

## Obstetric theatres and intervention room operational policy

Owner: Jenni Martin	Job title:
Approved by Maternity Governance Meeting on:	17 <sup>th</sup> January 2020
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### Key Amendment

Date	Amendment	Approved by
17 <sup>th</sup> Jan 2020	Updated document	Maternity Governance Meeting

### Introduction

The obstetric theatres are dedicated to providing elective and emergency obstetric procedures. Obstetric theatre complex consist of:

- Worcestershire Royal Hospital (WRH): One anaesthetic room, one scrub room, one main operating theatre, a recovery room and an intervention room adjacent to the main obstetric theatre.

### Scope of this document

This policy provides an overview of the obstetric theatre service provided.

### Definitions

<b>CPD</b>	Continuous professional development
<b>DS</b>	Delivery Suite
<b>HCA</b>	Health care assistant
<b>IR</b>	Intervention Room
<b>MSW</b>	Maternity support worker
<b>ODP</b>	Operating Department Practitioner
<b>RM</b>	Registered Midwife
<b>RN</b>	Registered Nurse
<b>ATP</b>	Assistant Theatre Practitioner

### Responsibility and Duties

- To provide and ensure a safe, effective and timely obstetric surgical service.
- To provide dedicated suitable facilities and equipment to enable the appropriate procedures to be carried out with minimal delay when required.
- Maternity Inpatient Matrons are responsible for operational, governance and finance management

- Governance arrangements will be discussed and agreed via obstetric and anaesthetic directorate governance committee meetings and labour ward forum.
- To use the WHO surgical checklist on 100% of obstetric theatre and intervention room cases in line with Trust protocol
- The Lead consultant anaesthetist and consultant obstetrician will take a key role in overseeing the day to day operational management in obstetric theatres and WRH intervention room.
- The Delivery suite coordinators will ensure the effective leadership, co-ordination and theatre utilisation, including the effective and timely delivery of emergency surgical procedures
- The Obstetric theatre nurse is responsible for day to day management of theatre / intervention room and staff in liaison with the delivery suite coordinator and Delivery Suite and Obstetric Theatre Ward Managers.
- The obstetric theatres and intervention room have an establishment of staff including scrub practitioners, anaesthetic assistants , recovery practitioners and circulating HCA/ MSW
- Clinical responsibility remains with the consultant surgeon and consultant anaesthetist who are either involved with, or directly or indirectly supervising the care of the patient.

### Training:

- Experienced Obstetric Anaesthetic, midwifery and nursing staff are responsible to provide relevant education and training to junior/ new staff.
- The main obstetric theatre staff are employed and managed by the Women's and Children's Directorate; their Maternity line managers will perform PDRs and agree leave
- Intervention room staff are employed and managed by SCSD. The staff's PDRs are carried out by the main theatre staff and their leave is agreed and covered by main theatre

### WRH Intervention Room (IR)

The intervention room service is designed to minimise the risk to mothers and babies requiring emergency Caesarean section and minor procedures when the obstetric theatre is in use. The risk will be mitigated but not eradicated due to lack of 24 / 7 staffing model for the intervention room. The Intervention room is only staffed for emergency obstetric procedures from Monday – Wednesday from 08:00-18:00 & Thursday 08:00-14:00. The use of the intervention room is intended to minimise the interruptions and delays to elective caesarean section list.

Contingency plans out of hours remain the same i.e. use of main theatres for category one life threatening caesarean section when the obstetric theatre is in use. An exception to this would be made following a joint senior obstetric and anaesthetic clinical decision dependant on staff availability, clinical scenario and risks to the mother and baby.

#### WRH Intervention Room Inclusion criteria

The following cases can be performed in the intervention room in the event of the obstetric theatre being in use

- Category one, two or three caesarean section
- Perineal tears which require repair under spinal or general anaesthesia
- Management of breech delivery
- Management of Twin delivery

- Trial of assisted delivery
- Manual removal of placenta
- Examination under anaesthesia (EUA) /management of primary PPH
- Dural tap blood patch

### **WRH Intervention Room Exclusion criteria.**

The following cases must **not** be performed in the intervention room

- Any elective , planned procedure (in isolated clinical circumstances, elective procedures can be done in the intervention room at the discretion of the Consultant Obstetrician and Consultant Anaesthetist)
- Any gynaecology elective or emergency procedures i.e. termination of pregnancy
- Evacuation of retained products of conception (ERPC).
- Insertion and removal of cervical cerclage
- Management of secondary PPH
- Hysterotomy at any gestation

### **Staffing and operational details:**

The majority of obstetric emergencies requiring surgical intervention are performed in obstetric theatres. The Obstetric theatres are available 24 hours a day, 7 days a week.

### **WRH Obstetric Theatre**

When the Obstetric theatre is in use emergency cases will be done in the intervention room provided theatre, anaesthetic, obstetric and maternity staff are available

- The Intervention room is available for emergency obstetric procedures only Monday – Wednesday from 08:00-18:00 & Thursday 08:00-14:00
- Emergency obstetric cases from 7am onwards should preferably be conducted in IR to prevent elective list delays.
- Scrub and circulating staff are provide by Maternity from 08:00-18:00 on days with morning and afternoon elective lists, and from 08:00 – 14:00 on days with a morning list only. Wherever possible one of the three staff will be a Band 4 Assistant Theatre Practitioner.
- Anaesthetic assistants/recovery staff provide cover from 0800-1800hrs and then an on call service is provided from main theatre.
- Out of hours scrub cover is provided by scrub trained midwives and circulating staff (MSW) as identified on E-rostering.
- The anaesthetist covering delivery suite and available for the intervention room will carry bleep 701. The operating obstetrician will inform the 701 bleep holder about emergency cases to be performed in the intervention room. Patients whose surgery is performed in the intervention room will have their recovery in the same room, recovery room if available or transferred to delivery suite room. The elective caesarean section list will progress with a separate anaesthetist, theatre team and surgeon

### **WRH Intervention room:**

Scrub and anaesthetic/recovery staff and circulating staff are provided by Main Theatre from Monday – Wednesday from 08:00-18:00hrs & Thursday 08:00-14:00

When the intervention room is not being used the staff will be expected to:

- Undertake checking and stocking of theatre anaesthetic room, recovery and anaesthetic equipment
- Undertake checking and stocking of emergency equipment including cardiac arrest obstetric and neonatal emergency trollies for use in obstetric theatre suite
- Maintain, manage and order stock levels in line with theatre requirements
- Assist anaesthetist in delivery suite when siting epidurals on labouring women
- Relieving the other theatre team for breaks
- Cross cover theatre staff for cases in both obstetric and Intervention room.
- Recovery of high dependency cases on delivery suite
- Recovery of patients in obstetric theatre recovery.
- Recovery of women on the postnatal ward following spinal or general anaesthesia
- Assist anaesthetist when blood patch required post dural tap
- Participate in Audit

### **Midwifery staffing for ELCS**

Midwives will be allocated to the role of ELCS midwife each weekday to cover morning and afternoon lists. Two midwives will be allocated to any list with more than one case.

- ELCS midwives welcome the ELCS women to the ward and checks with the Obstetric and Anaesthetic team the order the women are in on the list. The first woman is then prepared for ELCS on Delivery Suite by the ELCS midwife.
- The remaining women are allocated beds on Postnatal Ward and then prepared for ELCS by the other midwife, who should carry the 405 bleep. Assistance to the first midwife should be provided to enable completion of documentation for the case and transfer of the patient to postnatal ward.

### **Escalation**

- If only one midwife can be allocated from Delivery Suite to a two or more case list then this must be escalated via the Coordinator to the 223 Bleepholder. If ward staff cannot be redistributed, it must be accepted and understood that there will be a delay between the cases.
- The midwife must ensure that the 1<sup>st</sup> woman she is caring for has had all of her and her baby's immediate care needs met and the notes have been completed. Only when she has transferred the mother and baby to the ward is she then able to safely take the 2<sup>nd</sup> ELCS woman to theatre.
- In the event of bed capacity preventing elective workload, please refer to the maternity escalation plan.

### **Obstetric Surgeon & Anaesthetist:**

The Obstetric surgeon and anaesthetist for the elective list will be specified on the respective rotas. Only the first patient should be seen in a morning to facilitate the WHO team brief being conducted at 08:15 and the list starting at 08:30.



### Appendix 1

#### Theatre Essential Equipment

**Obstetric theatres will have as a minimum the following essential equipment.**

- Surgeons panel
- Surgeons operating light
- Operating table
- Anaesthetic machines
- Diathermy machine
- Swab count containers
- Swab scales
- Surgeons stool
- Surgeons foot stool
- Suction apparatus,
- Swab count board,
- Clinical waste bins,
- PC, monitors,
- Piped medical gases,
- Recovery monitoring,
- Yellow Fins
- Lithotomy poles,
- Table width extenders, table attachments such as arm boards.
- Manual handling aids + Hover mattress,
- IV stands,
- Bowl stands,
- Suture rack,
- Anaesthetists chair/stool,
- Patient warming aids / blood warming aids.

#### Additional equipment

- Gratnell trollies
- Blood warmer
- Resuscitaire
- Neonatal advanced resuscitation trolley
- Incubator
- Cot
- Electric razor