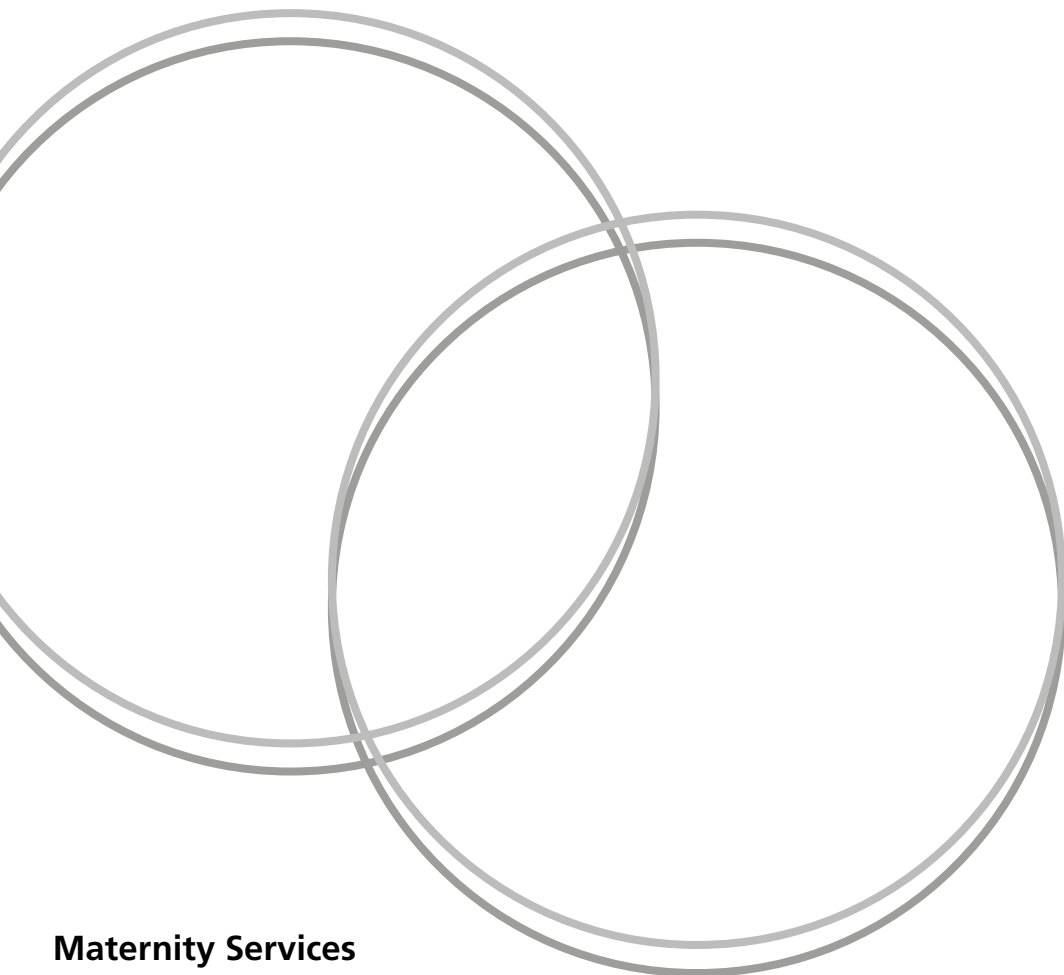


Why do I need to see an anaesthetist during my pregnancy?

Information leaflet



This leaflet has been designed to give you information if you have been advised to see an anaesthetist (anaesthetic doctor) during pregnancy.

Body mass index (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 chance of problems during birth is having a high BMI (being very overweight).

Body Mass Index (BMI) is the relationship between your height and weight. A high BMI can make some procedures more difficult, such as putting a drip into a vein or getting an epidural in the correct place and working well.

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.

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 can 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 with an anaesthetist. This may be face to face or by telephone and we will 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 you should think about having an epidural earlier rather than later in your labour. 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 talked to an anaesthetist during your pregnancy. 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 omeprazole tablets during your labour. Omeprazole is a drug that helps to reduce the acidity in your stomach. This will make it safer if you need an urgent anaesthetic to give birth to your baby.

After the birth

After you have had your baby it may be recommended that you have heparin injections for between 10 days and 6 weeks. 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 a higher 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 speak to your midwife or telephone the anaesthetic secretary on **01865 220 286**.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: OUH Consultant Oxford Anaesthetics

We would like to thank the Oxford Maternity Voices Partnership for their contribution in the development of this leaflet

April 2021

Review: April 2024

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

