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| Team Name: Regional Prenatal<br><br>Team Lead: Regional Director-Acute Care<br><br>Approved by: Executive Director-Mid | Reference Number: CLI.5810.SG.017<br><br>Program Area: Obstetrics<br><br>Policy Section: General |
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**STANDARD GUIDELINE SUBJECT:**
Cesarean Section

**PURPOSE:**
To aid in the timely, safe delivery of infants via cesarean se and develop effective communication among the multidisciplinary team.

**DEFINITIONS:**
**Levels:**
**Crash** – A cesarean section that has a time called to incision time as soon as possible. This is reserved for emergency situations where there is an immediate threat to life of the patient and/or her fetus. **This is considered an E1 level surgery.** Examples include, but are not limited to, cord prolapsed, uterine rupture, placental abruption, failed instrumental delivery, severe bleeding

**Emergent** – A cesarean section that has a time called to incision time within 60 minutes or sooner. This is reserved for situations where there is likely maternal or fetal compromise that is not immediately life threatening. Examples include, but are not limited to, malpresentation in active labour, atypical fetal heart rate

**Urgent** – A cesarean section that has a time called to incision time within 4 hours or sooner. This is reserved for situation where there is no maternal or fetal compromise currently but could result in maternal or fetal compromise if the fetus is not delivered in a timely manner. Examples include, but are not limited to, failed induction without any evidence of maternal or fetal compromise, malpresentation in early labour. **This is considered an E2 level surgery.**

**Scheduled/Elective** – A cesarean section that is done at a pre-scheduled time. This is reserved for situations where there is no evidence of maternal or fetal compromise and there is unlikely to be compromise.

**Primary Care Provider (PCP)** – Primary care provider includes physician or midwife

**IMPORTANT POINTS TO CONSIDER:**
All persons (excluding the patient) entering the operating room (OR) shall wear OR scrubs or cover their scrubs/clothes with an OR gown, unless, in the case of a crash cesarean section, this causes a delay in service.

In the event of a crash cesarean section, the emergency pre-counted crash cesarean section bundle shall be used. If a crash cesarean section bundle is not available, no count shall be done prior to the surgery. A count will be done after the surgery. If any concerns or doubts, an abdominal x-ray shall be ordered.

If in the event of a crash cesarean section the patient's skin prep is not completed, consideration should be given for additional antibiotics post cesarean section.

Even in the event of a crash cesarean section, a time out must still be done to ensure the safety of the patient. A modified time out may be used, including:

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- Patient name
- Procedure
- Patient allergies
- Medications given
- Pertinent medical history including Rh status
- Patient consent for a tubal ligation, if applicable

The role of the midwife as the primary care provider includes attending the cesarean section as the care provider of the infant and providing supportive care to the family unit.

**PROCEDURE:**

Notification of the surgical OR team:

- Once the primary care provider determines that a cesarean section is required, this shall be communicated immediately to charge nurse on the unit. The charge nurse shall call, or designate someone to call, the surgical OR team, which includes two operating room nurses (scrub and circulator), an anaesthetist, a surgeon, a surgical assist and a primary care provider for the newborn. The primary care provider may call the anaesthetist, surgeon and surgical assist if primary care provider to primary care provider report is preferred. An obstetrical nurse from the unit will attend as the baby nurse. If unable to obtain a primary care provider for the newborn, another nurse with neonatal resuscitation (NRP) training shall attend the cesarean section as a second baby nurse.
    - All calls made to the operating room staff, anaesthetist and surgeons/physicians will announce the level of urgency as well as the desired cut time. i.e. we are having a crash cesarean section and want a cut time of 0415. Repeat back shall be used in regards to the type/time of the cesarean section
    - All calls made to operating staff, anaesthetist and surgeons/physicians that work at both Bethesda Regional Health Centre and Ste Anne Hospital require a repeat back in terms of the location that that surgery shall be performed. This will help ensure that staff arrive in a timely manner to the proper facility.
- If the cesarean section is ordered during OR hours, the charge nurse, or designate, shall call the OR staff to inform them of the same, stating the level and desired cut time.
- If the cesarean section is called outside of operating room hours, the on-call list shall be used to determine the staff to contact.

Preparation of the patient:

- The patient shall be prepared for the OR using the pre-op checklist. In case of a crash cesarean section, the checklist will be completed as much as possible given the time constraints.
    - Ensure consent has been obtained by the surgeon/primary care provider or anaesthetist.
    - Ensure the patient has a proper ID band and allergy bracelet on, if applicable.
    - The patient shall have a patent 18g IV.
    - Consider obtaining blood work if required and if time allows (i.e. Type and Screen).
    - Ensure all clothing and jewelry including the bra are removed and the patient gowned. If unable to remove the jewelry, tape in place.

- Insert an indwelling catheter (in case of a non crash cesarean section, this may be done in the OR after the patient has received anesthetic).
- Give pre-op medications/bolus as per the standard pre-cesarean section orders.
- Stamp and prepare OR chart as time permits.
- Provide support to the patient and her family. In the event of a crash cesarean section, the patient's support person may not be able to accompany her to the OR. Provide rational for this and support the family as needed.
- Continue to monitor the fetal heart rate and maternal vital signs until the patient is transported to the OR.
- Complete the rest of the pre-op checklist if possible.

Preparation of equipment:

- Obstetrical staff ensure that the infant warmer is in the OR, pre-warmed and set up.
- Obstetrical staff ensure that the code blue crash cart is readily accessible outside the OR red line.

During a crash cesarean section after hours, the obstetrical staff **who are trained** shall:

1. Open up the operating room.
2. Take the patient to the OR.
3. Place the BP cuff on the patient's right arm and the cautery pad on the patient's right thigh.
4. Ensure the infant warmer is available in the operating room, is set up, pre-warming and ready to use.
5. Ensure that the Code Blue crash cart is readily available.
6. Continue to monitor fetal heart rate via Doppler or electronic fetal monitor (if available).
7. Continue to monitor maternal status and vital signs.
8. Open up the crash cesarean section bundles, using sterile technique.
9. Once the OR staff arrive, the obstetrical staff assume their regular duties and the obstetrical nurse becomes the baby nurse.

In the operating room, the obstetrical staff will obtain the fetal heart rate a minimum of every 15 minutes until the skin prep has been done.

It is the responsibility of the circulating nurse to call, or designate someone to call, code 25 or code blue for emergencies in the operating room.

If the circulating nurse determines that there is a need for additional help, the nurse can initiate calls as needed (i.e. physicians, anaesthesia, nurses, respiratory therapist, emergency medical services etc.)

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