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ABSTRACT

Outcome of Pregnancy in Women with an Increased Body Mass Index

Objectives:

To describe the association of antenatal booking visit BMI (in first and early second trimester) on past dates, induction of labour, fetal distress, presence of meconium stained liquor, mode of delivery, birth weight, presence of congenital abnormalities and early neonatal complications (admission to special care baby unit).

Study Design:

Hospital based prospective cohort study.

Setting:

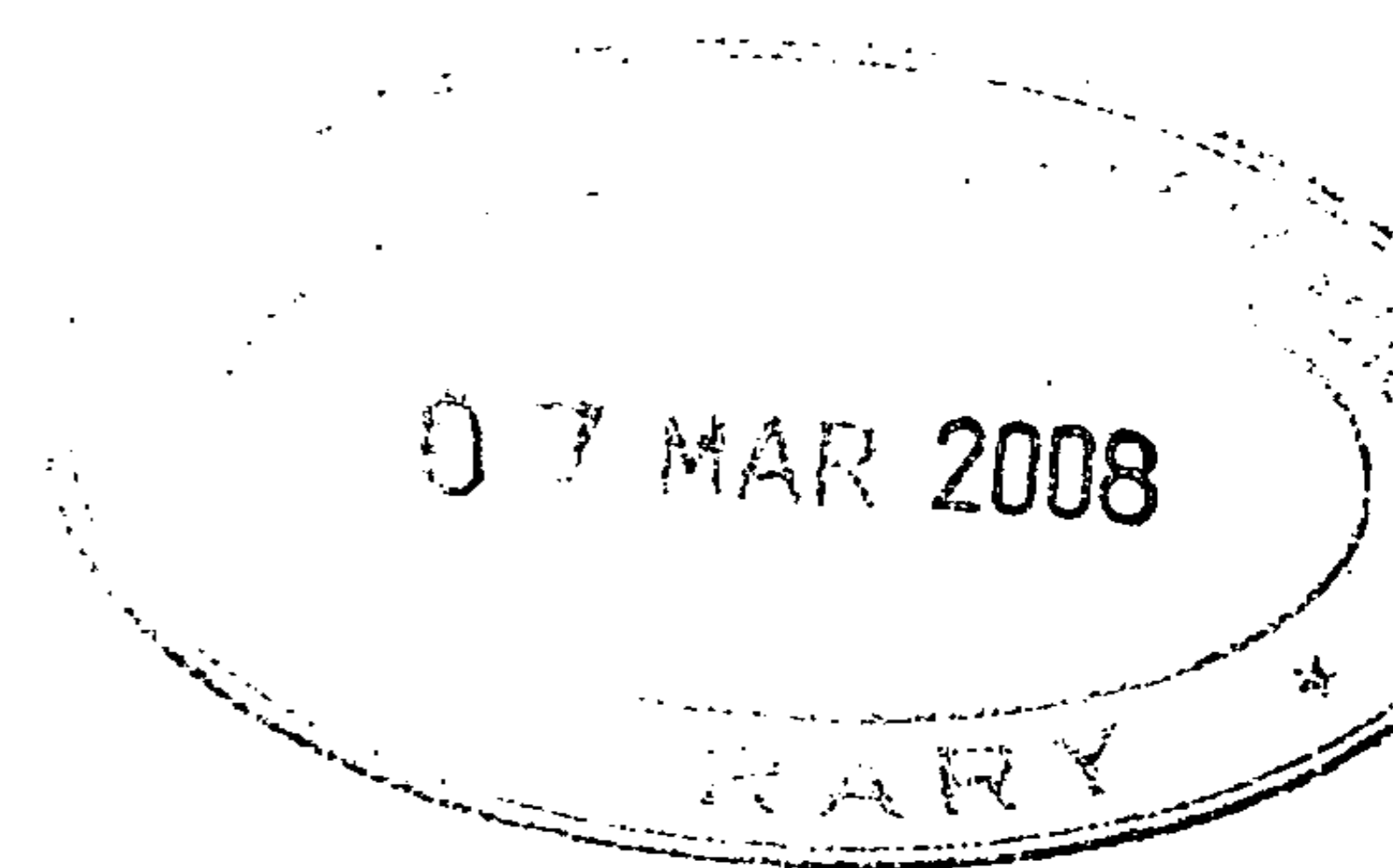
Study was conducted at Professorial Obstetrics and Gynaecology unit of Teaching Hospital, Peradeniya.

Study population and sample:

226 primi gravid mothers between 18 to 35 years of age with singleton uncomplicated pregnancies, who attended antenatal clinic and received inward care of Professorial Obstetrics and Gynaecology unit of the Teaching Hospital Peradeniya were selected.

Method:

Comparisons were made between women with a body mass index of 18 to 25 and those with more than 25 with regard to following outcomes.



Outcomes compared in normal and high BMI categories:

To compare the association of booking visit maternal BMI in normal and high BMI categories on, past dates, induction of labour, fetal distress, presence of meconium stain liquor, mode of delivery, birth weight, presence or absence of congenital abnormalities, early neonatal complications (admission to special care baby unit)

Results:

There was a significant difference of past dates ($p=0.012$), induction of labour ($p=0.001$), fetal distress ($p=0.009$), instrumental delivery ($p=0.047$), caesarean sections ($p=0.001$), emergency caesarean sections ($p=0.025$), mean birth weight ($p=0.001$), and admission to special care baby unit ($p=0.001$) between two groups. There was no significant difference in appearance of meconium stained liquor ($p=0.519$) and presence of congenital abnormalities between two groups.

Conclusions:

High maternal BMI appears to be associated with an increased risk of adverse pregnancy outcomes may be starting from increased induction of labour. They should be considered as high risk and counselled accordingly.

