

Department:	Obstetrics and Gynecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Preparation of Patients for Emergency Caesarean Section in the Operating Room, Delivery Unit		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	Index No:	L&D-MPP-005
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1. PURPOSE:

- 1.1 Guidelines for the preparation of patients for emergency caesarean sections.

2. DEFINITIONS:

- 2.1 **Caesarean Section**- also known as C-section, or caesarean delivery, is the use of surgery to deliver newborn. A caesarean section is often necessary when a vaginal delivery would put the newborn or mother at risk.

3. POLICY:

- 3.1 All emergency caesarean sections should be performed in the operative theatre of delivery unit. Delivery at emergency for CS for maternal or fetal compromise should be accomplished as quickly as possible, taking into account that rapid delivery has the potential to do harm. A decision to delivery interval of less than 30 minutes has been accepted an audit standard for response to emergencies within maternity services.

4. PROCEDURE:

- 4.1 Attending physician should give easy understood explanation of the condition and possible emergency procedure to the patient/ husband, to enable informed consent to be obtained.
- 4.2 Legally, the husband's consent is not required unless the patient herself is physically unable to e.g. comatose, shocked etc.
- 4.3 The Midwife/ Nurse in charge of the patient inform the theatre nurse and sends to operation room (O.R.) notification to OR in delivery unit.
- 4.4 The obstetric physician or resident in charge of the patient informs the anesthetist and pediatric resident on call. Liaison regarding condition of patient between medical professionals.
- 4.5 Nurse caring for the patient then prepares her for caesarean section.
 - 4.5.1 Reassure the patient to reduce anxiety levels.
 - 4.5.2 Ensure blood is taken for group and save, complete blood count.
 - 4.5.3 Cannula 18g with three way tap and extension inserted and IV infusion commenced, Ringer Lactate or Dextrose 5% at rate of 125 ml/hr.
 - 4.5.4 Insert indwelling bladder Catheter. This may be performed on the OR table.
 - 4.5.5 No prep shave is necessary. But if the hair obscure the operative field it should be removed on day of surgery.
 - 4.5.6 Give 30 ml of antacid shortly before placement of anesthesia.
 - 4.5.7 Remove fetal scalp electrode, if in situ to prevent cross infection.

- 4.5.8 Remove or tape jewellery. Personal effects should be handed to next of kin or placed in security prevention of loss of patient's personal property.
- 4.5.9 Dress patient in theatre gown. Ease of access to operative site. IV lines and chest for resuscitative purposes.
- 4.5.10 Check identification bands are in place and are correct. Identification check important, especially with language barriers problems.
- 4.5.11 Ensure patient file is complete and documentation updates.
- 4.5.12 The patient should be transferred to a theatre trolley, in order to be transfer to operating table.
- 4.5.13 Nurse/ Midwife caring for patient accompanies her to the Theatre Checks ID with theatre staff then gives a handover of condition and completes theatre Check List.
- 4.6 Prophylaxis against infection gives Ampicillin (2g IV) or first generation cephalosporin like Cepharadine 1g IV single dose either preoperatively or immediately after clamping the cord.
- 4.7 Prophylaxis Against Throboembolic disorder (see P&P Thromboprophylaxis against TED in OB. & Gyn.)

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Midwife

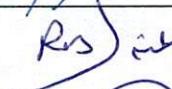
7. APPENDICES:

- 7.1 General Consent Form
- 7.2 Pre- Anesthesia/ Sedation Assessment Form
- 7.3 Anesthesia/ Sedation Consent
- 7.4 Surgical/ Medical Interventional Procedure
- 7.5 Surgical Safety Checklist
- 7.6 OR Notes
- 7.7 Urinary Catheter Insertion Procedure Form
- 7.8 Operation List
- 7.9 Urinary Catheter Bundle Form
- 7.10 Caesarean Section Audit
- 7.11 Surgical Site Infection Bundle Form
- 7.12 Antibiotic Surgical Prophylaxis

8. REFERENCES:

- 8.1 Cochrane Library, 2007.
- 8.2 Willium Obstetrics 22nd, edition, 2005.
- 8.3 Faudes A, Cecatti JG. Which policy for Caesarean Section in brazil An analysis of trends and consequence. Health policy and planning 1991, 8:33-42.
- 8.4 CBAHI Standard 3rd Edition 2016.
- 8.5 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.

9. APPROVALS:

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