



FEBRUARY 2009

"FOR THE OBESE GRAVIDA, TRY STRONG COUNSELING AND CLOSE FOLLOW-UP"

"DELIVERY AND POSTPARTUM CONCERNS IN THE OBESE GRAVIDA"

JULIE PHILLIPS, MD, AND JANICE HENDERSON, MD
(FEBRUARY 2009)

Estimating fetal weight is difficult in obese women

I enjoyed the articles on obesity in pregnancy and would like to add one point. Ultrasonographic imaging in the obese gravida is often poor. I suggest that the anatomic survey, usually recommended for 18 to 20 weeks of gestation, be postponed to 22 to 24 weeks in this population. True, you may miss the opportunity to assess the nuchal fold, but that is not so important if you also perform first-trimester genetic screening.

The new transducer being advertised by Philips for their iU22 ultrasound system may make this suggestion less important (I don't know—I have not used it). In time, it is likely that all machines will do a better job of imaging in the obese patient, but there is, for now, an enormous difference in the quality of imaging be-

tween thin and obese patients.

Because of this problem, there is a great likelihood that something will be missed in the obese gravida. I also tend to have less confidence in fetal biometry in this population, particularly in the third trimester.

Joseph A. Worrall, MD, RDMS
Fairbanks, Alaska

How to reduce wound dehiscence in obese gravidas

Congratulations on the excellent articles on obesity in pregnancy. When it comes to closing the abdominal wound in extremely obese women who require cesarean delivery, I suggest retention sutures of #5 (or #4) Mersilene, which I have used for more than 40 years.

I close the parietal peritoneum, then insert the sutures (without tying them) through the rectus abdominis, rectus fascia, subcutaneous fat, and skin. I then close each anatomic layer. After closing the skin, I tie each retention suture moderately tightly and apply a sterile dressing. I remove the staples on postop day 5 or 6 and the retention sutures 48 hours later.

I have never encountered wound dehiscence using this technique. (By the way, until 1982, I had to use heavy thread or nylon sutures.)

Peter M. Zablotsky, MD
Queens, NY

Look for vitamin D deficiency

Another deficiency to screen for in the obese gravida is vitamin D. Measurement of 25-OH vitamin D should be routine in this at-risk population.

John Lewis, MD
Waterbury, Conn

» Dr. Phillips and Dr. Henderson respond:

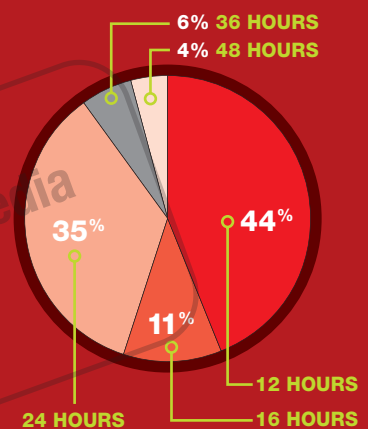
Dr. Worrall makes a good point. The fetal anomaly screen can be challenging

Instant Poll Results

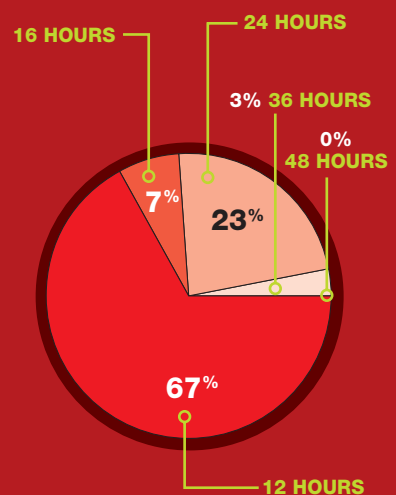


From January 2009

What do you think is the appropriate average duty-shift length for an ObGyn resident?



For an ObGyn attending?



Instant Poll → page 10

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