

Overweight mums a concern for caesarian births and hospital planning

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Improving patient care for obese pregnant women giving birth by caesarian and hospital resources for them, is the focus of a new University of Melbourne-led study.

Maternal obesity is associated with increased [hospital care](#) and has important operating room planning and resource implications for hospitals with maternity services.

Investigator Professor David Story, Chair of Anaesthesia at the University, said the study's fundamental aim was to increase understanding of the best ways to care and plan for [obese women](#) giving birth by caesarean, in both metropolitan and regional areas.

"Women with increased body size are twice as likely to have a caesarian delivery."

"Clinical teams have to consider numerous pre-existing medical conditions such as gestational diabetes and pre-eclampsia, a type of [high blood pressure](#) during pregnancy," he said.

This study MUM SIZE is a collaboration between seven Victorian hospitals affiliated with the University: the Royal Women's Hospital, Sunshine Hospital, Mercy Hospital for Women, the Northern Hospital, Northeast Health Wangaratta, Ballarat Base Hospital and Shepparton Regional Hospital.

The project will look at the duration of caesarian section operations, using 1,500 patients across seven hospitals and how this affects [hospital planning](#) and [patient care](#).

"We know that obese women have an increased risk of complications with a caesarian. The risks and challenges of the procedure increase as the severity of obesity increases," Professor Story said.

"As anaesthesia care is required during the procedure, the anaesthetist becomes an important part of the collaborative care team to ensure both mum and baby are healthy."

"There is a need to revise health policy and guidelines within hospital care as part of a broader trend of a population with increasing rates of obesity among both men and women."

"We are investigating if [maternal obesity](#) is associated with increased difficulty with regional anesthesia due to reduced ability to locate anatomical landmarks, increased operative time, increased length of hospital stay and increased use of neonatal services," Professor Story said.

"Respiratory function must always also be monitored in these patients."

Provided by University of Melbourne

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