7.2.1 ELECTIVE CAESAREAN BIRTH

AIM

To ensure the woman and her support person understand the reasons for the elective Caesarean section and are part of the decision making process.

KEY POINTS

1. All women booked for an elective Caesarean section will attend the Pre-admission Clinic unless they are hospital in-patients. Ref Clinical Guidelines, B.7.1 Pre-Admission Clinic for Births by Elective Caesarean Birth.

2. It is recommended that elective caesarean sections are booked as close as possible to 39 weeks gestation.1

PROCEDURE

1. Admit the woman as per a routine antenatal admission

2. The woman is to fast as per fasting guidelines.

3. Ensure the woman’s details are correct on the identification name bands and apply one to the woman’s wrist and one to her ankle.

4. Check that relevant investigations have been carried out and results recorded e.g.
   - Routine antenatal screening tests
   - Blood group and cross matching
   - Full blood count
   - Coagulation screen

5. Ensure consent forms for Caesarean section (MR295) and epidural analgesia/anaesthesia (MR295.50) are completed.

6. Use electric hair clippers to remove excess pubic hair only as required for the incision.3,4

ADDITIONAL INFORMATION

Consent for Caesarean Section should be requested after providing pregnant women with evidence-based information and in a manner that respects the woman’s dignity, privacy, views and culture, while taking into consideration the clinical situation.2

To minimise the risk of supine hypotension place a wedge under the woman’s right side lower back and right buttock until the procedure is completed and she can change position.

Ref Clinical Guidelines, Section E- **Fasting Guidelines**
## PROCEDURE

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove all nail varnish and jewellery including all studs in nose, tongue, naval and other body parts. Tape wedding ring in place.</td>
<td>Removal of nail varnish allows viewing of the woman’s nail beds to assess her circulatory status. When using a diathermy burns can occur at the site of rings or other metal jewellery.</td>
</tr>
<tr>
<td>Check and record on the Pre-op / Theatre Checklist (MR290):</td>
<td>Baseline recordings for later comparison so abnormalities may be detected.</td>
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<tr>
<td>- Fetal heart rate</td>
<td>Chlorhexidine body cleansing washcloths are used to help reduce the skin flora around the surgical area.</td>
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<tr>
<td>- Maternal temperature, pulse, respirations and blood pressure</td>
<td>Knee high compression stockings are used to assist in the prevention of deep vein thrombosis. See Clinical Guidelines, Section B 7.10 Thromboprophylaxis and Caesarean Birth</td>
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<tr>
<td>- All other required information</td>
<td></td>
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<tr>
<td>The woman is to shower and dress in a hospital gown fastened at the back. Ensure all underwear is removed. Most elective C/S are booked to DSU and would come in showered. DSU staff are to clean the woman’s abdomen with two Antiseptic body cleansing washcloths (2% Chlorhexidine Gluconate) prior to putting on her theatre gown.</td>
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<tr>
<td>Measure and fit T.E.D stockings according to the manufacturer’s instructions.</td>
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<td>Administer pre-operative medication as prescribed by the anaesthetist.</td>
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<tr>
<td>Accompany the woman and her support person to the theatre check in bay as per Clinical Guidelines, Section B 7.4 Transfer of the woman to the operating theatre</td>
<td></td>
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</tbody>
</table>

## REFERENCE: