

Information for patients

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.

You have all of the same choices for pain relief as with every other mother such as Entonox, Pethidine or Diamorphine. 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

Information for patients

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 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 thins 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)

NICE Guidelines (June 2010) Antenatal Care (update): Routine care for healthy pregnant women. Clinical Guideline Number 62. London. NICE

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.

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Information for patients

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlg.nhs.uk/patients/patient-leaflets/

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Vse naše zloženko so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlg.nhs.uk/patients/patient-leaflets/

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