

## Anaesthetic Assessment of Women with a High Body Mass Index in Pregnancy



<b>Target audience</b>	Primary and secondary care
<b>Patient group</b>	All pregnant women

### Summary

Medical issues (gestational diabetes, gestational hypertension), problems with labour analgesia due to higher risk of regional anaesthesia failure, chronic back and joint pain, risk of perioperative complications related to caesarean section require anaesthetic assessment prior the delivery.

Please refer to Wishaw University Hospital HIGH RISK OBSTETRIC ANAESTHETIC CLINIC guidelines.

Height and weight must be recorded at the booking visit. The body mass index (BMI) is calculated as follows; weight in kg / (height in metres)<sup>2</sup>. This is easily determined from an appropriate chart using height and weight. The BMI must be recorded in the badger record.

< 18.5	underweight
18.5-24.9	normal
25-29.9	overweight
30-39.9	obese
>40	morbidly obese

**Referral for anaesthetic review depends on the booking BMI / BMI calculated later in pregnancy**

## Guideline

During antenatal discussions about pain relief in labour, midwifery and medical staff should make woman with a high BMI aware that epidural analgesia and spinal anaesthesia is usually possible, provided there are no other contraindications. However, it should be emphasized that insertion of any epidural or spinal may be technically difficult, and hence take more time.

Women with a high body mass index, who are scheduled for elective caesarean section, should be provided and received prophylactic oral omeprazole as per protocol (see appropriate protocol).

### **BMI 35 – 45:**

Do not refer to clinic unless other medical conditions requiring assessment.

When admitted in labour, the resident obstetric anaesthetist (deck phone 5757) should be made aware of the woman. This will allow the anaesthetist to review the woman and make an assessment of any potential anaesthetic difficulties should general or regional anaesthesia become necessary. The woman may require ultrasound assessment of her lumbar back.

### **BMI greater than 45**

These women should be referred to the antenatal anaesthetic clinic by the end of her second trimester (see appropriate guidelines for Wishaw Hospital) and they may require ultrasound assessment of their lumbar back.

Women with BMI 45 plus may be offered anaesthetic Assessment in METABOLIC Obstetric CLINIC at Wishaw University Hospital (from the end of 2025). Ultrasound assessment of their lumbar back may be indicated.

## References

‘Confidential Enquiry into Child and Maternal Health. Saving Mothers’ Lives’. 2003-2023.

‘Peri-operative Management of the Morbidly Obese Patient. Association of Anaesthetists of Great Britain and Ireland June 2022.

Royal College of Anaesthetists guidelines.

High Risk Obstetric Anaesthetic Clinic Wishaw University Hospital.

Lead author	H McKay	Date approved	July 2025
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## Clinical governance

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