



SOP for the opening of a second theatre for an obstetric patient

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1.0 Introduction

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant.

Barnsley Hospital NHS Foundation Trust has one dedicated obstetric theatre which is available 24 hours a day. In the event that two obstetric emergencies requiring surgical intervention occur simultaneously, a second theatre would have to be utilised in the main theatre complex. This is located some distance from the birthing centre. During normal working hours, all theatres are likely to be occupied with planned activity. Out of hours, there is theatre capacity available, but obstetric medical staffing is limited to just three staff (a consultant, a registrar and a first-tier junior doctor), meaning that one case would only have a single obstetrician present.

The aim of this SOP is to outline the steps which must be taken to ensure a second theatre is opened safely, considering the different challenges which exist during the normal working day compared to out of hours.

2.0 Objective

This SOP is required to ensure staff understand the processes to follow in an emergency situation when the Maternity Theatre is in use and a second theatre is required. The SOP provides staff with the information required to ensure efficient management of the patient that requires care in the second theatre.

3.0 Scope

This SOP applies to all medical, midwifery and theatre staff working within maternity and main theatre.

4.0 Management

4.1 Equipment

To eliminate the need for transportation of equipment from the Birthing Centre to Main Theatres in an emergency, the following equipment will be stored in Main Theatres in the designated areas as follows:

Main Theatre Reception:

- Resuscitaire
- Neonatal Resuscitation Trolley
- Neonatal resuscitation drugs (in the red box underneath the resuscitaire)

Outside Theatres 5 and 6:

Sundries Trolley including

- Normal delivery pack and maternity suture pack
- 3rd / 4th degree tear pack
- Operative vaginal delivery equipment: (Two of each)
 - Neville Barnes forceps
 - Wrigleys forceps
 - Kiwi
 - Ventouse – Occipito Anterior (OA) and Occipito Posterior (OP) cups
- Emergency trolley for mothers, to manage further obstetric emergencies.
- Rusch balloons (postpartum balloon)



- Laminated copies of B Lynch suture guidance and how to use a Rusch balloon
- Copies of Emergency proformas
- CTG monitor and extra CTG paper

Theatre 5 Fridge:

Emergency drugs - 10 vials each of:

- 5 units Oxytocin
- 10 units Oxytocin
- Syntometrine
- Ergometrine
- Carboprost
- Misoprostil

Additional equipment that the midwife/ Maternity Support worker would need to take down includes

- Cot
- IVAC and giving set
- Pillow
- Sonicaid
- Baby weighing scales
- Catherisation pack
- Towels

4.2 Work load planning and staffing

During busy periods on the Birthing Centre the Birthing Centre Co-Ordinator will liaise with the Consultant on call to prioritise the work load. They will consider performing any emergency surgery in Main Theatres. e.g.

- Repair of third or fourth-degree tear who is deteriorating
- Manual removal of placenta where the woman is bleeding
- Category 2 Lower Segment Caesarean Section (LSCS)

The Consultant on call must be in attendance if a second emergency case occurs as per RCOG Roles and Responsibilities of the Consultant guidance.

It is essential that when a second obstetric theatre is required in the main operating theatres then the following actions are initiated:

- The birthing centre co-ordinator will contact the theatre co-ordinator on extension 2556 (in hours) or the emergency bleep holder on 218 (out of hours) to request the use of a second theatre
- In hours the theatre co-ordinator will
 - Review the theatre timetable to identify a free operating theatre. If all theatres are in use they will review the operating lists for patients who are finishing surgery or who have not started anaesthesia and surgery
 - Review the staffing levels/skill mix and identify a team to cover the second obstetric emergency
- Out of hours the emergency bleep holder (218)/theatre co-ordinator will review their staffing. They may have to escalate to duty manager (219).



- During the day, contact the anaesthetic office on 2022 or the on-call anaesthetist on bleep 765 between 8 AM to 6 PM (they will have an overview of personnel available)

- Out of hours, call the consultant anaesthetist via switchboard

A patient must not be sent to the main operating theatre without clear notification of the theatre to be used and confirmation that theatre staff and an anaesthetist are available to support a second obstetric emergency theatre case.

If the consultant requires assistance with medical staffing arrangements, then in hours they must contact the service manager for CBU3. They will liaise with the CBU2 service manager if support is required outside of CBU3. Out of hours, assistance can be sought from the Site Matron on 1104 who will liaise with the Bronze and Silver manager on call.

