CAESAREAN BIRTH – MATERNAL PREPARATION AND RECEIVING THE NEWBORN BY MIDWIVES AND NURSES GUIDELINE

1. OPTIMAL OUTCOMES
   - The woman is appropriately prepared for caesarean birth
   - The woman is given adequate information and explanation to give her informed consent for caesarean birth
   - If attending the birth Paediatricians introduce themselves to parents prior to birth
   - The newborn is kept warm and skin-to-skin contact is facilitated where possible
   - To keep mother and infant together and initiate first breastfeed in the recovery area where possible.

2. PATIENT
   - Woman having caesarean birth
   - Neonate

3. STAFF
   - Medical staff
   - Registered midwives
   - Registered nurses
   - Supervised student midwives
   - Supervised medical students

4. EQUIPMENT
   - Neonatal Resuscitation Trolley stocked and checked
   - Personal protective equipment
   - Baby equipment trolley with weighing scales
   - Identification ankle and wrist labels
   - Cot

5. CLINICAL PRACTICE

MATERNAL

**ELECTIVE CAESAREAN** – preparation by receiving midwife or nurse
   - Ensure medical admission is complete, consent form is signed, pre-operative bloods have been collected including group and hold
   - Check woman’s vital signs
   - Perform and document abdominal palpation, confirm breech presentation with ultrasound, and auscultate fetal heart rate (FHR) on admission
   - Secure name bands x 2 on woman, one on ankle and one on wrist; red band bracelet x 2 for allergies
   - Explain theatre procedure to woman and partner
   - Complete pre-operation checklist
   - Advise woman to have a shower if >2 hours since last shower and to don a gown
   - Give sodium citrate to woman as per anaesthetic orders
   - Transfer to theatre
   - Remove pubic hair immediately prior to surgery
   - Introduce woman to staff members in theatre
   - Advise woman that she will receive intravenous prophylactic antibiotics 30-60 minutes prior to surgery as per anaesthetic orders
EMERGENCY CAESAREAN – preparation by receiving midwife or nurse
- Ensure consent form is signed
- Inform nursery/paediatric staff and anaesthetist
- Collect pre-operative bloods if not collected
- Ask woman to don a gown
- Complete pre-operative checklist
- Give sodium citrate to woman as per anaesthetic orders
- Explain theatre procedure to woman and partner
- Continue to monitor FHR until skin preparation is commenced
  - In the instance of fetal scalp electrode, remove immediately prior to commencement of surgery
- Transfer to theatre and introduce to theatre staff
- Notify Bed Manager/After Hours Nurse Manager (AHNM) for bed allocation to Postnatal ward or Acute Care Ward by theatre staff

NEONATAL
- Review maternal history to assess risk factors to neonate
- Contact appropriate paediatric staff
- Prepare equipment: (in the anaesthetic bay)
  - Connect the neonatal resuscitation unit to the wall oxygen/air outlets
  - Connect power cable, turning on heater and light
  - Check resuscitation trolley is stocked as per checklist
  - Check neopuff pressure:
    - Term – 25-30 cms of H₂O
    - Pre-term – 20-25 cms H₂O
  - Set up equipment that has the potential of being used. e.g. laryngoscope, endotracheal tube, meconium aspirator etc
  - Connect catheter to low flow suction on wall and turn on
  - Prepare baby equipment trolley and draw up vitamin K
  - Open sterile baby blanket on resuscitation trolley, sterile gown and gloves
  - Scrub and don sterile gown and gloves
- Receiving a neonate from caesarean:
  - Receive neonate from surgeon and note time of birth
  - Assess neonate and dry
  - Label neonate
  - Administer vitamin K with consent
  - Ensure that the paediatrician documents Apgar scores and resuscitation details and that you agree with this documentation
  - Return neonate to mother where appropriate for remainder of the surgery
  - Check placenta, take blood gases and blood group and Coombs test as required
  - Return any surgical clamps to the scout nurse
  - Check and dispose of placenta as appropriate
  - Assist with initiation of the first breastfeed/skin to skin contact as soon as possible – ideally within the theatre complex. The midwife must stay with the neonate at all times.
  - Transfer neonate to either Newborn Care or Postnatal Ward accompanied by support person
  - Ensure all documentation is complete

- Restock neonatal resuscitation trolley – if time does not permit contact hospital AHNM
6. HAZARDS/SUB-OPTIMAL OUTCOMES

- Woman not appropriately prepared
- Woman states she feels uninformed for caesarean birth
- Neonatal hypothermia
- Staff not introduced
- Non-attendance of required staff
- Infection where antibiotics not administered
- Separation of mother and infant
- Delay in initiating first breastfeed and/or skin to skin contact
- Delay Lactogenesis 2

7. DOCUMENTATION

<table>
<thead>
<tr>
<th>MATERNAL:</th>
<th>NEWBORN:</th>
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<tbody>
<tr>
<td>Preoperative checklist</td>
<td>Paediatric Medication Chart</td>
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<tr>
<td>Labour Summary</td>
<td>Neonatal care pathway</td>
</tr>
<tr>
<td>ObstetriX Database</td>
<td>Birth Registration Forms/Centrelink Forms</td>
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<td>Integrated clinical notes</td>
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8. EDUCATIONAL NOTES

- Keeping women and their infants together may aid maternal-infant attachment, minimise birth trauma, reduce postnatal stress/adjustment disorder/depression.
- Skin-to-skin contact minimises neonatal hypothermia and aids in the establishment/success of breastfeeding.
- Skin-to-skin contact involves placing the naked baby on the mother’s bare chest and covered with a warm towel.
- The midwife/registered nurse receiving the newborn is responsible for the completion of the ObstetriX database. Nursery staff will need to liaise with Delivery Suite or Bed Manager/AHNMM regarding completion of documentation.
- It is mandatory for all health professionals involved in the direct care of neonates to attend a neonatal resuscitation teaching and assessment session annually.
- Student midwives are not to attend caesarean section delivery without a registered midwife or registered nurse.
- List of relevant contact page numbers is located on the neonatal resuscitation trolleys in the Operating Theatre, and by the phone in the anaesthetic bays and each theatre.

9. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES

- Neonatal Resuscitation
- Umbilical Cord Blood Gas Sampling
- Placenta examination
- Placenta removal from hospital by parents
- Placenta disposal
- Breastfeeding Staff Education & Implementation Guideline
- Skin to Skin
- Intrapartum fetal heart rate monitoring
- Fetal scalp electrode
- Identification of neonate
- Obesity in pregnancy, labour and postpartum
- Preoperative skin preparation in the operating suite
10. REFERENCES

- Guideline for prevention of surgical site infection, 1999 Center for Disease Control.