NMPA
National Maternity & Perinatal Audit

NHS Maternity Care for women with a Body Mass Index of 30 kg/m^2 or above

Lay Summary

Based on births between 1 April 2015 and 31 March 2017 in England, Wales and Scotland

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit is a large-scale project established to provide data and information to those working in and using maternity services.

We do this to evaluate and improve NHS maternity services, as well as to support women, birthing people and their families to use the data within their decision-making.

For more information about the NMPA, please see www.maternityaudit.org.uk

What is the BMI>30kg/m^2 sprint audit?

This sprint audit focused on aspects of maternity care specifically for those with a body mass index (BMI) of 30kg/m^2 or above and the work involved a lay advisory group who have a lived experience of this.

The group helped with the language used in the report, the measures or outcomes of pregnancy and birth most important to them, their interpretation of the results as well as working closely to produce this lay summary document.

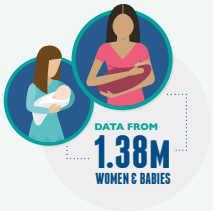
The full report of the sprint audit can be found via the NMPA website using the link below:

Read the full report

What information is included, how is it presented and how can it be useful?

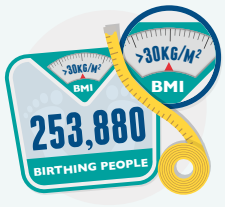
Throughout this document we use the term 'birthing people' as well as 'women'. It is important to acknowledge that it is not only people who identify as women that access maternity and gynaecology services.

Words within the document that have an asterisk next to them (e.g. Apgar* score) can be found in the glossary at the end of this lay summary and there you will find further explanation of what those words mean.

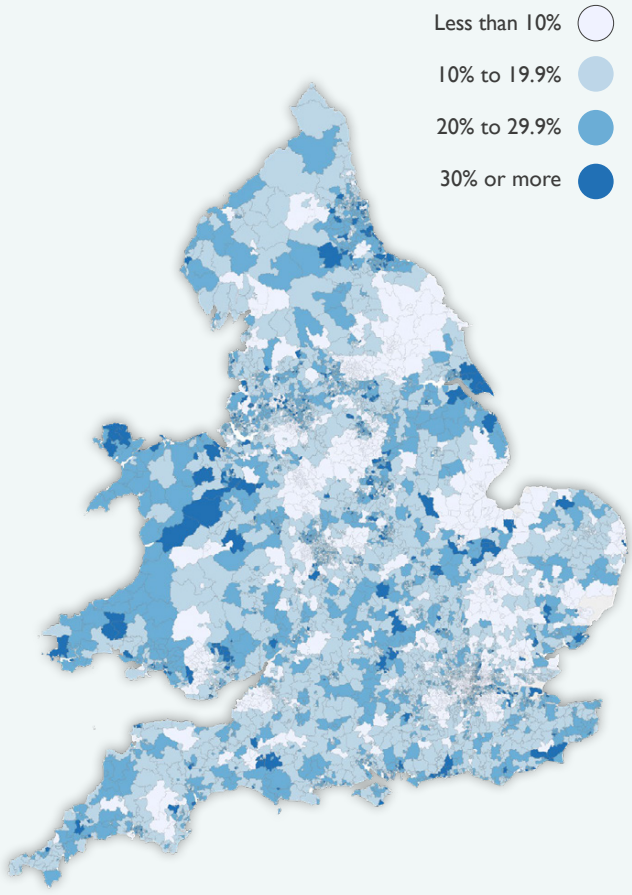


Data from over **1.38 million** women and birthing people and their babies born between April 2015 and March 2017, in England, Scotland and Wales.

253,880 birthing people were recorded as having a BMI* of 30kg/m^2 or above.



236,419 birthing people did not have data for their BMI recorded.



The proportion of women with a BMI of 30 kg/m^2 or above giving birth in each area of England and Wales between 1 April 2015 and 31 March 2017

Key Findings and Recommendations

We use the key findings and recommendations from the full report throughout this summary and include infographics to aid understanding.

www.maternityaudit.org.uk

The NMPA website has lots of information about maternity care so do visit for more details about this work and the other work of the NMPA.

First and Subsequent Births

We separate results for first and subsequent births (also considering whether a previous birth occurred by caesarean section), and for each BMI category where appropriate and meaningful.

Insights and Discussions

The findings of this report can be used to help start discussions between service users and care providers; to empower service users to advocate for the birth experience they would like, but to also share and discuss any concerns arising from the data presented here.

Key findings

Birthweight

The chance of having a large-for-dates baby increases as BMI increases.

