
OBESITE & GROSSESSE

Complications
Quelle surveillance?

World Health Organisation

QUELLE DEFINITION?



Table 2. BMI classification

	BMI range	Risk of developing health problems
Underweight	< 18.5	Increased
Normal weight	18.5 to 24.9	Least
Overweight	25.0 to 29.9	Increased
Obese Class I	30.0 to 34.9	High
Obese Class II	35.0 to 39.9	Very high
Obese Class III	≥ 40.0	Extremely high

TABLE 2

Obstetric complications by maternal body mass index

Outcome	Obesity vs control		Class III obesity vs control	
	Adjusted odds ratio (95% CI)	P value	Adjusted odds ratio (95% CI)	P value
Gestational diabetes mellitus	2.6 (2.1–3.4)	< .0001	4.0 (3.1–5.2)	< .01
Gestational hypertension	2.5 (2.1–3.0)	< .0001	3.2 (2.6–4.0)	< .01
Preeclampsia	1.6 (1.1–2.25)	.007	3.3 (2.4–4.5)	< .01
Birthweight >4500 g	2.0 (1.4–3.0)	.0006	2.4 (1.5–3.8)	< .01
Birthweight >4000 g	1.7 (1.4–2.0)	< .0001	1.9 (1.5–2.3)	< .01
Preterm delivery	1.1 (0.9–1.5)	.4	1.5 (1.1–2.1)	.01
Operative vaginal delivery	1.0 (0.8–1.3)	.9	1.7 (1.2–2.2)	< .01
Preterm premature rupture of membranes	1.3 (0.9–2.0)	.14	1.3 (0.8–2.2)	.2
Intrauterine growth restriction	0.9 (0.5–1.6)	.82	0.8 (0.4–1.8)	.6
Placenta previa	1.3 (0.7–2.5)	.4	0.7 (0.3–2.0)	.6
Placental abruption	1.0 (0.6–1.9)	.9	1.0 (0.5–2.2)	.9
Cesarean delivery	1.7 (1.4–2.2)	< .01	3.0 (2.2–4.0)	< .01

CI, confidence interval.

Adapted from Weiss JL et al.¹⁴

Gunatilake. Obesity and pregnancy. Am J Obstet Gynecol 2011.

• Diabete
HTA
Prééclampsie
Macrosomie

- Césarienne
- Extraction instrumentale
- Dystocie des épaules
- Accouchement après césarienne

TABLE 3

Obesity and congenital anomalies

Congenital anomaly	Overweight		Obesity	
	Odds ratio (95% CI)	P value	Odds ratio (95% CI)	P value
Neural tube defects	1.2 (1.04–1.38)	.01	1.87 (1.62–2.15)	< .001
Cardiovascular anomalies	1.17 (1.03–1.34)	.02	1.3 (1.12–1.51)	.03
Cleft lip and palate	1.0 (0.87–1.15)	> .99	1.2 (1.03–1.4)	.02
Anorectal atresia	1.19 (0.91–1.54)	.2	1.48 (1.12–1.97)	.006
Craniosynostosis	1.24 (0.98–1.58)	.07	1.18 (0.89–1.56)	.25
Diaphragmatic hernia	0.95 (0.72–1.26)	.72	1.28 (0.95–1.71)	.1
Gastroschisis	0.83 (0.39–1.77)	.63	0.17 (0.1–0.3)	< .001
Hydrocephaly	1.28 (0.93–1.75)	.13	1.68 (1.19–2.36)	.003
Hypospadias	1.13 (0.94–1.35)	.21	1.08 (0.86–1.34)	.52
Limb reduction	1.22 (0.97–1.53)	.09	1.34 (1.03–1.73)	.03
Microcephaly	1.21 (0.85–1.73)	.3	1.10 (0.82–1.48)	.54
Micro/antia	0.97 (0.69–1.37)	.86	1.11 (0.75–1.63)	.61
Esophageal atresia	0.89 (0.66–1.21)	.46	1.27 (0.60–2.67)	.54

Adapted from Slothard KJ et al.⁶¹Gunatilake. Obesity and pregnancy. *Am J Obstet Gynecol* 2011.

- Anomalies de fermeture du tube neural
- Malformations cardiaques

Divers...

- Anesthésiques
 - Intubation difficile
 - Péridurale
- Cicatrice
 - Infections
 - Dehiscence



- Allaitement
- Phlébites
- Contraception
- Lits...

Prise en charge Recommendations

Avant la grossesse

❖ Perte de poids

- ❖ Fertilité
- ❖ Diabète
- ❖ HTA
- ❖ Macrosomie
- ❖ Césarienne (entre 2 grossesses)



❖ Methodes

- ❖ Regime
- ❖ Activité sportive
- ❖ Chirurgie bariatrique?

