



Media information
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CMACE release: CMACE publishes information on obesity in pregnancy

The Centre for Maternal and Child Enquiries (CMACE) reveals results from a survey on NHS maternity provision for obese women and publishes guidelines at a conference today.

In 2008, CMACE undertook a survey of maternity service provision for women with obesity on the NHS as part of their national programme on obesity in pregnancy. Survey responses were received from 320 (88%) of the 364 maternity units in England, Wales, Northern Ireland, Scotland and the Crown Dependencies. Responses were received from 98% and 96% of obstetric and freestanding midwifery units respectively (see note 1).

Key findings

- The majority of maternity units routinely provide care to women with obesity. 220 (100%) of the responding obstetric units, seven (54%) of 13 responding alongside midwifery units, and 54 (62%) of 87 responding freestanding midwifery units reported caring for obese mothers.
- 124 (44%) maternity units did not have local guidelines for the care and management of women with obesity.
- While the majority of units had delivery beds and blood pressure monitoring equipment suitable for obese mothers, many did not have immediate access to appropriate equipment such as extra-wide chairs, ward beds, and, in a tenth of obstetric units, operating theatre tables. 108 (40%) maternity units had a central list of available manual handling equipment suitable for women with obesity (see note 2).
- 107 (50%) obstetric units always provided an antenatal anaesthetic assessment for women with obesity, 72 (33%) provided specific advice on dieting and 12 (6%) provided preconception care and advice.
- Patient information about maternal obesity should be developed. 49 (18%) maternity units currently provide printed information for women specifically focused on the issue of obesity and pregnancy.
- The general view in maternity units is that women with a BMI $\geq 35\text{kg/m}^2$ should be advised not to have a home birth. 220 (80%) maternity units had a weight threshold above which home birth was advised against (see note 3).

A joint CMACE / RCOG guideline is being released at the conference on the care of women with obesity before, during and after pregnancy. The guidance includes standards of service provision for local maternity units. This guideline will address many of the needs above as trusts and maternity units will now have evidence-based national guidelines to ensure that obese mothers-to-be are given appropriate care and treatment during pregnancy.

The second phase of the project is to monitor the adoption of these clinical guidelines across all maternity units in the UK. Results of this study are expected in early 2011, alongside the publication of the findings from the maternity services survey.

Dr Jo Modder, CMACE Clinical Director (Obstetrics), said “Maternity services in the UK have been working hard to deal with the challenge posed by increasing numbers of women with obesity. The national survey by CMACE has shown a number of areas where improvements can be made in the provision of services to these women, and we hope that the joint CMACE / RCOG guideline will be useful in helping trusts to identify their local priorities.”

Professor Sir Sabaratnam Arulkumaran, President of the Royal College of Obstetricians and Gynaecologists (RCOG) said “The RCOG welcomes the work done by CMACE and these survey findings as they identify areas where service improvements can be made.

“Obesity is a public health concern in the UK and this is reflected in our specialty by the increasing numbers of overweight pregnant women being seen in maternity units. It can be addressed in the NHS by having good clinical guidelines and the appropriate resources in place. The long-term challenge however is behavioural. We need to start before a woman becomes pregnant by encouraging her to lead a healthy lifestyle and by providing her with the support and means to do so, so that she can then go on to have healthy pregnancy. ”

Professor Cathy Warwick, General Secretary of the Royal College of Midwives (RCM) said, “The survey reveals a need to improve the services and resources for obese pregnant women. There is also a need to deliver a general public health message. The bottom line here is that we need to help women to improve their lifestyle and health, for the sake of their own long-term health, and not just in pregnancy. Midwives have a crucial role to play in offering care and advice for obese pregnant women. There is a lot of innovative and pioneering work being done by them and other health professionals across the UK. Trusts should be looking at what works and learning from each other to ensure the highest standards of care are available.”

Ends

To speak to Dr Modder or Professor Sir Arulkumaran, please contact the RCOG press office on 020 7772 6446 / 6357. To speak to Professor Warwick, please contact the RCM press office on 020 7312 3432 / 3456.

For more information about the conference *Management of women with obesity in pregnancy* click here <http://www.rcog.org.uk/events/obesity-pregnancy>. To view the CMACE / RCOG Guidelines click here xxxx.

Notes

The CEMACH (the precursor of CMACE) report *Saving Mothers Lives*, http://www.cmace.org.uk/getattachment/927cf18a-735a-47a0-9200-cdea103781c7/Saving-Mothers--Lives-2003-2005_full.aspx published in 2007, identified maternal obesity as a growing overall threat to the childbearing population in the UK.

It noted how maternal obesity is a risk factor associated with increased morbidity and mortality. From previous research, pregnant women who are obese (BMI > 30) have been found to have a greater chance of having a spontaneous first trimester miscarriage, develop gestational diabetes, pre-eclampsia and experience thromboembolism during pregnancy;

when compared to non-obese women. Obese pregnant women also have higher rates of induced labour, caesarean sections (and an increased risk of post-caesarean wound infection) and postpartum haemorrhage.

The babies of obese women have also been found to have significantly increased risks of adverse outcomes such as fetal anomaly, preterm birth, stillbirth and neonatal death.

In *Saving Mothers Lives*, 14 out of 31 women who died of a thromboembolic event were found to have been obese. It recommended that national guidelines were urgently needed for the management of the obese pregnant women and noted that women with a BMI > 30 should all be provided with pre-pregnancy advice and counselling.

Note 1: There was a low response rate (27%) from alongside midwifery units, probably because the partnering obstetric unit in the NHS trust had responded on behalf of both obstetric and midwifery units.

Note 2: 69 (31%) obstetric units had weighing scales with a safe working load of 300kg. 29 (13%) of the 220 obstetric units reported that they did not have immediate access to suitable operating theatre tables for women with obesity.

Note 3: 253 (96%) responding maternity units had a BMI threshold for initiating additional maternity services, with the most common BMI threshold being 35kg/m².