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The rapid rise in service demand, body mass index and medically complex pregnancies at a tertiary high-risk anaesthetic antenatal clinic

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Introduction

The Saving Mothers' Lives report outlined a need for clear management plans for women with medically complex pregnancies. Guidance for obstetric anaesthetic service provision is given by the OAA/AAGBI and lists specific criteria for referral to high-risk antenatal anaesthetic clinic. A review of clinic attendance was conducted at our tertiary obstetric centre. This demonstrated increasing service demand, increasing patient complexity, and increasing numbers with body mass index (BMI)>40 kg/m .

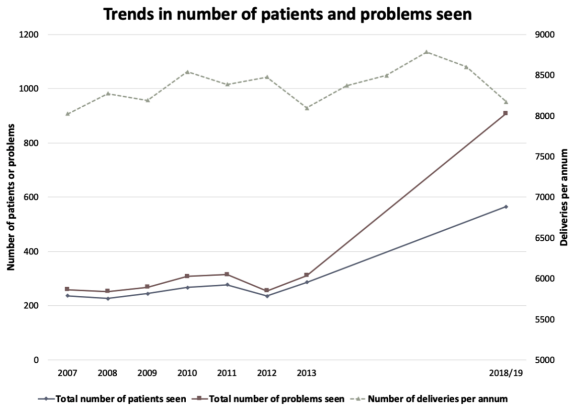
Methods

Electronic patient records were reviewed for high risk anaesthetic antenatal clinic between May 2018 and May 2019. Data including referral reasons, BMI, and medical history were collected. Trends were compared to data gathered between 2007 and 2013.

Results

565 patients were seen between 2018 and 2019, compared to a mean of 253 per annum in 2007-13, despite no significant change in the annual delivery rate (Figure). In 2018-19, 44% of patients had ≥2 medical problems compared to 9% in 2007-13. Numbers with BMI>40 kg/m were 13/1000 births between 2009-13, rising to 26.5/1000 births in 2018-19.

Figure 1. A Graph showing the increasing number and complexity of patients referred to the obstetric high risk anaesthetic antenatal clinic, despite no significant change in the annual number of deliveries.



Discussion

Demand for clinic slots more than doubled in 5 years. The number of medical problems has also risen dramatically, with 44% of patients now having 2 or more problems compared to 9% 5 years ago. An increase in the number of women with a BMI>40 kg/m puts additional pressure on delivery suites and elective caesarean lists as IV access, neuraxial blocks and operative delivery are more complex and time-consuming. Our unit has needed to rapidly adjust to the increasing demand and complexity of patients by adding additional clinics, training in ultrasound for neuraxial procedures, and more double time slots on elective lists for patients with high BMI or medically complex pregnancies. We anticipate that this trend will continue, with a similar picture seen in smaller centres within 5 years.

References

1.Public Health Agency. Confidential enquiry into maternal and child health: Saving Mothers' Lives 2003-2005. https://www.publichealth.hscni.net/publications/saving-mothers-lives 2003-2005

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