7 CAESAREAN SECTION

7.2 PRE-OPERATIVE MANAGEMENT

7.2.2 NON-ELECTIVE CAESAREAN SECTION

Keywords: NELUSCS, caesarean birth, caesarean category, pre-caesarean checklist, non-elective caesarean, emergency caesarean

AIM

- The appropriate care of a woman undergoing a non-elective caesarean section.

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. Each case shall be managed according to the clinical evidence of urgency, with every single case being considered on its merits.

It is recommended that the four grade classification of urgency system for caesarean birth be used.

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 section team.

PROCEDURE

1. If possible, the woman is to fast as per fasting guidelines.
2. 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.
3. The midwife caring for the woman notifies the Labour and Birth Suite coordinator (page 3313) who will contact:
   - Midwifery / Nursing Hospital Clinical Manager (page 3333)
   - Special Care Nursery
   - Support persons as requested by the woman
4. 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.
5. 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.
6. 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.

ADDITIONAL INFORMATION

See Clinical Guidelines Section E: Anaesthetics

This is done by a medical officer or midwife credentialed in intravenous cannula insertion.
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.³ ⁴ (Level I)
   - Insert an indwelling catheter if one is not already in situ.

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.

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

   Allows viewing of the woman’s nail beds to assess her circulatory status.⁵

   Burns can occur at the site of rings or other metal jewelry when using a diathermy⁶

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

   Baseline recordings for later comparison so abnormalities may be detected.

   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

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 (STANDARDS)
1. RANZCOG. Decision to delivery interval for Caesarean section. College Statement Jul 2009; C-Obs 14.

National Standards – 1- Care provided by the clinical workforce is guided by current best practice
Legislation -
Related Policies –
• Department of Health: OD 0324/11 Consent to Treatment Policy for the Western Australian Health System (2011)
• WNHS W082: Consent to Treatment/ Surgery/ Intervention Policy (2014)
Other related documents – KEMH Clinical Guidelines, Section:
• A 1.6 Use of Graduated Compression Stockings
• B 7.4 Transfer of the Woman to the Operating Theatre.

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement September 2001
Last Reviewed October 2014
Last Amended
Review date October 2017

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