Comparing the effects of high flow nasal oxygen versus face mask oxygen on expired end tidal oxygen concentration after simulated preoxygenation of obese pregnant people

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Status	RECRUITING
Sponsor	Dr Patrick CF Tan
Enrollment	100 participants

Plain Language Summary

When someone needs a general anaesthetic, an important safety step beforehand is 'preoxygenation' — breathing high-concentration oxygen to build up a reserve, giving anaesthetists a safer window if breathing becomes difficult at the start of anaesthesia. This is especially important for pregnant people with obesity, who are at higher risk of oxygen problems.

The standard method uses a tight-fitting face mask, but a newer approach called high flow nasal oxygen (HFNO) delivers warm, humidified oxygen through soft prongs in the nostrils, which some patients find more comfortable. This study compares both methods in pregnant women over 36 weeks' gestation with a BMI of 30 or above, to see if HFNO works just as well as the face mask.

You may be eligible if you are pregnant at 36 weeks or more, have a BMI of 30 or higher, and have an uncomplicated pregnancy. People with significant nasal problems, severe systemic disease (other than obesity), preeclampsia, active labour, or multiple pregnancy are not eligible. The results of this study will help improve the safety of anaesthetic care for one of the most medically complex groups of patients.

Key Eligibility Criteria

Inclusion (1)

- Pregnant people with uncomplicated pregnancies greater than or equal to 36 weeks’ gestation, BMI greater than or equal to 30 kg.m-2

Exclusion (1)

- Significant nasal pathology, severe systemic disease excluding obesity (as defined by an American Society of Anesthesiologists (ASA) physical status score of 4), preeclampsia of any degree, overwhelming sepsis, in labour or multiple pregnancy

Locations (1 total)

The Royal Women's Hospital - Parkville, VIC, Australia