

## MEMO: Maternity patients with elevated BMI

Date: May 11, 2015

From: Regional Mat/child Department Chairs and Regional Perinatal Committee

To: All Regional Midwives / Physicians / Specialists

In recent months, the obstetrical teams at KBRH and KLH have recognized that there are challenges in how best to support pregnant women with an elevated BMI during the intra-partum and post-partum period. Given that obesity, defined as a BMI > 30 (WHO guidelines), has become one of the most common risk factors amongst childbearing women, consideration must be given to the management of these clients.

Currently, there is not a standardized guideline in the Kootenay Boundary region for addressing the needs of these patients. Thus, the Regional Perinatal Committee has worked to develop this guideline for family physicians to provide information on preferred practice for patients with high BMI. The Interior Health Perinatal Network is in the process of developing a more in-depth protocol. Their documents shall replace this guideline once published.

The following procedure is an interim recommendation to help facilitate communication with the team that will be sharing in the care of your patient with an elevated BMI. We invite your feedback regarding this recommendation and any other feedback you may have so that it can be incorporated into the guideline.

### Recommended procedure:

For women with pre-pregnancy BMI 30 or at any time in the pregnancy a BMI greater than (>) 35, physicians will:

- Review [SOGC guidelines](#) on obesity.
- Patients with BMI > 50 should be made aware in first trimester that they will have to travel to a higher level of care for delivery. Activation of social service supports is critical to assist families (Gordie Steep at KBRH Foundation or some housing in Vancouver / Kelowna may be available).
- Refer patient to OB/GYN for a consultation for patients with BMI > 38 – currently patients with BMI 30 – 38 may be delivered within region while higher BMI poses complications that the specialist will address with patients. Refer at 20 weeks.
- Refer patient to anesthesiologist / GP – anesthetists (depending on site) for consultation by 34 weeks for BMI > 35.
- Consider a concurrent pediatric referral prior to delivery to discuss implications for neonates with patients.
- Consider preconception obstetrical consult for women with BMI of 38 prior to index pregnancy or subsequent pregnancy.
- Note recommendations from OB/GYN and GP-anesthetists in patient's chart.
- Notify patient about their potential risks in delivering within the region and recommendations according to information from specialists.
- Provide nursing staff / unit manager in delivery sites information about patient's condition and recommendations for care before 35 weeks.

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### To provide feedback contact:

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