STANDARD OPERATING PROCEDURE

Elective Caesarean Sections in Main Theatres

Procedure for the Booking, Pre Op, Admission and transfer to Main Theatres/Recovery/Postnatal Ward

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PURPOSE

The purpose of this SOP to ensure that all staff looking after patients undergoing an Elective Caesarean procedure in main theatres have knowledge of the pathway involved for preparation, transfer and care of the patient in the immediate recovery period.

OBJECTIVE

To maintain safe practice for both patients and staff and provide a protocol to refer to for patients undergoing an Elective Caesarean Section in Main Theatres.

SCOPE

This guidance is relevant to following staff groups:
All clinical staff working within Maternity, Main Theatres, Main Recovery and the Postnatal Ward.

COMPETENCIES

N/A

PROCESS

Pre-operative assessment

Obstetricians are tasked with booking women in for their Elective Caesarean Section. They will use the Electivist Tool of grading clinical complexities for the procedure. Once graded the patient will be scheduled for their procedure on Bluespier under SPH Main Theatres/Theatre 3 (S-M-3 Morning Elective Caesarean), Monday to Thursday, clearly stating the Score alongside reason for CS. The score MUST be documented in order to ensure cases are not over booked due to complexity. The maximum score for a morning session is 6. Therefore, for instance, x 3 cases of a score of two is permitted (total of 6). Or x 2 cases of a score of four and two is permitted (total of 6). Maximum 3 cases per morning theatre session in Main Theatres.
Patients will be consented for their Elective Caesarean at the point of booking in ANC, MRSA swab to be taken at this point of patient contact also.

The Caesarean Sections that will still need to be done on labour ward will be:

- Pre-term sections
- Triplets
- High risk neonatal - these will be agreed by one of the Fetal Medicine Consultants.

These cases will also be recorded on Bluespier under SPH Maternity - Labour Ward Theatre 2. Reason for CS and Electivist Score needs to be clearly documented. Maximum one case per day; anything exceeding this needs to be discussed with Labour Ward Lead Consultant/Labour Ward Manager/Matron, to ensure staffing capacity adequate. **Planned Elective Cases and Cat. 4 deliveries should NOT be performed in Main Theatres and Maternity Labour Ward Theatres simultaneously; to ensure Patient Safety needs are met. Therefore, Cat 4 Labour Ward Cases should be booked for 1pm (not the morning).**

The need for pregnant women to socially distance needs to be highlighted, with emphasis put on the importance of social distancing 14 days prior to their elective procedure. Women will follow the usual pre assessment procedure for their Elective Caesarean Section:

- Telephone Consultation with Pre Op MW
- MRSA Swab to be taken at booking of Elective date or as a failsafe at the last CMW appointment; ensuring more than 21 days prior to procedure to allow results and potential treatment if needed.
- Pre Meds, Bloods (FBS, G & S, and any other patient specific bloods needed) and Covid Swab for patient and partner to be taken 24 to 48 hours prior to surgery. These drop ins will be booked as double slots into DAU or Labour Ward Triage (over the weekend).

It is imperative that once the Covid swab has been taken the Patient and her Birthing Partner both self-isolate until presentation to SPH for their Elective Caesarean Section. If the Birthing Partner is not able to do this then a different Birthing Partner should be identified. The Patient needs to have this information prior to presenting for the Pre Op Tests.

Day Before Surgery

Every day, preferably at 5pm MDT handover, an MDT discussion needs to take place to confirm if the occurrence of the Elective list in Main theatres the next day is viable. Midwifery and Obstetric staffing levels need to be addressed. If midwifery staffing across the unit (inpatient based) is more than 3 short/and or acuity is deemed/forecasted high then a decision to bring the Elective list over to Labour Ward Theatre needs to be made. Thus releasing two MW's back on to Labour Ward. Labour Ward Team Leader will be updated prior to 5pm re forecast of staffing the following day. On Sunday (for Monday) it is the onus of the Labour Ward team leader to source this information for the Monday list, and discuss with MOC if need is highlighted. On Call Consultant to review Obstetric cover.

