Maternal BMI and obstetric outcomes at The Northern Hospital 2011-2016





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BACKGROUND

- · Obesity is a major public health concern for Australia and carries special risks during pregnancy
- Many complications associated with maternal obesity behave in a dose-dependent manner1, placing severely obese women and their infants at greatest risk of adverse outcomes
- Internationally, a BMI>50kg/m² has a reported prevalence of 0.06-2.2%^{2,3} but data on Australian women is limited

AIM

· To examine obstetric and neonatal outcomes by maternal BMI for women delivering at The Northern Hospital, with a particular focus on outcomes for women with a BMI>50kg/m²

METHODS

- · A retrospective study in a non-tertiary hospital was undertaken using data from the Birthing Outcome System
- Inclusion criteria: women delivering a singleton infant from 2011-2016 with BMI recorded at first antenatal visit
- Women with weight ≥180kg were transferred to a tertiary centre and were excluded from the
- · Maternal and neonatal outcomes analysed by BMI group (Figure 1)
- · Univariate analysis was performed with the chisquare test and Kruskal-Wallis test as appropriate, with a significance level of 0.05
- Multivariate analysis controlled for maternal age, parity, Indigenous status and maternal birth overseas

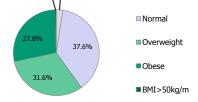
Figure 1. Study cohort



□Underweight

Figure 2. Maternal BMI distribution

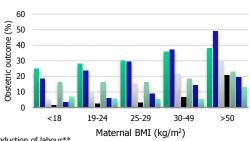
2.5%



RESULTS

- · Of the 18 518 singleton deliveries, 18 402 (99.4%) of women had a BMI recorded at the first antenatal visit and were included (Figure
- Maternal BMI was associated with increased rates of obstetric and neonatal complications and interventions (Figure 3)
- 92 women with BMI > 50kg/m² gave birth during the study period (0.5%) (Figure 2)
 - Of this group, 48% required a cesarean section, 38% required an induction of labour, 29% developed gestational diabetes and 22% developed a hypertensive disorder of pregnancy
 - 20% of their infants had a birth weight >4.0kg, 23% required admission to a special/intensive care unit and 13% were born late pre-term
 - Compared to obese mothers with BMI30-49kg/m², those with BMI>50kg/m² were more likely to develop a hypertensive disorder of pregnancy (aOR 3.55, 95%CI 1.79-7.73) and to deliver a late-preterm infant (aOR 2.54, 95%CI 1.31-4.58)

Figure 3. Obstetric outcomes by maternal **BMT**



- ■Induction of labour**
- ■Ceaserean section **
- Gestational diabetes**
- ■Hypertensive disorder of pregnancy**
- Neonatal admission to special or neonatal intensive care*
- ■Birth weight >4.0kg**
- Late pre-term birth (32-37 weeks)*
- * p<0.05 ** p<0.001

CONCLUSION

- Obesity is prevalent in our antenatal population
 - · Over 1 in 4 mothers are obese, compared to national estimates of 1 in 5
- We provide new Australian data on obstetric outcomes for women with BMI > 50kg/m² delivering in a non-tertiary setting and confirm that they are at highest risk of obstetric and neonatal complications and medical intervention
- Health services need to anticipate future needs of our antenatal population and provide appropriate infrastructure for optimal care

REFERENCES

- 1. Marshall NE, Guild C, Cheng YW, Caughey AB, Halloran DR, Maternal superobesity and perinatal outcomes. American journal of obstetrics and gynecology. 2012;206(5):417.e1-.e6.
- 2. Bonnesen B, Secher NJ, Moller LK, Rasmussen S, Andreasen KR, Renault K. Pregnancy outcomes in a cohort of omen with a preconception body mass index >50 kg/m(2). Acta obstetricia et gynecologica Scandinavica. 2013;92(9):1111-4
- 3. Alanis MC, Goodnight WH, Hill EG, Robinson CJ, Villers MS, Johnson DD. Maternal super-obesity (body mass index > or = 50) and adverse pregnancy outcomes. Acta obstetricia et gynecologica Scandinavica. 2010;89(7):924-30.

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