CAESAREAN SECTION

PRE-ADMISSION CLINIC FOR BIRTHS BY ELECTIVE CAESAREAN SECTION

PURPOSE

• To assess women antenatally and provide information and education regarding their elective Caesarean section.
• To prepare notes for theatre

CRITERIA

• All women who have been booked for an elective Caesarean section within 7 days of the Pre-Admission Clinic date.

EXCLUSION CRITERIA

• All women with a medical / obstetric reason which requires admission prior to day of surgery.
• Current in-patients

PROFESSIONAL ATTENDANCE

• Anaesthetic registrar
• Midwife
• Researchers who have had their attendance approved by the Medical Ethics Committee

MEDICAL PRE REQUISITES FOR APPOINTMENT

Antenatal Clinic medical officer has arranged that:
• operating theatre is booked and complete booking form
• Caesarean section consent form (MR295) has been signed
• pathology request forms are completed for pre-surgery investigations
• medical admission assessment and medical records are completed.
OUTCOMES

Anaesthetic registrar will ensure:
- anaesthetic assessment completed
- premedication ordered on MR810
- recruited for research as required.

Midwives will ensure:
- an antenatal assessment is performed to identify potential problems.
- Inclusion of relevant documentation:
  - Labour and birth summary - MR230.0
  - Pre-Op / theatre Checklist – MR 290
  - Anaesthetics Chart - MR 300
  - CONSENT FORM FOR Epidural/spinal MR- 295.52
  - Medication chart – MR810
  - Staff initial/signature MR_810.12
  - Midwifery observation chart - MR285
  - Caesarean section – MR 310
  - Neonate history – MR410
  - Neonatal progress Sheet –MR 420
  - Elective Caesarean Section Birth Plan – MR 290.01
  (Midwife to arrange any necessary further discussion of extra-ordinary birth plan requests with appropriate professional)

Midwife has explained:
- To call DSU prior to day of C/S to confirm
  - fasting guidelines
  - time of admission
- procedure during admission and Clinical Guidelines for Caesarean section
- what to expect in theatre
- discharge planning, including
  - length of stay
  - Visiting Midwifery Service
- rooming-in policy
- visiting hours
- physiotherapy guidelines and benefits of mobilisation
- use of TED anti-embolism stockings
- pain relief options
- options for / importance of
  - skin-to-skin contact with newborn as soon as possible
  - early breastfeed (in recovery if appropriate)
  - limited separation of mother and baby when possible
- vitamin K administration
- Allied Health referrals if required
- blood testing required within 6 days of surgery date
- Interpreters are booked for day surgery as required.
Email is sent to KEMH Midwifery Nurse Managers (including Hospital Clinical Managers), Language Services and DSU Clerks with a list of all patients that attended, clinic, date of surgery, and reasons for caesarean, including weight above 100kg or BMI more than 36.

**Phlebotomist** has taken blood for:
- full blood picture
- group and hold
- antibodies (if required)
- other (as requested).

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

### REFERENCES (STANDARDS)

<table>
<thead>
<tr>
<th>National Standards</th>
<th>Clinical Care is Guided by Current Best Practice</th>
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<tbody>
<tr>
<td>Legislation</td>
<td>Nil</td>
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<table>
<thead>
<tr>
<th>Related Guidelines / Policies</th>
<th>Nil</th>
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<td>Other related documents</td>
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### RESPONSIBILITY

<table>
<thead>
<tr>
<th>Policy Sponsor</th>
<th>Nursing and Midwifery Director OGCCU</th>
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<tbody>
<tr>
<td>Initial Endorsement</td>
<td>September 2001</td>
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<tr>
<td>Last Reviewed</td>
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