Guideline for Preassessment of Elective Caesarean Sections during COVID-19

**This guideline aims to reduce the patient’s number of attendances to the hospital prior to their elective caesarean section.**

**In order to do this, these key changes need to be implemented: (all detailed below)**

1. More comprehensive information to be put onto Theatreman when booking an elective caesarean section (detailed below).
2. Lucozade Sport and Omeprazole to be given to patients when elective caesarean section is booked at 36 weeks along with written instructions. The midwife booking the patient should explain the current alterations to the written information leaflet, which are the changes to the preassessment process.
3. Midwife that is allocated to pre-assessment should compile a list of the elective caesarean sections booked for the next week on a Friday afternoon. They should put this in the plastic pocket labelled "ELECTIVE LSCS WEEKLY PLAN" which is located on the board in the handover room on delivery suite. The Consultant Obstetrician and Anaesthetist on-call should review this list on a Saturday morning. The Consultants will ensure workload is spread equally throughout the week, aiming for no more than three elective caesarean sections per day. Patients should be notified of any changes.
4. Midwife to lead a screening pre-assessment clinic over the phone the day before the planned elective caesarean section. Elective caesarean sections planned for a Monday to be phone called on a Friday.
5. Multi-Disciplinary Team (MDT) meeting to discuss the need for any face to face assessments following information ascertained from the screening pre-assessment clinic.
6. Allocation of the first patient on the elective caesarean section list will then be performed the day before.
7. Follow-up phone call from midwife to impart information about the elective caesarean section and pre-medication instructions, or to arrange a face to face assessment for that same afternoon, if required.
8. First patient on the elective caesarean section list attends delivery suite at 06:00 for routine pre-operative bloods including a group and save sample. Please take this sample ASAP to avoid delays and write on the sample for blood bank: PATIENT 1st ON THEATRE LIST. PLEASE ANALYSE SAMPLE BY 09:00. THANK YOU.
9. Routine pre-operative bloods including group and save to be taken on admission to the delivery suite on the day of the elective caesarean section. Please take these bloods ASAP to avoid delays.
10. Routine observations, urine sample, listening into the baby to be performed on the day of the elective caesarean section.
11. Premedication – Omeprazole and Lucozade sport given to patient at 06:00 if not done so previously.
12. Anaesthetic assessment to be performed on the day of the elective caesarean section.
13. Initial clexane assessment to be performed on the ward prior to discharge.

**36 week appointment or when decision for elective caesarean section is made and booked.**

* Information booklet given to patient as well as an explanation about the change of protocol for pre-assessment during COVID-19
* Lucozade Sport and Omeprazole given to patient with instructions.
  + Omeprazole needs a written prescription until PGD approved.

**Information required to be put onto Theatreman when booking a patient for an elective caesarean section.** (Please use page one of the elective caesarean section booklet as a guide.)

1. Indication for elective caesarean section
2. Gravidity, Parity
3. EDD
4. Other issues/special concerns/relevant medical history or additional procedures
5. Most recent Haemoglobin
6. Most recent Platelet count
7. Most recent BBS and result
8. If operative duration is expected to last more than 60 minutes
9. Neonatal cot required?
10. Allergies

**Review of Caesarean Section Workload**

* Midwife in pre-assessment clinic should compile a list of the elective caesarean sections booked for the next week on a Friday afternoon.
* They should put this in the plastic pocket labelled "ELECTIVE LSCS WEEKLY PLAN" which is located on the board in the handover room on delivery suite.
* This should be reviewed by the Consultant Obstetrician and Anaesthetist on the Saturday morning and work load evened out accordingly. Patients should be informed of any alterations.
* The Consultants will ensure workload is spread equally throughout the week, aiming for no more than three elective caesarean sections per day. Patients should be notified of any changes.

**Midwifery Screening Phone Clinic from 09:00**

*Patient Sticker*

1. Are there any COVID-19 symptoms in you or any one you have come into contact with in the last 14 days?
   * New persistent cough?
   * Raised temperature?
   * Have you or anyone else in your household been self-isolating because of symptoms in the last 14 days?

*\*\*\*If yes to any of the above, please clarify\*\*\**

1. Any concerns about foetal movements?
2. Patient seen in Anaesthetic Clinic?
3. Indication for elective caesarean section
4. BMI
5. Medical history
6. Problems during pregnancy including haematological or clotting problems
7. Problems during previous pregnancy or delivery
8. Problems during previous General Anaesthetic
9. Problems during previous Regional Anaesthetic (Spinal or epidural)
10. Back problems or details of back surgery
11. Allergies
12. Details of any clexane or anticoagulation use
13. Most recent Hb and date Most recent Platelet count and date
14. Most recent BBS to check for antibodies.

**Screening Pre-assessment Midwife to discuss with Senior Anaesthetist at ~ 11:00 on Delivery Suite and decide upon the most appropriate course of action.**

1. No need for face to face assessment
   1. Midwife calls patient back and imparts information over the phone
2. Need for face to face assessment
   1. Patient is asked to attend the assessment unit at a mutually convenient time that afternoon.

\*\*\*Team to decide the most appropriate patient to be allocated as first on the list.\*\*\*

**Follow up phone call from Midwife**

* Inform any patients who require a face to face assessment that afternoon with a time.
* Inform first patient on the list to attend delivery suite at 06:00 the following day to have routine pre-operative bloods taken, to include a group and save sample.
* Generic information given to the patient about the day of the elective caesarean section.
* Premedication instructions.

**Information about premedication and starvation is consistent with the advice in the elective caesarean section booklet:**

**Starvation Guidelines**

It is important that your stomach is as empty as possible before your elective caesarean section. **Please do not eat or drink anything from midnight.**

**Omeprazole**

Omeprazole is a medication to reduce the amount of acid in your stomach.

Please take one tablet at **06:00.**

**Lucozade Sport (i.e not fizzy)**

We use Lucozade as an energy drink to keep your blood sugar up before your caesarean section.

If you have your own Lucozade Sport (STILL, NOT FIZZY) you can drink this or dilute squash from midnight until you come into hospital. Still water is also okay to sip throughout the night.

**Day of Elective Caesarean Section**

* First patient on the elective caesarean section list attends delivery suite at 06:00 for routine pre-operative bloods including a group and save sample. Please take this sample as soon as possible to avoid delays and write on the sample for blood bank: PATIENT 1st ON THEATRE LIST. PLEASE ANALYSE SAMPLE BY 09:00. THANK YOU.
* Routine pre-operative bloods including group and save to be taken on admission to the delivery suite on the day of the elective caesarean section for each patient. Please take these bloods as soon as possible to avoid delays.
* Routine observations, urine sample, listening into the baby to be performed on the day of the elective caesarean section.
* Premedication – Omeprazole and Lucozade sport given to patient at 06:00 if not done so previously.
* Anaesthetic assessment to be performed on the day of the elective caesarean section.