

Antenatal anaesthetic assessment of parturients with BMI >40: CANAPE

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Introduction

Frimley Park Hospital criteria for referral to High Risk Obstetric Anaesthetic Clinic (HROAC) included all parturients with BMI >40. The COVID-19 pandemic necessitated HROAC becoming virtual.

Although it was still possible to discuss risk and assess patients' airways, it was not feasible to reliably assess the likely ease of neuraxial techniques or venous cannulation.

Observationally, little clinically useful information was gained, and airway problems rarely noted. An audit was planned to assess how often clinically useful information about the women's airways was gained during appointments.

Method

The HROAC database was searched for women referred with BMI >40 and an EDD between 20/04/20 and 03/04/21. Clinic letters were checked for predicted airway difficulties (Mallampati 3 or 4; limited neck movement; jaw slide B or C; limited mouth opening).

Results

82 women had a BMI >40

- 3 were assessed as having a potentially difficult airway:
 - Of which two had BMI >50
 - Of which one had retrognathism causing difficult airway prediction unrelated to her BMI of 41.7
- One woman, BMI 58.7, was assessed as having a straightforward airway in virtual clinic but her notes revealed previous difficult intubation.
- One was assessed in video consultation as straightforward but an airway assessment during admission at the end of her previous pregnancy was Mallampati 3.
- Five women declined a video consultation.

Discussion

In view of the minimal gain of clinically useful information and the routine presence of difficult airway kit for the obstetric emergency theatre, it was deemed more relevant to assess all women with BMI >40 on admission to labour ward (women with BMI >50 will still be seen in clinic).

The assessment would therefore be made by the duty trainee anaesthetist who would be responsible for managing the patient, thus facilitating appropriate planning and communication if a woman with a challenging airway was identified. It is therefore also made at the very end of pregnancy when weight gain and its impact on airway is likely to be at its maximum.

To facilitate recollection of the key areas for assessment in parturients with high BMI, the use of an acronym, CANAPE, was established. Notification by midwives to the duty anaesthetist of the admission of any woman to labour ward with BMI >40 was introduced.

This approach, in conjunction with an antenatal information leaflet about the impact of high BMI on anaesthetic interventions in childbirth (given by midwives to all women with BMI >40), and the ability of any obstetrician to refer to the HROAC over concerns about any parturient, complies with the need for timely assessment of women as required by GPAS¹. By formalising the assessment of women with high BMI on the labour ward it is hoped that patient safety and planning can be maximised.

C – Comorbidities

A – Airway

N – Neuraxial assessment & discussion

A – Access

P – PPI & NBM

E – Equipment & everything else

References

1. Royal College of Anaesthetists. (2022). Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2023. [Guidelines for the Provision of Anaesthesia Services, Chapter 9]. <https://rcoa.ac.uk/gpas/chapter-9>