Pendant la grossesse

- ❖ Pas de perte de poids++
- ❖ effets comparables au pré conceptionnel?
- ❖ Consultation nutritionniste
- ❖ Dépistage des complications de l'obésité (cœur, apnée, thyroïde...)
- ❖ Activité physique

Table 3. Pregnancy weight gain based on BMI

	BMI range	Suggested weight gain (kg)
Underweight	< 18.5	12.5 to 18
Normal weight	18.5 to 24.9	11.5 to 16
Overweight	25.0 to 29.9	7 to 11.5
Obese Class I	30.0 to 34.9	7
Obese Class II	35.0 to 39.9	7
Obese Class III	≥ 40.0	7

Attention à la chirurgie bariatrique!
Consultation et bilan nutritionnel

DIABETE GESTATIONNEL

- ❖ Dépistage précoce au premier trimestre
- ❖ HGPO 75g entre 24 et 28SA



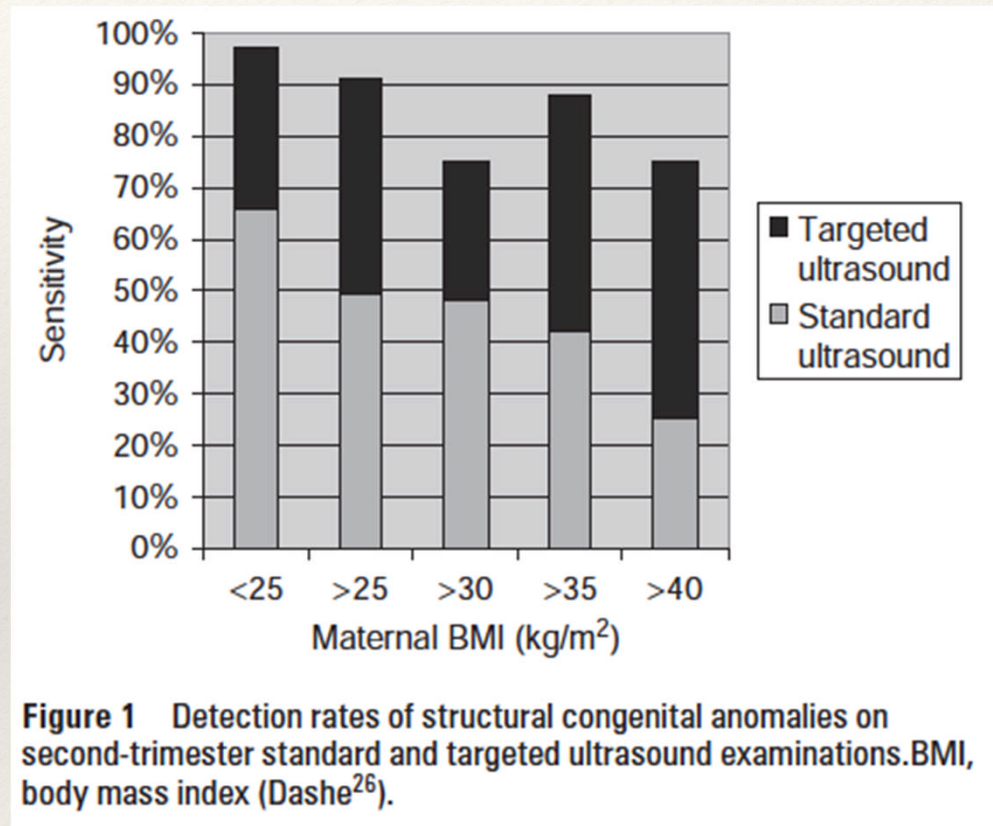
HTA / PREECLAMPSIE

- ❖ Surveillance mensuelle de la TA et BU
- ❖ Bilan de base
 - ❖ Protéinurie des 24h
 - ❖ Bilan renal et hépatique



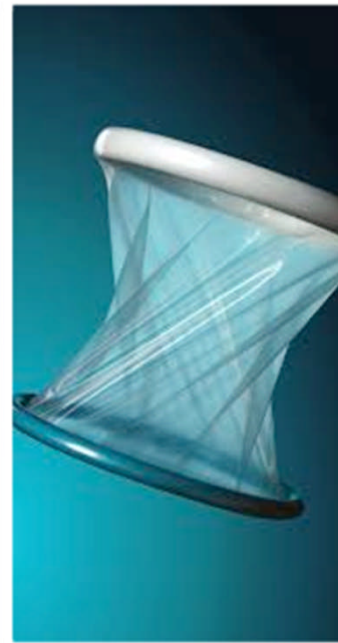
Anomalies morphologiques

- ❖ Acide Foliques 5mg si BMI >30
- ❖ Echographie morphologique précoce
- ❖ Echographie mensuelle?



Accouchement

- ❖ Consultation anesthésique précoce
- ❖ repérage échographie?
- ❖ Présence du gynécologue en cas de macrosomie
- ❖ Utilisation d'un écarteur d'alexis
- ❖ Césarienne sus ombilicale?
- ❖ Suture du tissu sous-cutané?
- ❖ Vérifier le matériel (lits, tables, brancards...)



Post-partum

- ❖ Bas de contention
- ❖ HBPM au cas par cas
- ❖ Rehabilitation précoce
- ❖ aide à l'allaitement
- ❖ Cs de diététique





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