



**University
Hospitals Sussex**
NHS Foundation Trust

Anaesthetic information for pregnant women with a high BMI

Maternity

Patient information

At University Hospitals Sussex NHS Trust, our aim is to provide the safest possible care for you and your baby, and to ensure your pregnancy care is a good experience.

Introduction

Body Mass Index (BMI) is a way of measuring whether you are a healthy weight for your height.

A BMI above 30 is classified as obese, and above 35 is classified as severely obese.

A BMI above 30 at the start of your pregnancy may be associated with some risks and complications during your pregnancy.

This leaflet is for pregnant women with a BMI of over 35. It aims to tell you about the anaesthetic risks, and how we can go about reducing the risk to you and your baby.

Risks

The increased risks can be:

- medical intervention during the delivery due to a raised BMI.
- an instrumental delivery (where the obstetrician helps deliver your baby with forceps or a suction cup) or caesarean section (also known as C-section) is about doubled.
- bleeding after the baby is delivered.
- more difficulties to find a vein to put a drip into.
- more difficulties to find the correct place for an epidural or spinal anaesthetic.
- epidural may move position and stop working so well.
- needing of general anaesthetic. This is more risky for pregnant women with a high BMI, an epidural or spinal is safer.

Recommendations

We recommend that women with a high BMI have an epidural because of the increased risk of needing medical intervention.

This would mean that if an urgent medical intervention was needed, the epidural would already be in place, avoiding the need to insert an epidural or spinal anaesthetic in a hurry, or give a general anaesthetic.

If you choose to have an epidural, we recommend having it at an earlier stage in your labour.

This would mean you are able to keep still for the procedure as your contractions won't be as frequent and it will be easier to find the correct place to insert it.

It would also mean there is more time to make sure your epidural is working well for you.

We may recommend you have a drip inserted early in your labour, as it may be more difficult to find a vein and it would avoid delay if you needed an urgent medical intervention or bleed after the baby was born.

We recommend that when you attend the delivery unit in labour, your midwife informs the anaesthetist. This will allow them to attend to you in plenty of time if needed during your labour.

If after reading this leaflet, you would still like to see an anaesthetist before your delivery, please ask your midwife to refer you to the Anaesthetic Antenatal Clinic.

Contact details

If you have any problems or questions, please ring your local hospital switchboard and ask to speak to Antenatal Clinic Admin.

Authors:

Dr Roisin Monteiro, Consultant Obstetric Anaesthetist.
Dr Maddie Debuse, Consultant Obstetric Anaesthetist.

This information is intended for patients receiving care in Brighton & Hove, St. Richard's Chichester, Worthing and Haywards Heath hospitals.

Ref. number: 781.1
Publication date: 05/2024
Review date: 05/2027

© University Hospitals Sussex NHS Foundation Trust Disclaimer:
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

