none"> Review operative report 400mcg - 1 mg folic acid Nutritional consult Review additional vitamin supplementation Surgical consult for GI symptoms or lap band adjustment Screen for: "dumping syndrome" before glucola* HgbA1c (screen for type 2 diabetes) CBC, iron, ferritin, RBC folate, vitamin D, calcium, vitamin B12 level Drug levels as needed ASA 81 mg ASA ok with Roux en Y |
| 2nd trimester | <ul style="list-style-type: none"> Detailed anatomy US Monitor gestational weight gain | <ul style="list-style-type: none"> Detailed anatomy US Monitor gestational weight gain Consider OB anesthesia consult per local policy or for BMI>50 | <ul style="list-style-type: none"> Monitor for GI complications Nutritional labs Consider PPI HgbA1c if not done in 1st trimester |
| 3rd trimester | <ul style="list-style-type: none"> Repeat GDM screening at 28 weeks Consider serial growth scans (beginning at 28 weeks?) if pannus precludes accurate fundal height Consider antenatal testing: weekly NST/AFI after 36 weeks | <ul style="list-style-type: none"> Repeat GDM screening at 28 weeks Serial growth scans every 4 weeks -Initiate at 28 weeks Consider antenatal testing: weekly NST/AFI after 36 weeks | <ul style="list-style-type: none"> Monitor for GI complications Nutritional labs Alternative glucose screening Consider serial growth scans every 4 weeks if BMI >40 or significant pannus -Initiate at 28 weeks |
| Delivery | <ul style="list-style-type: none"> Delivery planning as needed Induction per institutional protocol -Timing and method per institutional preference SCDs if cesarean delivery or induction with prolonged bed rest Consider 3 grams of cefazolin with cesarean delivery Consider Hibiclens shower/wipe prior to cesarean | <ul style="list-style-type: none"> Review peripartum and perioperative risks Consider referral to HROB/MFM for delivery at tertiary facility based on local OB anesthesia preferences Consider 3 grams of cefazolin with cesarean delivery Consider Hibiclens shower/wipe prior to cesarean SCDs if cesarean delivery or induction with prolonged bed rest Induction per institutional protocol -Timing and method per institutional preference Consider negative pressure dressing at cesarean | <ul style="list-style-type: none"> Consider general surgery to be available at cesarean delivery if complex surgical history For Roux en Y use NSAID alternatives for pain control |
| Postpartum | <ul style="list-style-type: none"> 1 week incisional check for cesarean delivery Screen for depression at comprehensive postpartum visit Encourage weight loss and breastfeeding Contraceptive options; BTL considerations -IUD/implant preferred Nutritional counseling Consider referral for bariatric surgery if other co-morbid conditions are present | <ul style="list-style-type: none"> 1 week incisional check for cesarean delivery Screen for depression at comprehensive postpartum visit Encourage weight loss and breastfeeding Contraceptive options; BTL considerations -IUD/implant preferred Nutritional counseling Consider referral for bariatric surgery | <ul style="list-style-type: none"> Use caution with NSAIDs Consider lactation consult Encourage ideal body weight |

* If Roux-en Y and has dumping syndrome then POC glucose during visit(s) and follow up at physician discretion.