

Caesarean Section – COVID-19 Precautions



Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Obstetric Responsibilities

Consideration needs to be given to the urgency needed for a caesarean section. A caesarean should **not** be delayed for women that are currently in quarantine, low-risk suspected, high-risk suspected or confirmed COVID-19 positive.

- When a decision for LUSCS is made the Consultant/Senior Registrar (**#53112**) must call:
 - Theatre nurse in-charge **#53023**
 - Anaesthetic duty phone **#53128**
 - Duty neonatologist **#53157**
 - 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 and Midwife.

Preparation Prior to Transfer to Theatre

- Insert indwelling catheter (if not already insitu)
- When able to do so the midwife is to doff PPE, leave the room and re-don PPE for transfer to theatre ensuring that an N95 and a theatre bonnet are applied prior to transfer. This is contained in the theatre pack
- Ensure the woman is wearing a surgical mask for transfer to theatre
- The support person is to remain on Birthing, MAC or the postnatal ward and await theatre instruction to attend.
 - The support person must have a surgical mask on
 - The MWIC where the woman has come from will allocate a runner/midwife to escort the partner to theatre
 - Partner transfer will not be the responsibility of the donned midwife transferring the woman to theatre.

Transfer to Theatre

- The theatre NIC will notify the MWIC once theatre is prepared
 - **Birthing IC #53036**
 - **MAC IC #53146**
 - **WW7 IC #53081**
 - **WW8 IC #53093**
 - Theatre PSA will collect the woman
 - The escorting midwife will be in full PPE and escort the woman into theatre
- The CTG should be disconnected on departure from Birthing, MAC, or the postnatal ward

- No CTG monitoring will occur during transfer to theatre
- A CTG will be available for use in the Covid-19 theatre if required e.g. forceps
- The midwife is to take the following to theatre
 - All paperwork (theatre pack)
 - Cord gas pack
 - Baby cot
- The midwife will walk ahead to obtain access to the lifts and open doors
- The midwife will travel in the same lift as the woman between floors
- Unless otherwise specified, transport woman directly to Covid-19 OT 4 through the double doors
- The check in and pre-anaesthetic assessment will be done inside theatre

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 Birthing for cleaning. The ward bed is to be located for recovery of patient in theatre. If the woman 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 doctor is to 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 and 2 pairs of sterile gloves.
- 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, low-risk suspected, high-risk 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.
- The woman must be transferred directly into theatre after confirmation by Theatre NIC, bypassing the holding 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 midwife in-charge to notify that it is safe to transfer the woman directly to theatre:
 - Birthing IC #53036
 - MAC IC #53146
 - WW7 IC #53081
 - WW8 IC #53093
- Communication should include confirmation of the specific theatre for transfer
- Staff may remain in current PPE if there is no time to don and doff between transfers from the room to theatre.

- Preparation of the woman for theatre, including catheterisation and cannulation, should occur where possible prior to transfer
- Ensure the woman is fitted with an appropriate mask prior to transfer
- Utilise all necessary interventions appropriate to the situation, such as tocolysis, maternal position changes, fluid resuscitation etc.
- minimal personnel in the corridors prior to transferring to theatre
- 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
- Inform the woman and support person about these processes and the need for delay

Neonatal Postnatal Care in Theatre

Maternal Care

- All women under COVID precaution will be recovered in theatre unless she requires transfer elsewhere e.g. ICU
 - Midwife responsible to provide care for neonate while woman is being recovered
- 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 time

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 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 as directed by MWIC from birthing
 - Baby weight and injections can be performed once the woman has returned to Level 7 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; placenta should be double bagged
 - “Placental histopathology and placental PCR” to be written on slip.
- 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

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 an N95 mask
- The support person will stay in the operating theatre with the woman throughout the operation and recovery period with the midwife.

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 and then proceed to the DOFFING station outside the double doors. Once at DOFFING station, staff must DOFF mask and clean down (or discard) eyewear and footwear.