

## 7 CAESAREAN SECTION

### 7.2 PRE-OPERATIVE MANAGEMENT

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7.2.2 Non-Elective Caesarean Birth  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

#### 7.2.2 NON-ELECTIVE CAESAREAN BIRTH

##### AIM

The appropriate care of a woman undergoing a non elective caesarean birth.

##### KEY POINTS

The decision to birth interval of 30 minutes is based on custom and practice rather than on objective evidence in relation to the condition of the newborn<sup>1</sup>. Each case shall be managed according to the clinical evidence of urgency, with every single case being considered on its merits.<sup>1</sup>

It is recommended that the four grade classification of urgency system for caesarean birth be used.<sup>1</sup>

- Category 1 Immediate threat to the life of the woman or fetus.
- Category 2 Potential or actual maternal or fetal compromise but not immediately life-threatening.
- Category 3 No maternal or fetal compromise but needs early delivery.
- Category 4 Elective. Delivery timed to suit the woman and the caesarean birth team

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PROCEDURE	ADDITIONAL INFORMATION
1. If possible, the woman is to fast as per fasting guidelines.	See Clinical Guidelines <a href="#">Section E, Anaesthetics</a>
3. Ensure intravenous access and take blood for a full blood picture and cross matching or group and hold. Document this on the MR 290 Pre op theatre checklist.	This is done by a medical officer or midwife credentialed in intravenous cannula insertion.
4. The midwife caring for the woman notifies the Labour and Birth Suite coordinator (page 3313) who will contact: <ul style="list-style-type: none"><li>• Midwifery / Nursing Hospital Clinical Manager (page 3333)</li><li>• Special Care Nursery</li><li>• Support persons as requested by the woman</li></ul>	

5. Ensure the woman's details are correct on the identification band and apply one to the woman's wrist and one to her ankle. This must be documented on the MR 290 Pre Op Theatre Checklist.
6. Ensure the consent forms for Caesarean section (MR295) and epidural analgesia/anaesthesia (MR295.50) are completed. This must be documented on the MR 290 Pre Op Theatre Checklist
7. Administer pre-operative medication as ordered by the obstetric and / or anaesthetic registrar.
8. If time permits:
  - Measure and fit Graduated Compression Stockings according to the manufacturer's instructions.
  - Use electric hair clippers to remove excess pubic hair only as required for the incision just prior to surgery.<sup>3, 4</sup> (Level I)
  - Insert an indwelling catheter if one is not already in situ.
9. Remove all nail varnish and jewelry including all studs in nose, tongue, naval and other body parts. Tape wedding ring in place. When done, this must be recorded on the MR 290 Pre Op Theatre Checklist
10. Check and record on the MR 290 Pre Op Theatre Check list:
  - Fetal heart rate
  - Maternal temperature, pulse, respirations and blood pressure
  - All other required information

**NB** As a minimum the following **must be recorded** on the MR 290 for **all** Code Blue and category 1 caesarean sections

- ID Band X2 correct
- Patient identification labels correct
- Group and Hold and date
- Operation consent obtained
- Allergies

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.<sup>2</sup>

Knee high compression stockings are used to assist in the prevention of deep vein thrombosis. See Clinical Guidelines, Section [A 1.6 Use of Graduated Compression Stockings](#)

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.

Allows viewing of the woman's nail beds to assess her circulatory status.<sup>5</sup>

Burns can occur at the site of rings or other metal jewelry when using a diathermy<sup>6</sup>

Baseline recordings for later comparison so abnormalities may be detected.

11. Accompany the woman and her support person to theatre as per Clinical Guidelines, Section [B 7.4 Transfer of the woman to the operating theatre.](#)

#### REFERENCES:

1. RANZCOG. Decision to delivery interval for Caesarean section. **College Statement** Jul 2009;C-Obs 14.
2. National Collaborating Centre for Women's and Children's Health. Caesarean section. In: **National Institute for Clinical Excellence**,. London; 2004.
3. Meakin Stephanie. Procedures in Obstetrics. In: Henderson C., MacDonald S., editors. **Mayes' Midwifery**. London: Bailliere Tindall; 2004. p. 970-986.
4. Griffin Frances. Best-practice protocols: Preventing surgical site infection. **Nursing Management** November 2005;36(11):20-26.
5. Green CJ, Wilkinson JM. **Maternal Newborn Nursing Care Plans**. St Louis: Mosby; 2004.
6. Phillips Nancymarie. **Operating Room Technique**. Tenth ed. St. Louis: Mosby; 2004.