

Category 1 COVID-19 OR process

Anticipate

- Pre-birth counselling with info sheet, brief woman and support person on emergency procedures
- Rapid COVID PCR aiming to de-escalate (kit in bassinet)
- Clear fluids only, Omeprazole 20mg on arrival, recommend early epidural
- Alert OR&NICU of labour; Allocate midwife to be door buddy for duration of shift (not CCM)

Declare

- Acute maternal/fetal compromise – emergency bell. Door buddy manages traffic & PPE
- 777 'Obstetric emergency PPE required' call from room
- CCM and Obstetric reg enter room
- Ward clerk calls OR coordinator (x29170) to pre-warn of emergency

Assess

- Determine if Cat 1 theatre procedure required
- SPLIT Intrauterine resuscitation if applicable

Notify

- Obs reg calls anaesthetic reg (x29009) for clinical handover/whether epidural top up given
- Obs reg calls DU SMO (who goes immediately to OR, donned) via ward clerk (x24910)
- Obs reg calls OR coordinator (x29170) to confirm Cat 1 birth and location of OR
- Obs reg calls NICU (x29598) who go to theatre & don PPE (wait in OR4 anteroom)

Prepare

- CCM administers epidural top up – 10mls 0.75% ropivacaine (kit in bassinet)
- IDC/shave/vaginal preparation/tape jewellery
- Woman given surgical mask & hat
- Red boxes completed on OR checklist

Transfer

- Door buddy (wearing surgical mask) opens doors – remains clean ie doesn't touch bed
- Woman transferred direct to OR with CCM/Obs reg (in PPE) once OR ready
- CTG monitoring continues in OR. Obs reg doffs gown/gloves only; scrubs for theatre (keep mask/eye protection on)
- Notes on woman's bed, CTG (+/- ventouse, ultrasound machine) accompanies woman to theatre

In OR

- FSE removed by midwife
- Combined sign in/time out
- Baby to resuscitaire with midwife – baby passed to NICU team in anteroom if resus required, midwife remains in OR
- Complete surgery, doff safely, recovery in OR

After

- Door buddy returns to DU room to tidy & mark room as needing red clean
- CTG machine/ventouse/ultrasound cleaned as per protocol before re-use
- Notes stay in room with woman until discharge
- Support person remains in DU room until ready for postnatal ward – does not attend OR/PACU

- All attending staff for labour care wear N95 mask, eye protection, gown, hat, gloves
- Cot with necessities stocked outside room includes sets for bladder filling, acute tocolysis, Tranexamic acid/misoprostil, epidural top-up; PPH set in fridge
- Use phone or baby monitors to communicate (to limit door opening)