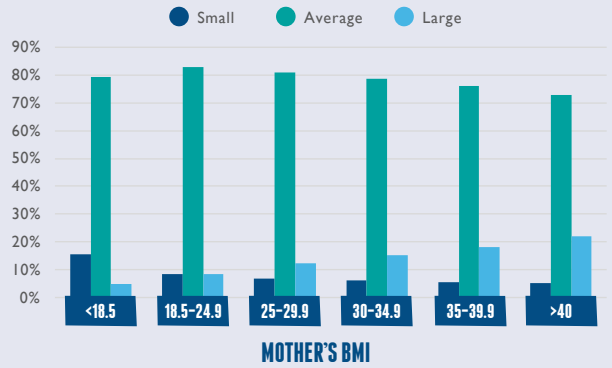
Over 70% of women and birthing people, regardless of BMI category, will give birth to a baby that is an average weight for the time in pregnancy that they are born.

A baby born large-for-dates is one that is bigger than 9 out of 10 babies born at the same stage of pregnancy. The NMPA does not have information about whether babies are also thought to be big from antenatal scan estimates, so this measure uses the weight recorded at birth only.

Having a big baby increases the chance of the woman experiencing severe bleeding after birth, severe tears, or a delay in the birth of the baby's shoulders after the head is born during a vaginal birth, requiring extra help (shoulder dystocia).

It is not possible to say from this data the degree to which the larger babies are connected solely to the BMI of the mother, as we know having a large baby is also more likely if you have gestational diabetes, and you're more likely to have gestational diabetes if you have a BMI of 30kg/m^2 or above.

Chance of having a baby whose birthweight is small, average or large for their dates, for each BMI category



Call to action

We'd like to see more detailed guidance about birth options for those with a big baby, potentially with different or additional information relating to those with a BMI of 30kg/m^2 or above.

Stillbirth

The chance of having a stillborn baby increases as BMI increases.

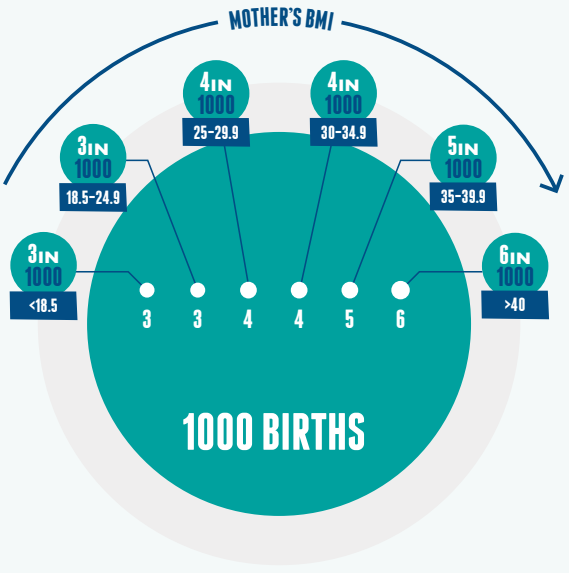
Stillbirth is the death of a baby at or after 24 weeks of pregnancy. It is an uncommon, but devastating outcome – in 2018 in England, the overall rate of stillbirth was 4 per 1000 babies born (0.4% of all births)[1].

Call to action

We don't yet know why those with a BMI of 30 kg/m^2 or above have a higher risk of stillbirth, so we would like to see more research into investigating this rare but devastating outcome.

The diagram on the right provides the rates of stillbirth for each category of BMI.

Stillbirth rates per 1000 babies born



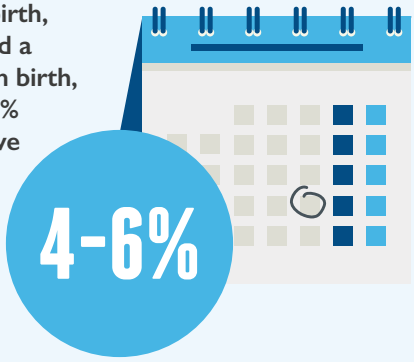
[1]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2018#halving-stillbirth-and-neonatal-mortality-rates-by-2025

Maternal outcomes

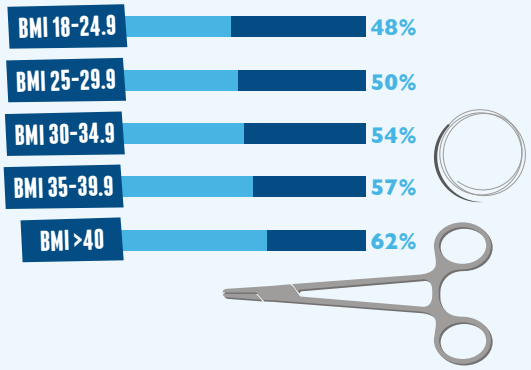
The likelihood of experiencing a caesarean birth, severe bleeding after birth, or needing to be admitted to hospital after the birth increases as BMI increases.

Elective caesarean birth

On average, for women having their first birth, or who haven't had a previous caesarean birth, between 4% and 6% will have an elective caesarean birth.



