Maternal Obesity an upcoming global challenge for Obstetrician and Gynaecologists

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Obesity during Pregnant poses challenges for the midwife due to difficulties related to follow-up. Hypertension, fetal growth and fundal height and. Abnormal and growth scans are suboptimal, especially abnormalities related to the spine, fetal heart, and kidneys, increasing the risk of undetectable abnormalities. Research has shown that there is a double increase in nerve conduction defects in obese mothers and there is a link between maternal obesity and higher embryo complications compared to non-obese patients, which is a burden on health care resources. It is therefore important to implement measures to minimize obstetric risk through the following: Before pregnancy, women should undergo periodic health exams.

• The BMI should be calculated for each pregnant patient on the initial visit to the hospital

• Obese women of childbearing age should receive counseling on nutrition, weight gain, and food choices

• Pregnant women should be informed of the risk of fetal complications and measures to prevent them

• Obese patients should be seen by an anesthesiologist during the early stages of delivery to reduce the risk of severe regional anesthesia or failed intubation.

• Preventive treatment for thrombolism and early recruitment should be considered in the immediate postpartum period.

INTRODUCTION:

The World Health Organization (WHO) as body mass index (BMI) ≥29.9 kg / sqm defined obesity. Studies have shown that there has been a dramatic increase in obesity in recent years and all age groups and ages, including children and adolescents are at risk, the WHO has classified obesity into different categories according to the BMI. The prevalence rate of obesity increased from 4% in the period 1999–2004 to 6% during 2011–2012. Pregnant women who are obese are at particular risk of developing heart disease, high blood pressure, diabetes and other complications during pregnancy and after childbirth.

Obesity patients are also at increased risk of stillbirth in the baby who has had shoulder dystrophy because of macrosomy. Obese patients usually suffer from high fetal weight anxiety, which, when assessed, can increase the risk of childbirth and caesarean delivery in this category of patients. Caesarean section among obese patients are associated with more difficulties, including failed intubation, severe regional anesthesia, increased surgery time, increased blood loss, and a higher risk of wound infection and endometritis. All these increase the length of hospital stay. In addition, there is a higher risk of thrombolysis, sexually transmitted lesions, and postpartum hemorrhage.

Prenatal outcomes adversely affect and increase the incidence of growth restriction, stillbirth, prematurity, and hospitalization for neonatal intensive care units. The most preventable risk of unexplained stillbirth is obesity. Therefore, the aim of this study was to compare the obstetrical outcome between obese women with BMI ≥29.9 kg / sqm and women who did not have a proper BMI of 20-24.9 kg / sqm

METHODS:

This prospective group study was conducted at King Fahd University Hospital, Al-Khobar, Saudi Arabia, for a period of two years from Jan2012 to Dec 2014. The study group included 300 Saudi women aged 20-35 years in the first trimester of pregnancy with BMI ≥29.9 kg / sqm and 300 non-suffering pregnant controls. Exclusion criteria included pre-existing disease and BMI <29.9 kg / m2. A questionnaire was used to including age, collect data, income, marital status, education, and number of pregnancies and recent turnover. All patients followed the birth and noted obesity-related complications. Multiple logistic regression analysis using a social science statistical package to determine the relationship between BMI and pregnancy outcome in the group studied.

DISCUSSION:

Pregnancy obesity poses challenges to the obstetrician due to difficulties in monitoring blood pressure, fetal growth and fundal height and. Abnormal and growth scans are suboptimal, especially abnormalities related to the spine, heart and kidneys, increasing the risk of undetectable abnormalities. Studies have shown that there is a double increase in nerve conduction defects in obese mothers. Our results revealed that prenatal complications such as hypertension / preeclampsia and HELLP syndrome occurred in 12% of the obese study group, compared to 2% (P <0.01) in the control group, which was consistent with other studies. Similarly, we found that 7-15% of obese patients had gestational diabetes compared to 2% (P <0.005) in the control group. Increasing exercise can reduce the risk of gestational diabetes in obese patients. Early examination of these conditions is essential for pregnant women, especially those with obesity.

CONCLUSION:

This study shows a link between maternal obesity and higher complications of the fetus compared to patients who do not suffer from obese, which is a burden on health resources. It is therefore important to implement measures to minimize obstetric risk through the following:

• Before pregnancy, women should undergo periodic health exams

• The BMI should be calculated for each pregnant patient on the initial visit to the hospital

• Fertile obese females need Counseling on nutrition, weight gain and food choices

• Pregnant women should be informed of the risk of fetal complications and measures to prevent them

• Obese patients should be seen by an anaesthesiologist during the early stages of delivery to reduce the risk of severe regional anesthesia or failed intubation.

• Preventive therapy for thromboembolism and early mobilization in the immediate postpartum period should be considered to avoid thromboembolic complications.

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