The allocation of the midwifery and support staff required will be planned by the Birthing Centre Co-ordinator who may liaise with the Maternity Manager on-call if they consider the status of Maternity services to be Opel 2 or greater.

Staff and birthing partner must be changed into theatre scrubs before they go to Main Theatres.

The woman must be transferred to theatre by the appropriate team. This may need to include obstetricians and anaesthetists dependent on the woman's clinical condition.

4.3 Theatres

On arrival at theatres the role of the Maternity Support Worker (MSW) is to assist with the transfer of the resuscitaire, neonatal trolley, and obstetric emergency trolley from theatre reception to the theatre allocated.

Theatre staff will inform the MSW when the birthing partner can enter theatre. In cases where a general anaesthetic is necessary the birth partner will remain in the waiting area within main theatre until mother and baby are transferred to the recovery area.

After birth the woman will be transferred to the designated area within recovery accompanied by the birthing partner and baby.

Baby will have skin to skin in the recovery room and staff will help to initiate first feed unless this is declined by the woman or it is unsafe to do so.

Mother and baby will be transferred, in bed, to the appropriate ward area for on-going care by the recovery and midwifery staff.

The midwife will complete all documentation and give a full SBAR handover of care to ward staff.

A Datix must be completed.



Management of the woman requiring a second theatre

Birthing Centre Co-ordinator to contact Theatre Co-ordinator on extension 2556 (in hours only)

OR

Bleep 218 (available 24 hours)

Request a 2222 emergency call

For an Obstetric Emergency OR Category 1 Birth

(Please refer to the Escalation Policy for further clarification)

If a theatre is required for other urgent procedures, please bleep using the normal process

DO NOT transfer the patient from the Birthing Centre until the theatre bleep holder has confirmed a theatre and full team is available

Ensure that it is clear which theatre has been allocated

Consider conservative management prior to transfer to theatre -

- Turn woman into left lateral position
- IV fluids (Plasmalyte)
- Discontinue Syntocinon
- Consider Terbutaline
- Prepare them for theatre as per protocol

Transfer the woman to theatre with the appropriate team

Consider escalation for further midwifery staffing when required.



5.0 Roles and responsibilities

The underlying principle is to ensure mother and baby receive a high standard of safe care. In order to achieve this all staff, need to work in a co-ordinated and professional manner. There is a collective responsibility to ensure that work is delivered in a seamless manner and for all those involved to understand what is expected in terms of role boundaries and accountabilities.

Obstetricians

The Consultant Obstetrician will make a judgement call if immediate emergency category one delivery is required. This may over-ride the stop moment out of clinical necessity.

Theatre team

In the event of a category one caesarean section verbal consent and checks remain mandatory in order to safeguard the patient. These checks will be conducted in a controlled and calm manner.

The theatre team's primary responsibility is to the patient whilst they remain in Theatre and Recovery.

Anaesthetists

Anaesthetic support will be available for all patients requiring GA, Spinal, Epidural top up.

Midwives

The midwifery team are primarily responsible for the baby and any supporting partners whilst in Theatre and Recovery.

6.0 Associated documents and references

BHNFT SOP for the use of maternity bleep system (2222)

7.0 Training and resources

Training will take place annually as part of maternity mandatory training including the multidisciplinary PROMPT Maternity skills and drills sessions.

8.0 Monitoring and audit

Any adverse incidents relating to the guideline for the management of the second women who requires emergency treatment in Main Theatres will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the Management of the management of the second women who requires emergency treatment in Main Theatres will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.



9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Equality Impact Assessment – required for policy only

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

Appendix 2

Glossary of terms

CTG – Cardiotocograph

LSCS - Lower Segment Caesarean Section

SBAR – Situation, Background, Assessment, Recommendation

Appendix 3 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	N/A
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Approved by CBU 3 Overarching Governance Meeting	22/03/2023
Approved at Trust Clinical Guidelines Group	N/A
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	SOP for the opening of a second theatre for an obstetric patient
Document author (Job title and team)	Practice Educator Midwife/ Consultant Obstetrician/Theatre Lead
New or reviewed document	Reviewed. Replaces; Women who require emergency treatment in main theatres (second theatre SOP)
List staff groups/departments consulted with during document development	Midwives Obstetricians Theatre Team
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Date of next review (maximum 3 years)	23/03/2026
Key words for search criteria on intranet (max 10 words)	Emergency theatre Escalation
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Jade Carritt Designation: Governance Midwife



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance

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