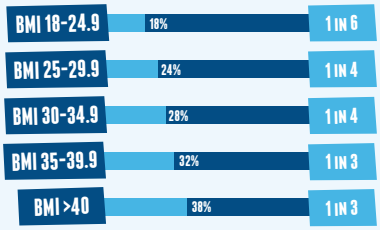
For those with a previous caesarean birth, the chance of having a subsequent elective caesarean birth is:



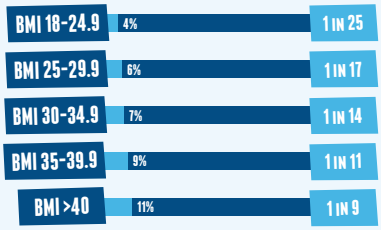
Emergency caesarean birth

Percentage of birthing people having an emergency caesarean birth:

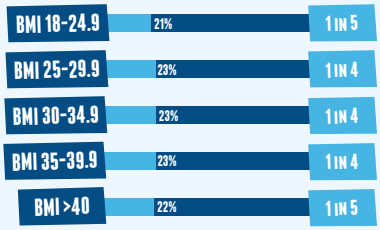
First birth



Subsequent birth, **no** previous caesarean birth

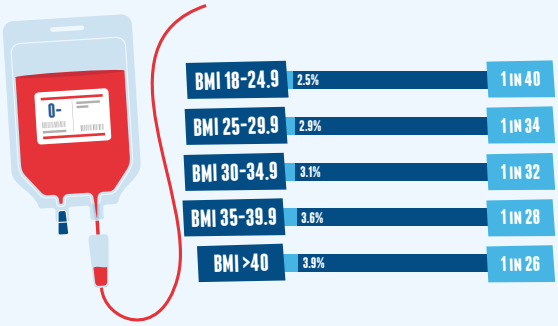


Subsequent birth, **with** a previous caesarean birth

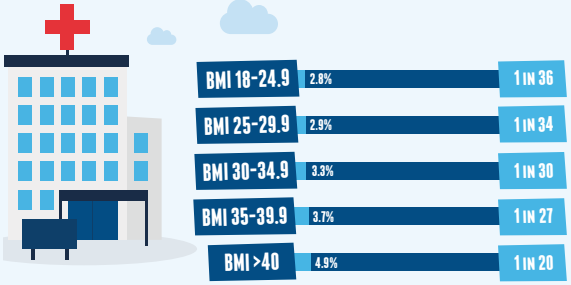


Severe blood loss (postpartum haemorrhage*) and unplanned hospital admission

Number of birthing people who experience severe blood loss at childbirth



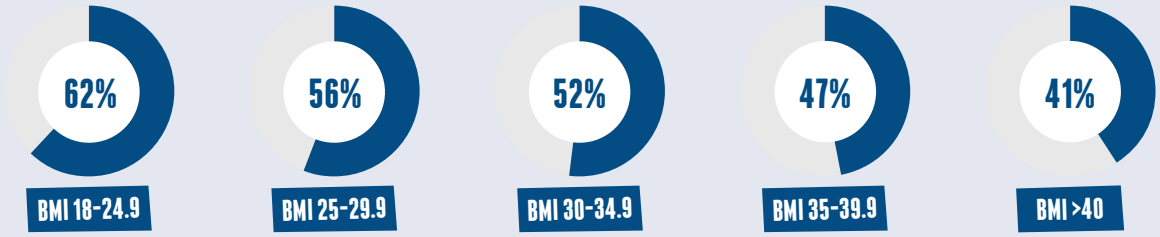
Number of birthing people who required an unplanned postnatal admission



Second births – with or without a previous caesarean birth

Women and birthing people with a BMI of 30kg/m² or above who have previously only given birth vaginally are almost as likely to have another vaginal birth as women with a BMI under 30kg/m².

For those who had their first baby by caesarean and try for a vaginal birth for their second baby, the chance of actually giving birth vaginally is as follows…



40% of women and birthing people with a BMI of 40 or above, who try for a VBAC*, will give birth vaginally.

While the rate of having a vaginal birth when trying for a VBAC* reduces with increasing BMI, approximately 50% of women with a BMI of 30-40 kg/m² or above do have a vaginal birth and so this option should be supported for women and birthing people who choose it.

Call to action

We recommend those with a BMI above 30kg/m² or above be offered maternity care information that is tailored to their individual circumstances – this includes relating to the different categories of BMI as well as whether is it a first birth or a birth after a previous caesarean.

This information should be drawn from a range of reliable and robust sources, including this NMPA report, to offer a comprehensive selection of information that can be used to help facilitate informed decision making.

If you'd like to know more about your options for giving birth, please speak to your midwife or doctor.

