



# Regional Midwifery Forum

**Minutes of the Meeting Held: Wednesday 4<sup>th</sup> June 2008**

**Present:**

<b>Name</b>	<b>Unit</b>
Pat McGeown, <b>Chair</b>	Perinatal Institute
Jean Lucas	Alexandra Hospital, Redditch
Pat Bodin	Birmingham City University
Pam Jordan, Micheala Revel-Maton	Birmingham Women's Hospital
Michelle Guilfoyle	George Eliot
Rose-Marie Cox	Hereford County Hospital
Sue Dennett	HOEFT
Val Tristram	Kidderminster Hospital
Lorraine Smith, Maggie Dawidziak	New Cross Hospital
Stephanie Bowler	Queens Hospital Burton
Anthea Gregory Page, Cath Mercer	Royal Shrewsbury Hospital
Jasmin Daley	Sandwell General Hospital
Anne Mellor	Staffordshire Hospital
Magella Johnston, Sue Aucutt	UHCW
Kerry Gorton, Bev Pincher	Walsall Manor Hospital
Ann Cysewski	Wolverhampton University
Judi Barratt	Worcester Royal Hospital
Kate Morse, Fiona Cross-Sudworth	Perinatal Institute

**Apologies:**

<b>Name</b>	<b>Unit</b>
Tracey Greenhill	Birmingham Heartlands Hospital
Wendy Burt, Paula Clarke, Angela McBennett	Birmingham Womens Hospital
Elinor Clarke, Julia Ramsay	Coventry University
Carole Hemming	George Eliot Hospital
Lesley Adams	Royal Shrewsbury Hospital
Amanda Hackett, Justine Edwards	Russells Hall Hospital
Joyce Till	Stafford General Hospital
Annette Gough	Warwick Hospital
Wolverhampton University	Marcia Edwards

**Agenda Items**

**1. Introduction**

Welcome and individual introductions.

PMcG discussed the quorum with the Heads of Midwifery Group who agreed we could go ahead even if we were not quorate. PMcG felt that it would depend on the focus of the meeting and will re-word the T&Cs to reflect this. PMcG will also amend the quorate and numbers attending from each unit. The T&Cs will

**Action Points**

PMcG

also be amended to say that the remit is to develop guidelines rather than influence them.

### **Aims and objectives**

To produce a multiagency pathway for care of obese women during pregnancy. The group amended the aim to reflect all aspects of maternity care including pre-conception and postnatal care. The emphasis is on adapting a pathway to suit local needs.

## **2. Obesity in Pregnancy Overview**

Current directives are from sources such as CEMACH, NICE and Dept of Health. Obesity in pregnancy is a risk for both mother and baby as fetal monitoring is difficult and there is an increased anaesthetic risk and caesarean section rate.

The recommendations are to calculate the BMI of all women, raise the issue and discuss weight and diet, develop a pathway and support breastfeeding.

It was felt that although having a BMI of 25 or over means that you are obese, this could have a huge impact on resources. Therefore, some units do not use a BMI of 25 or more as an indicator for referral. Some local units have had to put on special clinics for women with a BMI of 40 or more.

## **3. Regional Picture**

Guidelines were received from 9 units and 5 units sent a copy of their CEMACH Obesity and Maternity Services Survey.

From the guidelines PMcG said that BMI was the trigger for referral however the BMI varied between 30-40. There was a similar trend for anaesthetist referral.

It was felt that this was a sensitive issue and not all midwives felt confident enough about giving dietary advice. They need to be equipped with knowledge and skills and a handout/leaflet for women would be beneficial. It was also suggested that information could be incorporated into the Pregnancy Notes.

- Portion sizes and risk of 'eating for two'
- Average weight gain
- Develop patient and midwife information leaflet
- Acknowledge the risks of being underweight
- Have conversation with all women about diet and lifestyle
- Should women be weighed – look at the evidence base to see why this stopped and should we bring it back
- Marry up referrals with appointments so that women can attend multiple appointments together
- There is an element of education in some cultures as overweight women are seen as being healthy and good child bearers
- Serial fetal growth scanning is required but not all units offer this as measurements might not be accurate
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## **4. Local Perspectives**

Attendees shared local practices and pathways with the group.

**5. Developing the Pathway**

To move forward with developing the pathway, the group decided that the best approach would be a series of small sub groups.

1. Weight management leaflet for women – devise an information leaflet for women to prevent high BMI
2. Training tool for midwives -
3. Guidelines – look for a gold standard and pick out everything that is done
4. Mapping services – look at the equipment and services that we may need
5. Evidence base for weighing – look at evidence for routine weighing
- 6.

**6. Any other business**

The sub groups may want to meet between themselves. A list of contact details will be forwarded so that group members can contact each other. At the next meeting PMcG would like each group to do a short presentation outlining where the group is at.

PMcG

**7. Date of next meeting**

**Wednesday 5<sup>th</sup> November 2008 at 10:00** (lunch will be provided)

Venue: The Perinatal Institute, Crystal Court, Birmingham