

COVID-19 Quick Reference Guide

Caesarean Section (suspected or confirmed COVID-19 positive)



Western Health

COVID - 19

Be Safe -- Be Smart -- Be Kind

Obstetric Responsibilities

Consideration needs to be given to the category of caesarean section required. A caesarean should **not** be delayed for women that are currently in quarantine, suspected or confirmed COVID-19 positive.

- When a decision for a non-urgent LUSCS is made, Consultant/Senior Registrar (**#53112**) must call:
 - Theatre nurse in-charge **#53023**
 - Anaesthetic duty phone **#53128**
 - Duty neonatologist **#53115**
 - HMO or delegate to assist with CS
- ALL paperwork must stay with the woman (including consent, passport to surgery and bradmas)
- Book the theatre case on iPM
- Consider in-utero resuscitation measures (cease oxytocin infusion, consider tocolytics, intravenous therapy, position changes) prior to transfer to theatre
- Depart for OT in preparation for surgery, Woman escorted to theatre with the PSA, Senior Registrar and Midwife.

Preparation Prior to Transfer to Theatre

- Insert indwelling catheter (if not already in-situ)
- Midwife and Senior Registrar to remain in PPE, including an N95 mask as well as a staff role identification sticker and a theatre bonnet (in theatre packs) in preparation for transfer.
- Ensure the woman is wearing a surgical mask for transfer to theatre
- Facilitate minimal personnel in the corridors prior to transferring to theatre. Midwife In-Charge is responsible for crowd control to minimise people entering the corridor and contaminated room
- The support person is to remain in patient room and await theatre instruction to attend.
 - The support person must have a surgical mask on
 - The MWIC will allocate a runner/midwife to escort the partner to theatre
 - This will not be the responsibility of the donned primary midwife transferring with the woman

Transfer to Theatre

- The theatre NIC will notify the Senior Registrar/Consultant once theatre is prepared
 - Theatre PSA will collect the woman
 - The escorting Senior Registrar and Midwife will be in full PPE and escort the women into theatre
- The CTG should be discontinued on departure from patient room
 - No CTG monitoring will occur during transfer to theatre
 - A CTG is available for use in the Covid-19 theatre if required e.g. instrumental birth
- The midwife is to take the following to theatre
 - All paperwork (theatre pack)

- Cord gases pack
- Baby cot
- The Midwife and Senior Registrar will travel in the same lift as the woman between floors
- Unless otherwise specified, transport woman directly to Covid-19 OT through the double doors
- Once inside theatre a Team Time Out will be conducted including check in and a pre anaesthetic assessment

Theatre

- The bed is to be left outside the theatre door and the theatre staff will place a sign on it so that it can be escorted back to the unit for cleaning. The ward bed is to be located for recovery of patient in theatre. If the woman was on a Birthing bed, and is returning to Birthing, she will use the same bed that she came to theatre on
- The main doors to the theatre are not to be opened if possible
- The Obstetric doctors must enter theatre from the prep room
- Obstetric staff PPE
 - Obstetric staff will need to do a surgical scrub and don outside theatre
 - They must wear an N95 mask, eye protection and 2 pairs of sterile gloves.
- Midwifery staff PPE
 - The Midwife will don clean PPE in birthing, MAC or the ward and transfer directly with the woman into theatre.
 - They must wear full PPE including an N95 mask. The midwife should doff gloves, perform hand hygiene and don sterile gloves to receive the baby as per current theatre guidelines
- The responsibility for taking cord gases is with the theatre nurse or obstetric doctor

Code Green Caesarean (CODE GREEN PPE)

The urgency of a caesarean section should **not** be impacted by the woman's COVID status. If a code green caesarean section is needed for a woman in quarantine, suspected or confirmed COVID-19 positive:

- When calling the code, state "**CODE GREEN PPE**" in order to alert theatre staff, providing opportunity to don PPE prior to the woman's arrival. Only the obstetric Senior Registrar or Consultant is authorised to call a CODE GREEN PPE.
- The woman must be transferred directly into theatre after confirmation by Theatre NIC which theatre has been allocated, bypassing the holding and anaesthetic bay.
 - Remain in the woman's room until confirmation received that theatre staff are ready to receive direct transfer to theatre
 - The theatre in-charge nurse is to call the senior registrar/consultant to notify that it is safe to transfer the woman directly to theatre:
- Staff may remain in current PPE if there is no time to don and doff between transfers from the room to theatre. This includes a cord prolapse whereby a staff member will transfer on the bed.
- Preparation of the woman for theatre, including catheterisation and cannulation, should occur where possible prior to transfer
- Ensure the woman is fitted with a surgical mask prior to transfer