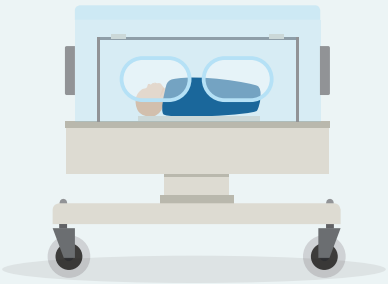
Neonatal outcomes

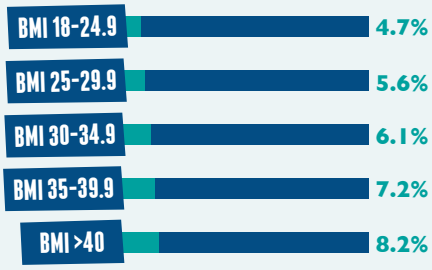
The likelihood of babies being born in poor condition (low Apgar* score), needing admission to a neonatal unit or needing a machine to help with their breathing (mechanical ventilation*), or to be diagnosed with a possible injury to the brain at birth (encephalopathy*) increases as BMI increases.

Admission to neonatal unit

Fewer than 10% of term babies need admission to a neonatal unit, but babies born to mothers with higher BMIs are more likely to need extra care, and this increases as BMI increases.

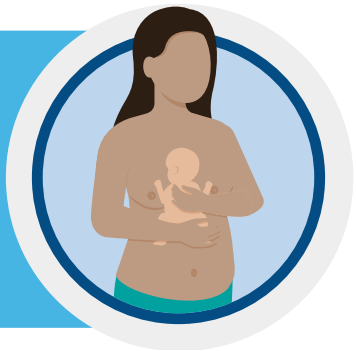
Percentage of term babies needing admission to a neonatal unit:





Skin-to-skin and breastfeeding

Babies born to birthing people with a BMI of 30 kg/m^2 or above are less likely to receive skin-to-skin contact within 1 hour of birth or receive breast milk for their first feed, than babies born to those with a lower BMI.



Call to action

We would like all babies to experience skin-to-skin contact within 1 hour of birth if that is desired and safe to facilitate as this is recommended by the National Institute for Health and Care Excellence (NICE).

We would like to see everyone offered breastfeeding information and support during pregnancy and shortly after birth, tailored to their specific needs.

If you feel these are important topics for you and your family, please talk to your health professional about what support is available to you – consider asking your midwife or doctor questions and discussing what you'd like your experience to look like.

What the data couldn't tell us, but we wished it could...

We do not currently have sufficient information in the NMPA to assess the following in women and birthing people with a BMI>30 kg/m²:

Place of birth data is also limited in terms of distinguishing between births in obstetric units* and alongside midwifery units*.

However, this audit does show that:

1.7% and 1.1%

1 in 59 of those with a BMI of 35.0-39.9kg/m² 1 in 91 with a BMI of 40kg/m² or above,

did give birth in a freestanding midwifery unit* or at home compared with

4.3%

1 in 23 of those with a BMI in the range of 18.5-24.9kg/m²

Call to action

We would like to see services investigate the quality and completeness of maternity data, particularly in relation to labour and birth in water, and make improvements where needed so that data are available for research/audit use.

Glossary

ALONGSIDE MIDWIFERY UNIT	A maternity unit where midwives have primary responsibility for care during labour in women at low risk of complications and which is located on the same site as an obstetric unit so it has access to the same medical facilities if needed.
APGAR SCORE	A five-component score that is used to summarise the health of a newborn baby, typically at 1, 5 and 10 minutes after birth.
BMI	Body mass index, an estimate of body fat based on height and weight. Measured in kilograms of weight, divided by squared height in metres (kg/m²). More information on this can be found via NHS choices: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/
ENCEPHALOPATHY	Symptoms or signs of abnormal brain function in the first few days after birth of a baby born at or beyond 35 weeks of pregnancy. This may cause a low level of consciousness or seizures, often accompanied by difficulty with breathing, or floppiness.
FREESTANDING MIDWIFERY UNIT	A maternity unit where midwives have primary responsibility for care during labour in women at low risk of complications and which is not located on the same site as an obstetric unit.
MECHANICAL VENTILATION	When a baby requires a breathing tube placed through their mouth/nose into their lungs and a machine (ventilator) takes over their breathing.
NEONATAL UNIT	A specialist hospital ward where babies who need additional care are looked after.
OBSTETRIC UNIT	A maternity unit where care is provided by a team of midwives and doctors to women at low or higher risk of complications.
POSTNATAL READMISSION	In this document, this refers to an unplanned, overnight hospital stay within 42 days of giving birth after going home following the birth of the baby, excluding for those who only stay in hospital because of their unwell baby.
POSTPARTUM HAEMORRHAGE (PPH)	Severe blood loss during or shortly after birth, defined for this document, as blood loss of 1.5 litres or more.
VBAC	Vaginal birth after giving birth to a previous baby by caesarean section.