On the morning of the list if the Midwifery Manager on Call has encountered a high volume of sickness calls for the oncoming day; the above also applies.

If redirection of Elective Caesarean Cases is carried out to Labour Ward Theatre then a Datix needs to be completed clearly stating the reason for redirection.

Day of Surgery

Standard pre-operative fasting applies:

- No solid foods 6 hours before anaesthetic start.
- Drinking small quantities of clear fluids is advised (squash, water or tea/coffee with NO milk). It must be stopped 2 hours prior to the start of operating list.
- On the patient's admission, the anaesthetist will inform the patient if they can have more oral fluids prior to surgery.

- Patients will report to Joan Booker Ward at 07:00 on the morning of their Elective Caesarean Section.
- EL C/S MCA will show patients to pre allocated beds on JBW (allocation to be highlighted by the JBW night team) and perform Observations and Urinalysis.
- EL C/S Catcher and Recovery MW onto the ward at 07:30 to commence patient admissions, check bloods and Covid Results, commence BadgerNet admission and Prep WHO checklist.
- At JBW morning handover a MW needs to be identified to assist and transfer Case 1 from main theatres recovery to JBW for routine postpartum/post op care. She will need to change into scrubs to enter Main Theatres and perform the transfer.
- The Elective Surgical team will confirm consent (previously obtained at booking of procedure) on JBW.
- The Anaesthetic team should aim to assess and confirm readiness of the 1st patient. They should coordinate with the LW Anaesthetic team to ensure the remaining patients have been assessed in good time.
- Catcher MW will go across to Main Theatres at approx. 8am to ensure that resuscitaire is checked and theatre ready for Obstetric use.
- The 1st Patient is transported on her bed, with volumetric pump on stand, to Main Theatres Operating Room 3, anaesthetic room, by a Porter at 08:15. Porter to be called by ODP at 08:10am.
- Recovery MW will stay on JBW and finish the Admission process for the remaining Elective Caesarean Patients.
- MDT Safety Huddle in Theatre 3 at 08:20
- First case to be in Anaesthetic prep room by 08:30 for commencement of case.

- Once the 1st patient is on the operating table, their bed should be transferred to recovery. It should then be retrieved at the end of surgery, and enter and exit via the side entrance to theatre 3. No entry to anaesthetic room is permitted, unless escorting a patient into it.
- Recovery Midwife to come to Recovery for approximately 9am; in order to prepare recovery area and be present in theatre area in case support is needed by the elective catcher midwife. Recovery MW to take a Vitalpac ipod across to Main theatres for recording observations postnatally, it is her responsibility to bring it back to JBW.
- If a patient requires a PICO dressing this is to be highlighted on the patients Badger notes. There is a stock of them in the CS Trolley in Main Theatres, the Catcher MW will need to ensure that this is kept stocked as part of her daily check list (to top up from stock on Labour Ward in the theatre stock room).
- At commencement rectus sheath repair a porter is to be requested to transfer Case 2 to main theatre, with her partner to the anaesthetic room of theatre 3.
- If patients are simultaneously in the anaesthetic room and in theatre then a screen should be used to restrict the view from one area to another.
- Ipads are available in Main theatres for recording all aspects of patient care documentation. BadgerNet is loaded onto the ipads and the Theatre and Recovery desktops.

Day 0- Recovery room for up to 2 hours post procedure

- After Delivery transfer to Green Recovery Area in Main Theatres by ODP/Anaesthetist/MW, handover to Recovery MW for routine Post op care and care of the neonate.
- All patients will be recovered whilst on 40iu Oxytocin (in 500mls Normal Saline), this will run at 125 mls/hr, they can be transferred to JBW with Oxytocin still infusing, it is to run through for the 4 hour duration. Medical review is not needed once infusion completed; if all observations and blood loss are within normal parameters.
- Follow Elective Caesarean Section Routine post op care Monitoring Guidance, record observations and fluid balance on BadgerNet/Vitalpac. Observe and record PV loss and wound care.
- Regular pain relief and Enoxaparin to be prescribed prior to leaving Theatre by Anaesthetist. All theatre notes to be completed by the Surgeon prior to leaving Theatre. Also, full Baby check/weight/name bands to be completed prior to leaving Theatre (Subject to change with impending re introduction of "Drop the Drape" to encompass Delayed Cord Clamping (1 to 3 minutes) and promotion of extended skin to skin contact).

