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Safe delivery in super-obesity: a case report highlighting multidisciplinary perioperative planning requirement and resource implications

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Introduction

Maternal obesity is an increasing clinical challenge, associated with higher maternal and neonatal morbidity and mortality and substantial resource implications [1]. Super-obesity represents a further distinct subgroup with care needs beyond those required in obesity classes I-III.

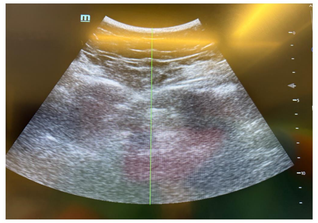
We describe management of a patient with **BMI 85 kg/m^2** and **weight 241 kg**, highlighting the importance of **early multidisciplinary team (MDT) planning, robust risk counselling and resource allocation**.

Case report

A patient presented at 28 weeks' gestation with high blood pressure having received limited antenatal counselling and planning specific to extreme obesity. Comorbidities included chronic hypertension, gestational diabetes, obstructive sleep apnoea, lymphoedema.

Urgent MDT meetings were convened to coordinate ongoing care and delivery. Echocardiography demonstrated mild pulmonary hypertension.

Continuous positive airway pressure therapy was re-initiated. Elective c-section on was tentatively planned for 32 weeks.

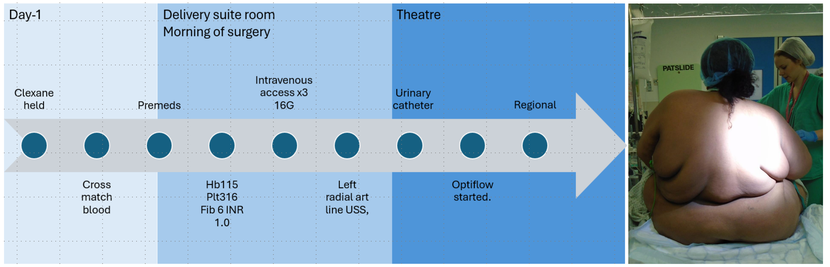


Transverse lumbar ultrasound view

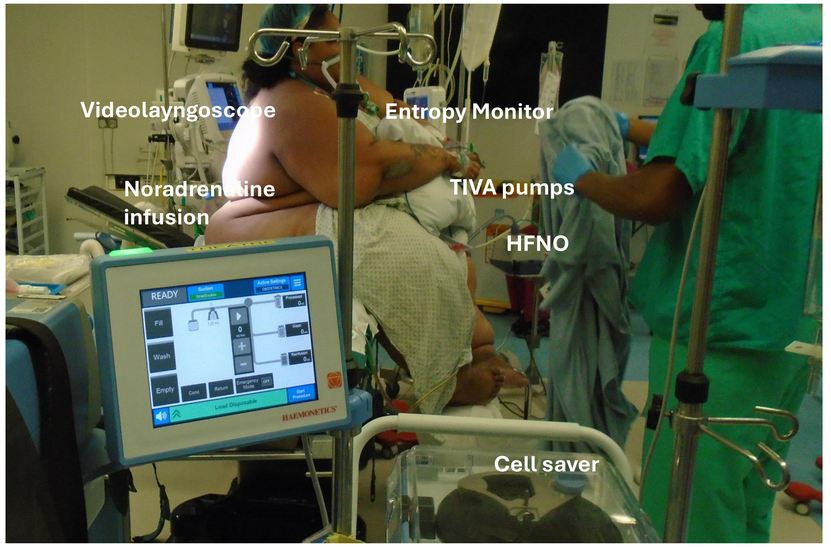
The patient **received comprehensive counselling regarding maternal and neonatal risks**, with particular emphasis on **hazards of emergency delivery**.

An **operative reconnaissance** involving the patient and obstetric, bariatric, anaesthetic and theatre teams enabled patient familiarisation, rehearsal of positioning and MDT planning with regards pannus management, incision site and additional equipment requirements.

A **detailed plan was disseminated** covering staffing, equipment, sequencing, anaesthetic and surgical approach, postoperative care and contingencies. A **full morning operating list** was allocated **with additional staffing** from all MDT areas.



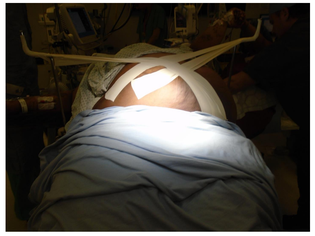
Predelivery events



Theatre set up with general anaesthetic contingency.

Combined spinal–epidural anaesthesia was performed at L2/3 under ultrasound guidance, supporting a Pfannenstiel incision. **Surgery was well-tolerated** and **epidural analgesia supported early mobilisation**. The patient was discharged on day seven, requiring a short readmission for wound infection

Positioning on bariatric table, pannus retraction



Discussion

In response to this case, we are developing **a new multidisciplinary care pathway** for maternity patients with super-obesity. This will include obstetric and anaesthetic **input early in pregnancy**, a **detailed template for the MDT** to plan theatre staffing, equipment and pannus management, and a **fast-track postnatal referral process to our bariatric services.**

Reference 1. Felker A, Patel R, Kotnis R et al on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2021-23. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2025. Written patient consent for publication and use of images was obtained.