

## Pregnancy Medical Home Care Pathway: Management of Obesity in Pregnancy

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

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