Super Obese Women Could Boost Cesarean Section Rates

By Betsy Bates
Los Angeles Bureau

Palm Desert, Calif. — There may be a threshold of morbid obesity associated with a sharply increased risk of nonelective cesarean delivery that is not shared by less obese women, according to results of a preliminary study presented at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

The threshold may have clinical implications for management of women at the lower ranges of morbid obesity who may wish to undergo labor without early and aggressive epidural analgesia in anticipation of a probable cesarean section.

In their study, investigators at the University of Michigan, Ann Arbor, looked for a linear increase in cesarean deliveries as obesity increased, but instead found that nonelective cesarean deliveries did not significantly increase until body mass indexes rose above 46.

At the highest ranges of obesity, a very significant increase in nonelective C-sections was seen in the study of 226 parturients: 58% or those with a BMI of 47-88, compared with 39% for women with BMIs between 30 and 46.

Monica Riesner, M.D., of the department of anesthesiology at the University of Michigan, presented the findings on behalf of a colleague, Jill Mhyre, M.D., who could not attend the meeting.

Dr. Mhyre and associates studied the charts of 47 or higher. Of the women with BMIs lower than 46, although they were significant at every cut point of BMIs above that level.

The single-institution study was not sufficiently powered to determine an absolute threshold for increased cesarean risk, which investigators hypothesized “may be as high as 50 or even 55,” said Dr. Riesner.

Stepwise logistic regression analyses found that a BMI greater than 46 was independent associated with more than a twofold increase in the risk of C-section.

The rate of cesarean delivery (398 vs. 479 minutes).

The women were randomly assigned to receive either an intrathecal administration of an epidural in the inpatient setting of their choice or a higher rate of cesarean delivery.

Investigators at Northwestern University, Chicago, led a recent study of 750 term nulliparous women who had experienced spontaneous labor or spontaneous rupture of the membranes. All of the women had a cesarean section that was dilated less than 4 cm on the initial exam and were told at the time of randomization that they would get an epidural if needed.

The women were randomly assigned to receive either an intrathecal injection of fentanyl or systemic hydromorphone when they first requested analgesia. A woman’s second request for analgesia resulted in administration of an epidural in the intrauterine group. Obstetricians and Gynecologists has recommended that “when feasible, obesity enhances vasodilation, while a warm shower—usually by that time the patient no longer has an intravenous line or catheter to get in the way of showering. If she’s still on an intravenous line, saline lock it, cover it with a ‘Tegaderm’ dressing, said Dr. Hopf. Dr. Hopf said in an interview. If the patient still has a bladder catheter, skip the shower— but use a warm of tap water and a wet-to-damp dressing to irrigate the wound.

For women on steroids, which interfere with healing, applying ointment containing vitamins A and D (typically used for di-aper rash) will reverse the steroid effect and help to heal the wound for healing. Make sure the patient has adequate pain control, which promotes healing by reducing vasoconstriction and enables dress- change per day. A warm shower... enhances perfusion of the wound.

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“-it’s hard to get the protein to the wound because the protein is going someplace else,” she said. Over-the-counter protein supplements that contain the amino acid arginine can improve wound healing if needed.

Patients deficient in vitamin A, vitamin C, or zinc will heal more slowly. To replenish them, Dr. Hopf recommends a 10-day course of daily vitamin A (25,000 international units) and zinc (220 mg). A larger amount can be toxic. Vitamin C is nontoxic, and all patients with wounds should get 500-1000 mg daily.

Try to keep the wound moist and the surrounding skin dry for best healing. Wounds often start off exuding and later become dry, yet all will have the same dressing throughout healing.

Any of the more than 1,000 wound dressing products available will significantly better healing than traditional ‘wet-to-damp’ dressings with saline and gauze, Dr. Hopf stressed.

The commercial products cost more initially, but get changed once daily instead of t.i.d. changes for wet-to-damp dressings, which require more labor and materials. In the end, the cost is about the same, and the patient experiences less pain with commercial dressings.

Dr. Hopf said she has no financial relationship with wound-dressing companies.

For an exuding wound, fluff calcium alginate (Gelfoam) loosely with it to absorb exudate, maintain a moist environment, and protect skin from maceration.