

Anaesthetic Assessment of Women with High Body Mass Index in Pregnancy Guideline

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)². 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**, NOT a BMI calculated later in pregnancy. Although significant weight gain in pregnancy leading to BMI >45 should still be referred.

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 can be admitted on the same day as surgery, provided they have received prophylactic oral omeprazole as per protocol (see appropriate protocol).

BMI > 40

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

When admitted in labour, the resident obstetric anaesthetist (page134) 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.

BMI greater than 45

These women should be referred to the antenatal anaesthetic clinic.

References

'Confidential Enquiry into Child and Maternal Health. Saving Mothers' Lives'. 2003-2005
'Peri-operative Management of the Morbidly Obese Patient. Association of Anaesthetists of Great Britain and Ireland June 2007.

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