

High body mass index (BMI): Why do I need to see an anaesthetist during my pregnancy?

It is possible to have a straightforward pregnancy and a vaginal birth if you have a high BMI. This leaflet explains why you might need to meet with an anaesthetist, so you are informed of the options available for pain relief, as well as the safest type of anaesthetic should you need any help delivering your baby.

What is body mass index (BMI)?

BMI is a relationship between your height and your weight. If your BMI is above 40, you are almost twice as likely to need a Caesarean birth (and need an anaesthetic) compared to women whose BMI lies within the range of 20-25. Currently almost 2 in 5 women have a Caesarean birth.

What type of anaesthetics are used during birth?

It is safer for most pregnant women to have a regional anaesthetic (given by either a single dose spinal injection or an epidural infusion) rather than a general anaesthetic. An epidural can be used both for pain relief during labour and during vaginal birth. A good working epidural can be converted to a full anaesthetic (numb tummy and legs) for a Caesarean birth, or any other operations needed during or after birth. Being awake has many advantages for you and your baby. A general anaesthetic (where you are asleep) can also be used for all operations but there are more risks associated in pregnancy.

What are the risks of anaesthesia when I have a high BMI?

If you have a high BMI, this can make anaesthetic procedures more difficult. It may be harder to insert a cannula (drip into the vein) and take longer to find the correct place in your back to put the needle in for a regional technique (epidural and spinal). A high BMI may also cause problems if a general anaesthetic is needed during or after the birth of your baby and it may not be possible to safely provide a general anaesthetic quickly in an emergency.

What will happen at the meeting with my anaesthetist?

If your BMI at booking is over 40 and you are having your first baby, you will be offered an appointment to talk to an anaesthetist during your pregnancy. This will allow them to see and examine you before the date you are due to give birth. They can discuss and plan pain management 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 in labour. Things can happen very quickly during labour and the more information you have, the more prepared you will be. If your BMI is between 35-40 and there are no other concerns, or you have had babies before without any anaesthetic problems, then you will be seen in early labour rather than in clinic.

After discussion, the anaesthetist will suggest one of the following plans for pain relief in labour.

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- If labour is not straightforward, you should think about having an epidural early during labour rather than later because it might take longer than usual to give you a spinal or epidural anaesthetic.
- The anaesthetist may encourage you to have an epidural in labour so that you can avoid a general anaesthetic if you need any surgical interventions. This may be because there are concerns about the ability to provide a safe general anaesthetic in an emergency.

What will happen when I arrive to give birth?

When you are admitted to the labour ward your midwife will let the anaesthetist know. This will allow the anaesthetist on duty to go over the plan suggested by the consultant anaesthetist who saw you during your pregnancy.

We will give you an antacid tablet (such as omeprazole) throughout labour. This reduces the acidity in your stomach. It is also best not to eat any solid or fatty food when you are in labour. It is safer to drink just water or non-fizzy sports drinks.

After you have had your baby you may need to have heparin injections for a few days. This thins the blood and is to try to prevent blood clots forming in your legs or chest. This problem is more common during and after pregnancy and is even more likely if you have a high BMI. You will be given heparin injections which you can inject yourself once or twice a day. Your midwife will show you how to safely do this and can help you to feel comfortable and confident to give the injections yourself.

Summary

If your BMI is above 35, you are more likely to need some sort of help to give birth to your baby than someone with a lower BMI.

- It is generally better to stay awake while your baby is born.
- Giving you a general anaesthetic may be more difficult than for women with a lower BMI, and the anaesthetists need to discuss this with you and make a plan.
- It can be more difficult and take longer to do epidurals and spinals. It may be better to have an epidural early in labour rather than later, in case you need a Caesarean, or we need to deliver your baby quickly using forceps or ventouse.
- When you are in labour it is best not to eat any solid or fatty foods.
- If you are taking heparin injections when pregnant, please do not take them if you think you may be in labour.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Consultant Anaesthetists (Obs & Gynae), June 2004

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here



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