Anaesthetic care of women with obesity in pregnancy.

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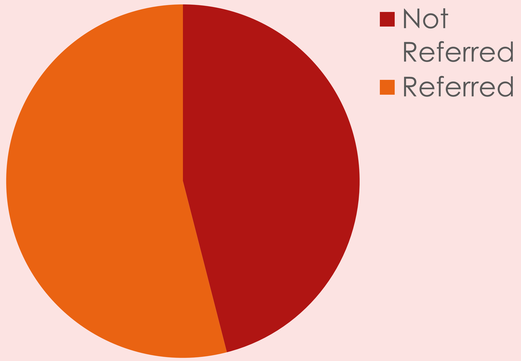
Introduction

Obesity in pregnancy is associated with an increased risk of anaesthetic complications, such as failure of airway management, intravenous access and neuraxial blockade (1). Therefore the Royal College of Anaesthetists defined a set of standards for the care of obese pregnant women. Our aim was to measure current practice against these standards; 100% of women with a booking BMI (body mass index) of 40kg/m2 or greater to have an antenatal anaesthetic consultant review and 100% of these patients to be reviewed by the duty anaesthetist on arrival to delivery suite.

Method

A retrospective audit of 50 sets of patients' notes with a BMI of 40kg/m2 or greater at booking, during the period of January to June 2020 at Sunderland Royal Hospital. It was identified whether the patient had been referred to anaesthetics, the outcome of this referral (either no action required or an appointment in the high risk clinic) and whether an assessment was made by anaesthetics on the delivery suite in labour. Ethics approval was not required for this audit as advised by the trust's clinical effectiveness department

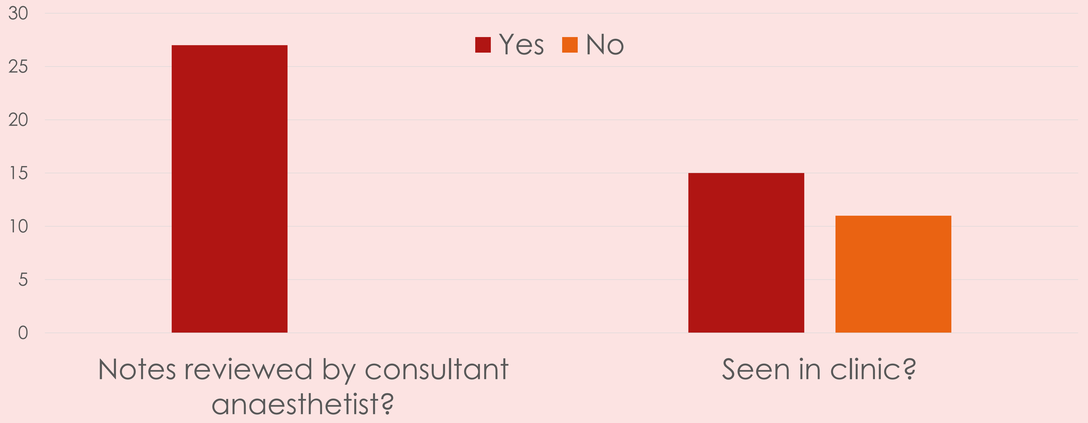
Were patients with a BMI >40kg/m2 referred to anaesthetics antenatally?



Were patients seen by an anaesthetist on delivery suite?



How were the patients who were referred to anaesthetics antenatally, managed?



Results

Fifty-four percent of eligible patients were referred to anaesthetics antenatally. One hundred percent of these referred patients were screened by an obstetric anaesthetist with forty-one percent of those being seen in the high risk clinic. Only six percent of all patients were seen by a member of the anaesthetic team on arrival to the delivery suite with a plan documented in the notes.

Conclusion

There must be a more robust system for the referral of high BMI patients to anaesthetics both antenatally and on delivery suite. This will facilitate planning for predicted difficult airway, IV access and neuraxial blockade as well as involve more senior anaesthetists earlier. We have now written a guideline to ensure the above standards are met and this will be reaudited after the guideline is implemented.

References

1. Beckett VA et al. The CAPS Study: incidence, management and outcomes of cardiac arrest in pregnancy in the UK: a prospective, descriptive study. BJOG 2017;124:1374-1381.