## The Royal Wolverhampton NHS Trust

# Pregnancy and labour in women of BMI 40 and above

Critical Care Services

## Introduction

Most women who are obese in pregnancy have straightforward pregnancies and births and deliver healthy babies. However, being obese does increase the risk of complications with you and your baby.

This leaflet will discuss the strategies used by your healthcare team to reduce these risks and to ensure that your labour and the delivery of your baby are as straightforward as possible.

## Why am I classified as obese?

- On your first booking visit, your midwife will have calculated your Body Mass Index (BMI)
- BMI is a relationship between your height and weight, and is a useful way to determine whether a person is underweight, overweight or obese
- A person with a BMI of > 30 is classified as obese and somebody with a BMI > 40 is classified as morbidly obese
- We know that women with a high BMI (>30) are more likely to encounter complications during their pregnancy and delivery.

## What happens before I go into labour?

- Women who have been identified as being obese during their pregnancy may be offered an appointment to speak to an anaesthetic doctor (anaesthetist) in clinic
- Anaesthetists work on the delivery suite with midwives and obstetricians. They provide pain relief and anaesthetics for childbirth and also help to look after women who become unwell during their labour
- During this appointment, the anaesthetist will discuss your plan for labour, your pain relief options, and how they can reduce any risks caused by being obese. They may also examine your back, and assess how easy or difficult it may be to place a drip in you, should you need one during labour.

## Difficulties caused by obesity during labour and delivery

#### Difficulties placing a drip

• It may take longer and be more difficult to place a drip if you are obese. An anaesthetist may need to use an ultrasound machine to look at your veins in order to do this.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

#### Difficulties carrying out epidurals or spinal anaesthetics

- Epidurals (for pain relief during labour) and spinal anaesthetics (for caesarean sections or other procedures) both require an injection in the back. This can take longer and can be more difficult if you are obese. The anaesthetist may use an ultrasound machine first to help find the correct spot
- Because epidurals are more difficult in women with obesity, there is a higher chance of the epidural not working well and a higher chance of epidural complications for women with obesity.

### Problems during a general anaesthetic

- It is not very common for pregnant women to need a general anaesthetic (where you go to sleep) to deliver the baby, however it does sometimes happen. There are extra risks associated with this if you are obese
- These risks include it being more difficult to place a breathing tube whilst you are asleep, lower oxygen levels during the operation and a slower recovery from general anaesthetic
- Anaesthetists are trained to look after women who are obese during a general anaesthetic, however some extra precautions may be taken such as a special pillow to lie on before you go to sleep or special equipment used to place a breathing tube.

## What happens during labour?

- When you arrive on the delivery suite, please tell your midwife if you have seen an anaesthetist in the clinic. This will have been documented in your notes, so do not worry if you forget
- You may then see the anaesthetic doctor on duty who will go through the plan from clinic with you. If you have not been seen by an anaesthetic doctor before, they will go through your options for pain relief and the anaesthetic options for delivery (if they are needed)
- Whilst you are in labour, try to avoid fatty foods or fizzy drinks. If possible, avoid eating solid foods altogether and stick to water or still drinks
- You will be given an antacid tablet during your labour which reduces the acidity in your stomach.

## Why have I been advised to have an epidural?

- Having an epidural may already be part of your birth plan, or you may find that you are advised by the anaesthetist to have an epidural during your labour
- Women who are obese during pregnancy are often advised to have an epidural early on in labour. This is because the contractions are less frequent earlier in labour so it is easier for you to sit still for the epidural
- Having an epidural earlier in labour also allows time to assess how well the epidural is working and to troubleshoot should your epidural not work as well as we would like. It also gives time to re-do the epidural if needed
- Having an epidural that is working well is also beneficial if you need to have a caesarean section as it can be used to give anaesthetic medicine. This means that in situations where quick delivery of the baby is important, the anaesthetic can be given immediately and you avoid another procedure (a spinal anaesthetic) that can be difficult to do in women with obesity.

## What happens if I need a caesarean-section?

- Your anaesthetic doctor will explain the anaesthetic options to you and will remain with you until your baby has been delivered, the operation is completed and you are feeling well
- In most cases it is better for you to have a "regional anaesthetic". This means an injection is given into your back to make the lower half of your body numb. If you already have an epidural which is working well, we can give this injection down the epidural
- With this type of anaesthetic you are awake during the operation. Being awake has many advantages for you and your baby, both during and after the operation
- Rarely some women may not be able to have a regional anaesthetic, the regional anaesthetic
  may not work as well as we need it to, or a baby needs to be delivered very urgently. In these
  cases, you would have a general anaesthetic and go to sleep for the caesarean section. The
  anaesthetist would stay with you throughout the operation and would wake you up at the end,
  making sure that you are comfortable and well.

## **Summary**

If you are overweight or obese you may need some more help to deliver your baby and are at higher risk of complications.

Your medical team will explain ways in which we can reduce these risks, and you may be asked to see an anaesthetic doctor in clinic.

Things like placing a drip and doing an epidural or spinal anaesthetic can take longer and be more difficult. There is also a higher failure rate and risk of complications with these procedures.

Having a general anaesthetic is higher risk than for women who are not obese.

Let your midwife know early on in labour if you would like an epidural or if you have seen an anaesthetist in clinic.

If you require further information or have any questions please contact the Anaesthetic Department on 01902 695127.

#### English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

#### Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

#### Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

#### Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

#### Romanian

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Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

#### **Traditional Chinese**

如果您需要以其他方式了解信息,如易读或其他语种,请告诉我们。 如果您需要口译人员或帮助,请告诉我们。

> Designed & Produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.