



BALANCING SAFETY AND RESOURCE PROVISION: SHOULD WE REVISE BMI THRESHOLDS FOR REFERRAL TO HIGH-RISK ANAESTHETIC CLINIC?

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📌 Introduction

- **Obesity** in pregnancy is associated with increased maternal and fetal **morbidity & mortality**
- The RCOG recommends **antenatal anaesthetic referral** for women with **BMI $\geq 40 \text{ kg/m}^2$**
- Our **High-Risk Anaesthetic Clinic (HRAC)** has capacity to see ~400 women/year

🔍 **Aim: To evaluate RA use, technical challenges, and outcomes in women with BMI ≥ 40 , to inform future referral thresholds**

🧪 Methods

- **Design:** Retrospective review (12 months)
- **Population:** Women with **BMI $\geq 40 \text{ kg/m}^2$** at booking
- **Timeframe:** 01/04/2023 – 31/03/2024
- **Data Collected:**
 - HRAC referral & attendance
 - RA usage and technical difficulty
 - Depth of epidural space
 - Mode of delivery

🇮🇹 Results



Patients Identified: 143

- Excluded: 21 (Pregnancy loss, relocation, record issues)
- Final Cohort: 122 women



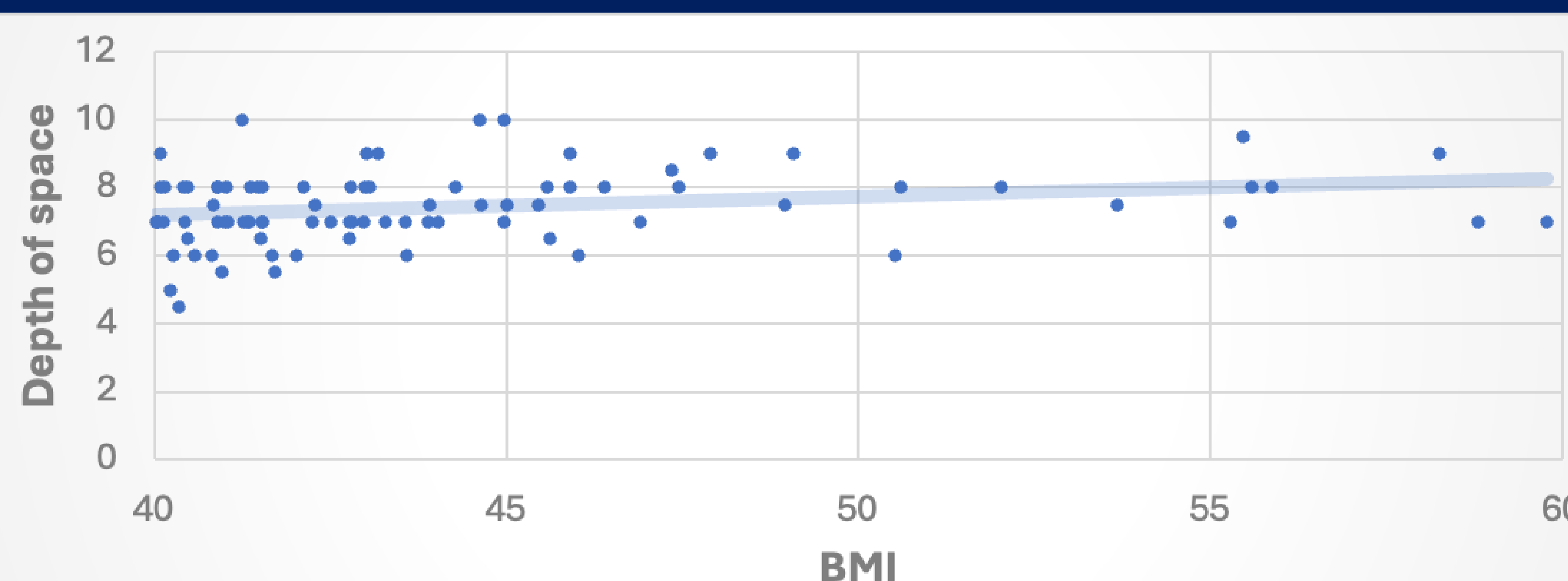
Mode of Delivery

Delivery Type	%	RA Used
Spontaneous Vaginal	42%	51%
Instrumental	6%	100%
Planned Caesarean	24%	100%
Unplanned Caesarean	29%	94% (2 GAs)



Regional Analgesia (RA):

- RA administered: 95 women
- Documented as difficult: 22 (23%)
- Re-sites required: 2
- Depth $> 8 \text{ cm}$: 12 (13%) – *No strong correlation with BMI*



HRAC Referrals:

- Referred: 73 women (60%)
- Seen: 64 (88% of referred)
- 📌 Represents 1–2 HRAC appointments per clinic



Discussion & Implications

- Majority of RA performed by **ST5-7 or Consultant Anaesthetists**. This is due to the staffing in our unit but we acknowledge is not the norm nationally.
- **Long needles were available**, but 8cm needle was sufficient in most cases.
- Almost **half delivered without RA**



Key Messages

- ✅ RA generally successful and safe, even in high BMI
- ✅ Limited correlation between BMI and depth of epidural space
- ✅ Antenatal anaesthetic assessment is unlikely to impact on quality of care or safety in all women with BMI $> 40 \text{ kg/m}^2$



Proposed Actions

- Develop **antenatal information leaflet** for women with a BMI 40–45 kg/m^2 and signpost to Labourpains.org
- Revise **HRAC referral criteria** to:
 - Prioritise women with BMI $\geq 45 \text{ kg/m}^2$ and/or other anaesthetic risk factors
 - Thus aim to improve HRAC appointment availability for women with greater need