Why do I need to see an anaesthetist during my pregnancy?

Information for pregnant women with a high body mass index (BMI)
BMI and childbirth

One of the aims of care during pregnancy is to identify women who may need extra help during the birth of their baby. One factor that increases the risk of problems during birth is being very overweight.

Body Mass Index (BMI) is the relationship between your height and weight. If you have a BMI higher than 35 you are slightly more likely to need a Caesarean section. This means that you are more likely to need an anaesthetic, to allow a Caesarean section to be carried out.

A high BMI can also make some procedures more difficult, such as putting a drip into a vein.

What are the choices of anaesthetic?

It is usually best to remain awake during a Caesarean section birth, by choosing to have a spinal or epidural anaesthetic. A high BMI can make general anaesthesia (when you are completely asleep) more difficult. For example, when you are asleep it may be harder to put a breathing tube into your throat.

Being awake for a Caesarean section has many advantages for you and your baby, both during and after the operation. Pain relief drugs given with a spinal or epidural anaesthetic are very effective, so the amount of pain felt afterwards is often much less than after having a general anaesthetic.

However, it can be more difficult to find the right place in your back to put a needle for a spinal or epidural injection, and so this may take longer than usual.

More information about having an epidural, spinal or general anaesthetic, including the risks, is given in our separate leaflet. Please ask if you have not been given a copy of this.
Meeting the anaesthetist

During your pregnancy you may be offered an appointment to meet an anaesthetist. This will allow us to see and examine you, and discuss with you pain relief and anaesthetic choices for your labour and birth. It is better to do this in relaxed surroundings during your pregnancy, rather than when you are having labour pains.

After talking to you, the anaesthetist may make some recommendations about pain relief in your labour. For example, the anaesthetist may suggest that, if your labour is not straightforward, you should think about having an epidural earlier rather than later. This is because putting in an epidural may take longer than usual.

Arriving at the Delivery Suite

When you are admitted to the Delivery Suite please tell the midwives if you have been seen by an anaesthetist. The anaesthetist on duty will then go over the plan suggested by the anaesthetist who saw you during your pregnancy.

During labour

We may give you ranitidine and metoclopramide tablets during your labour. Ranitidine is a drug that helps to reduce the acidity in your stomach, and metoclopramide is a drug that reduces the likelihood of you being sick. Both tablets will make it safer if you need an urgent anaesthetic to deliver your baby.

After the birth

After you have had your baby it may be recommended that you have heparin injections for a few days. This helps prevent blood clots in your legs or lungs, which are more common during and after pregnancy, and even more likely in women with raised BMI. We will discuss this with you.
To summarise:

• If your BMI is above 35 you are more likely to need some form of help with the birth of your baby than someone with a lower BMI.

• When you are admitted to have your baby, please tell the midwives that you need to see the anaesthetist on duty.

• It can take longer and be more difficult to do epidurals and spinal anaesthetics. It may be better to have an epidural earlier in your labour, in case we need to deliver your baby quickly using forceps or a ventouse, or if you need a Caesarean section.

• It is generally better to stay awake during a Caesarean section birth.

• General anaesthesia may be more difficult and the anaesthetists will need to plan for this.

Further information or questions

If you have any questions about the information in this leaflet, you can telephone the Anaesthetic Secretary:

Tel: 01865 220 286

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALS@ouh.nhs.uk

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