- Preliminary Guide to Theatre case and Transfer Time:
  - Case 1 EL CS @ 08:45 Transfer to JBW @11.45 (By JBW MW)
  - Case 2 EL CS @ 09:55 Transfer to JBW @ 12:55 (By Recovery MW)
  - Case 3 EL CS @ 11:40 Transfer to JBW @ 14:40 (By Catcher MW)

Criteria for urgent Obstetric/Anaesthetic Review: Severe pain, Observations outside of normal ranges, concerns of PPH. Theatre Team to be first point of call for Review, if they are operating then Labour Ward Team need to be called for urgent review.

- After review, if clinical concerns are identified and more intensive recovery is required, then a transfer to Labour Ward Observation Bay will be needed. Liase with Labour Ward Team Leader to schedule transfer.
- Follow preliminary guide above for transfer times of each case. Handover of care, in SBAR format, by Recovery MW to JBW MW for continued post op/postnatal care.

Once 2nd Case is completed an MDT discussion is needed and agreement to be made if 3rd case is viable to complete and Theatre vacated by 1pm the latest. Theatre needs to be cleaned and ready for afternoon list commencing at 13:30. If the 3rd Case cannot be completed in Main Theatres then the Obstetric Consultant needs to Review the Patient notes and decide if the Elective Caesarean can be rescheduled to another day or if it needs to be completed that day in Labour Ward Theatres. They will need to discuss this with the Labour Ward Obstetric Consultant and gauge acuity and viability of this on Labour Ward. Full written documentation of plan to be made in BadgerNet notes and on Bluespier if case rescheduled.

Datix to be completed for every scheduled case not completed in Main Theatres, reason for non-completion is to be clearly stated.

- Porter to be requested to transport Case 3 over to Main theatres.
- Once 3rd case commenced Recovery MW to liase with JBW MW in charge to request escort to transfer 1st case to JBW. **Recovery MW is not able to carry out this transfer herself as it is not clinically safe to leave the mother and the neonate unattended**.
- Once 3rd Case completed Catcher MW to check stock and ensure equipment and stock adequate for next day cases.
- Recovery MW to transfer 2nd case once Catcher MW in Recovery and taken over care of 3rd Case to continue recovery.
- Catcher MW to transfer 3rd case to JBW 2 hours post op, approx 14:40.
- Catcher and Recovery MW to plan 30 min break each at most appropriate time in their schedule.

RESPONSIBILITES

This is a guideline within a standard operating format and so individual practitioner's variance of medical practice may occur. A practitioners experience is encouraged to improve /contribute to the guideline/SOP detailing clinical their clinical reason for the deviation as appropriate to the patient's requirements.

AUDIT

This SOP will be formally reviewed on a maximum of an annual basis to ensure the relevance of the document. Any changes in the process within this period will be added to the SOP and reported to the Clinical Governance team.

RISKS

The SOP becomes out of date with new information and practices.

APPENDICES

Appendix 1: Maternity Stock

It is the Catcher and Recovery MW's responsibility to replenish stock and liase with the Maternity Lead Theatre Practitioner and Theatre Matron, to ensure that Theatre 3 Main Theatres and Green Recovery area are fit for use each day for Elective Caesarean Patients.

Appendix 2: Monitoring

Monitors

- ECG
- BP
- Temperature
- Pulse-oximetry

- Respiratory rate
- Urine output (if catheter)
- Blood samples
- Pain and Nausea score
- PV Loss
- Wound Care
- Neonatal Care, including feeding support

REFERENCES

Delayed Cord Clamping (NICE 2015), Timing of Clamping the Umbilical Cord (RCOG 2015),