

Date: 02/12/2014

Dear Sir/Madam

This is a follow up response relating to gestations less than 9 weeks at booking with BMI.

**Please find our response below:**

(i) the number of pregnant women attending an 8-week (or thereabouts) 'booking in' appointment at the Trust during each of the last five years from 2010/11 to 2014/15 inclusive;

(ii) the number of pregnant women attending an 8-week 'booking in' appointment during each of the last five years who were categorised as obese at that appointment;

**Number of women booking before 9 weeks gestation by financial year**

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015(Oct)
No. Bookings <9 weeks	431	355	328	326	183
BMI ≥30- ≤40	79	58	60	52	30
BMI ≥40- ≤50	8	10	9	6	3
BMI ≥50	2	0	1	1	0

Response to the following Freedom of Information Request: -

(iii) Please explain the Trust's definition of 'obese' in this instance

**Extract from the HUH NHSFT Antenatal Care Guidelines 2014**

BMI GUIDELINE

It is well documented that maternal weight gain in pregnancy is a poor predictor of fetal growth. However, BMI calculation is important since low BMI (< 19) can predispose to intra uterine growth retardation and high BMI (>30) can predispose to medical/obstetric complications e.g. diabetes and hypertension. BMI should be calculated at the initial booking appointment.

If BMI<19, serial growth scans should be considered.

Obesity guidelines

Full Obesity in Pregnancy guidelines available on Homerton intranet and ELIC website

If BMI between 30 and 35

Can be managed in community if no other risk factors exist.

Recommendations: 5mg Folic acid from 1 month before conception until 14 weeks gestation. 10mcg Vit D during pregnancy and breastfeeding Random blood glucose every visit. If this is ≥7, a GTT is required Weigh in the third trimester if they are keen for delivery on the Birth Centre. This is to ensure there has been no excessive weight gain

The increased risks of gestational diabetes, pre-eclampsia, DVT and PE, unsuccessful VBAC (increased risk of uterine rupture and neonatal morbidity), anaesthetic and operative complications during caesarean, postpartum haemorrhage should be discussed and documented.

If BMI over 35 - as above and including

*Incorporating hospital and community health services, teaching and research*

Monitoring for pre-eclampsia (BP and urine) is required at a minimum of 3 weekly intervals between 24 and 32 weeks gestation, and 2 weekly intervals from 32 weeks to delivery, if they have no other risk factors for pre-eclampsia. Extra visits for these observations should be done in the community.

Should deliver on the consultant led delivery suite

If BMI over 40 - as above and including

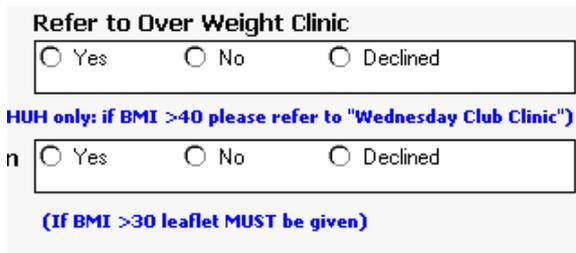
Give Patient Information Leaflet. This can be downloaded from the Obesity guideline.

Risk Assessment Form (including management plan) to be completed by booking midwife and inserted into hand held notes.

Document and offer an appointment for "Wednesday Club Clinic" to be seen by a Consultant Obstetrician, a Consultant Obstetric Anaesthetist and a midwife.

These women are at high risk of thromboembolism and recommended to have one week of prophylactic Clexane postnatally regardless of mode of delivery.

Screen shot from Maternal Antenatal Booking Assessment Summary form.



**Refer to Over Weight Clinic**

Yes     No     Declined

**HUH only: if BMI >40 please refer to "Wednesday Club Clinic")**

Yes     No     Declined

**(If BMI >30 leaflet MUST be given)**

If you have any queries about this response please contact the information governance manager at [foi@homerton.nhs.uk](mailto:foi@homerton.nhs.uk) , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) to take them further.

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Yours sincerely

Mike Dunne  
Information Governance Manager/Deputy Calidcott Guardian