- Consider in-utero resuscitation measures (cease oxytocin infusion, consider tocolytics, intravenous therapy, position changes) prior to transfer to theatre
- All CODE GREEN staff (O&G, Theatre, Midwifery and Neonatal) should if possible be in attendance in OT prior to administration of general anaesthetic minimise the opening of theatre doors. However this shouldn't be to the detriment of patient care and if unable to attend prior, neonatal team should enter via anaesthetic room in clean PPE.
- The midwife in-charge should contact the pool **PSA Ext 53161** to alert them of the urgent need to have the lift cleaned after the transfer

Neonatal Postnatal Care in Theatre

Maternal Care

- All women under COVID precautions will be recovered in theatre unless she requires transfer elsewhere e.g. ICU
 - Midwife is responsible to provide care for neonate while woman is being recovered
 - If the woman has had a general anaesthetic, the midwife and neonate will be required to leave theatre prior to extubation.
 - If the women has regional anaesthesia and is well, the neonate can stay with the mother.
- All necessary paperwork can be taken into theatre as long as it stays with the woman. The support person will remain with the woman in theatre at all times

Neonatal Care

- The temperature in theatre will be raised during the LUSCS to minimise the risk of neonatal hypothermia
- If the neonate requires resuscitation this will occur in theatre as per usual processes
- The neonate will remain with the woman in recovery or in theatre unless admission to NBS is required OR a GA LUSCS was performed
- Immediate neonatal care in theatre:
 - Midwife is responsible to provide care for neonate while woman is being recovered
 - The woman must wear a surgical mask for skin-to-skin and breastfeeding
 - 30 minutely neonatal observations whilst in theatre (disposable thermometer in the theatre pack)
 - Transfer the woman and neonate to Level 7 or Birthing once discharged from theatre
 - Baby weight and injections can be performed once the woman has returned to Level 7/Birthing or once the baby is admitted to NBS, as per usual process
- In case of a COVID positive case the placenta will need to be sent for histopathology, Place the placenta in a single bag and bucket. This process should be done by 2 people to prevent contamination of the bucket which is sealable. "Placental histopathology and placental PCR" to be written on slip/ordered on EMR. Placenta histopathology transfer is the responsibility of theatre staff.
- A Theatre Runner will be available to assist the midwife with any equipment or information required
 - When notified, the runner will call the MWIC to arrange transfer of the woman back to the ward. If the woman is admitted to ICU and the baby does not require NBS admission, Support Person and neonate to be transferred to Level 7

Neonatal Transfer to Newborn Services

- If the neonate requires admission to NBS
 - The midwife will accompany the Neonatal Consultant to Level 5
 - The midwife will provide handover to the NBS nurse
- The transfer cot enters theatre, and the baby is transferred to Level 5 in the cot
- Midwife and NBS medical PPE is to remain in-situ on transfer
- PPE doffing can occur once the baby has been handed over to NBS
- The support person is unable to escort the newborn to NBS until cleared by the NIC of **NBS (SCN #53055 & NICU #53134)**

Support Person

- The woman's support person should wait in the room whilst the woman is being transferred to the operating theatre.
- Once the woman is prepped in the operating theatre, A Midwife/ Nurse can escort the support person to the operating theatre donning full PPE
 - The Theatre staff should contact the MWIC to inform when it is an appropriate time
- The support person should wear a surgical mask
- The support person will stay in the operating theatre with the woman through the operation and recovery period with the midwife, unless advised otherwise.

IMPORTANT: All staff must exit the theatre via the double doors (not the anaesthetic room that is CLEAN).

All staff leaving theatre must DOFF gown and gloves in theatre, perform hand hygiene and then proceed to the DOFFING station outside the double doors. Once at DOFFING station, staff must again perform hand hygiene, DOFF mask and clean down (or discard) eyewear and footwear.