Why do I need to see an anaesthetist during my pregnancy?

Obstetrics & Gynaecology
Women & Children’s Services

This leaflet has been designed to give you important information if you have an increased BMI and the need in pregnancy to meet with an anaesthetist.
Information for patients and visitors

Information for pregnant women with a high body mass index (BMI)

One of the main aims of care during pregnancy is to identify those women who may need extra help with delivering their baby. One thing that makes this more likely is a high body mass index (BMI) which is a simple index calculated between your height and your weight.

For example, if your BMI is 40 or above as per Obstetric Anaesthetic Association 2013 (OAA), you are twice as likely to need a Caesarean section (and an anaesthetic) compared to a woman whose BMI is within the normal range of 18.5 – 24.9 (the scientific paper containing this research is listed at the end of this leaflet).

In most cases it is better for you to have a regional anaesthetic (a spinal or an epidural) for a Caesarean section. This means the injection is given into your back (either by injection into the spine or through a tube placed into your back) to make the lower part of your body numb. With a regional anaesthetic you stay awake during the operation.

Being awake has many advantages for you and your baby during and after the operation. There are times when we need to deliver a baby as quickly as possible. If you have an epidural that is working well whilst in labour, we can often use it for a Caesarean section or if we need to deliver your baby using special equipment, for example forceps or ventouse (a suction cup).

If you have a high BMI this can make anaesthetic procedures more difficult. It may be harder to find the correct place to put the needle in to give the anaesthetic and be more difficult to get the anaesthetic to work properly straight away. A high BMI may also cause problems with general anaesthesia during and after a normal vaginal delivery or a Caesarean section (if you have a general anaesthetic, you will be asleep during the operation).

During your pregnancy you will be offered an appointment to talk to an anaesthetist if your BMI is above 40

This will allow us to see and examine you before the date you are due to give birth. We can discuss and plan pain relief and anaesthetic choices with you for your labour and delivery. It is easier to do this in relaxed surroundings, rather than trying to explain things when you are having contractions. Things can happen very quickly during labour and the more information you have, the more prepared you will be.

After this discussion the anaesthetist will suggest …

- The anaesthetist may encourage you to have a normal labour, without an epidural
- If labour is not straightforward, you should think about having an epidural early during labour rather later because it might take longer than usual to give you a spinal or epidural anaesthetic. This is to help avoid a general anaesthetic

When you are admitted in labour please tell the midwives that you have seen an anaesthetist. This will allow the midwife to look over the plan suggested by the anaesthetist who saw you during your pregnancy. You may also need to see the anaesthetist on duty for review of the plan made.

We will give you an antacid tablet (such as Ranitidine) during your labour. This reduces the acidity in your stomach. It is best not to
Information for patients and visitors

eat any solid or fatty food when you are in labour. It is safer to drink just water or isotonic sports drinks.

After you have had your baby we might need to give you Heparin injections for a few days. This thin the blood and is to try to prevent blood clots forming in your legs or chest. The problem is more common during and after pregnancy and is even more likely in woman with a high BMI. We will give you Heparin once or twice a day.

Summary

If your BMI is 40 or above, you are more likely to need some sort of help with the delivery of your baby than someone with a lower BMI:

- It may be best to have an epidural in labour, in case we need to deliver your baby quickly, and you need a Caesarean Section, forceps or ventouse
- It is generally better to stay awake while your baby is delivered
- Giving you a general anaesthetic may be more difficult and the anaesthetists need to plan for that

References

Reference Obstetric Anaesthetists’ Association (2013)


LabourPains.com Registered Charity No 111138

www.oaaformothers.info

It has been adapted for local use within the Northern Lincolnshire and Goole NHS Foundation Trust.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.
Information for patients and visitors

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust
Diana Princess of Wales Hospital
Scartho Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
Goole
01405 720720

www.nlg.nhs.uk

Date of issue: February, 2016
Review Period: February, 2019
Author: Deputy Manager Pregnancy Assessment Centre SGH
IFP-687 v1.1
© NLGFT 2016

SMOKEFREE