

1. Introduction and Who Guideline applies to

This guideline applies to all UHL staff involved in the care of women undergoing surgery in Emergency Room 2 at the LRI.

Background:

Emergency Room 2 on Level 4 Delivery Suite has limited space, with the neonatal resuscitaire placed within the back corridor utilising portable Air and oxygen cylinders. Furthermore there have been concerns identified with the ventilation of the area which has raised some concern with Infection Prevention as having the potential to increase the risk of infective morbidity. Previously, options for improving the air circulation were considered but at a cost of in excess of £1 million were not affordable. A comprehensive audit of infection rates was carried out prior to the Delivery Suite refurbishment in 2011/12 and did not identify any increased infective morbidity associated with surgical activity in Emergency Room 2. Nevertheless, the environment is sub-optimal and so should only be used after careful consideration of other options and clinical need deems it necessary.

Emergency Room 2 is therefore only suitable for category 1 cases where Theatre 1 is in use or for repair of third and fourth degree tears, manual removal of placenta and other procedures clinically indicated

Related UHL documents:

[Caesarean Section and Enhanced Recovery UHL Obstetric Guideline.pdf](#)

[Retained Placenta UHL Obstetric Guideline.pdf](#)

[Perineal or Genital Trauma Following Childbirth UHL Obstetric Guideline.pdf](#)

[Assisted Vaginal Birth UHL Obstetric Guideline.pdf](#)

2. Criteria for use of Emergency Room 2.

In principle, wherever possible, surgical activity on the Delivery Suite requiring a theatre environment should be carried out in Theatre 1. The principle for use of Emergency Room 2 should be that there is an alternative clinical need to use Theatre 1 for a case of higher priority and the case to take to Emergency Room 2 cannot be delayed until Theatre 1 is available.

This should also take account of the need to have Theatre 1 available for emergency cases at times of high activity or acuity.

When Emergency Room 2 is used for caesarean section or operative vaginal births, then the reason for its use should be documented in the patient's notes, in the theatre register and /or on ORMIS.

Furthermore there needs to be an ongoing audit of activity rates in Emergency Room 2 and patient follow-up to ensure that there is no increased patient morbidity as a result.

Use of Emergency Room 2 should be reported to Maternity Governance by the Matron for Intrapartum and inpatient Services on a monthly basis.

For Caesarean Section the following principles should apply:

Category 1 Caesarean Section:

Very urgent Caesarean Section with impending fetal death.

Target for decision to delivery is 30 minutes but expected to be faster.

Often a general anaesthetic is required.

If one theatre is in use a second theatre and team will be needed.

Examples of category 1 Caesarean Sections include cord prolapse, fetal bradycardia not resolving.

Category 2 Caesarean Section:

Also an emergency Caesarean Section when the target for decision to delivery time is less than 75 minutes.

Examples of category 2 Caesarean Sections include failure to progress with potential fetal compromise, non-reassuring CTG.

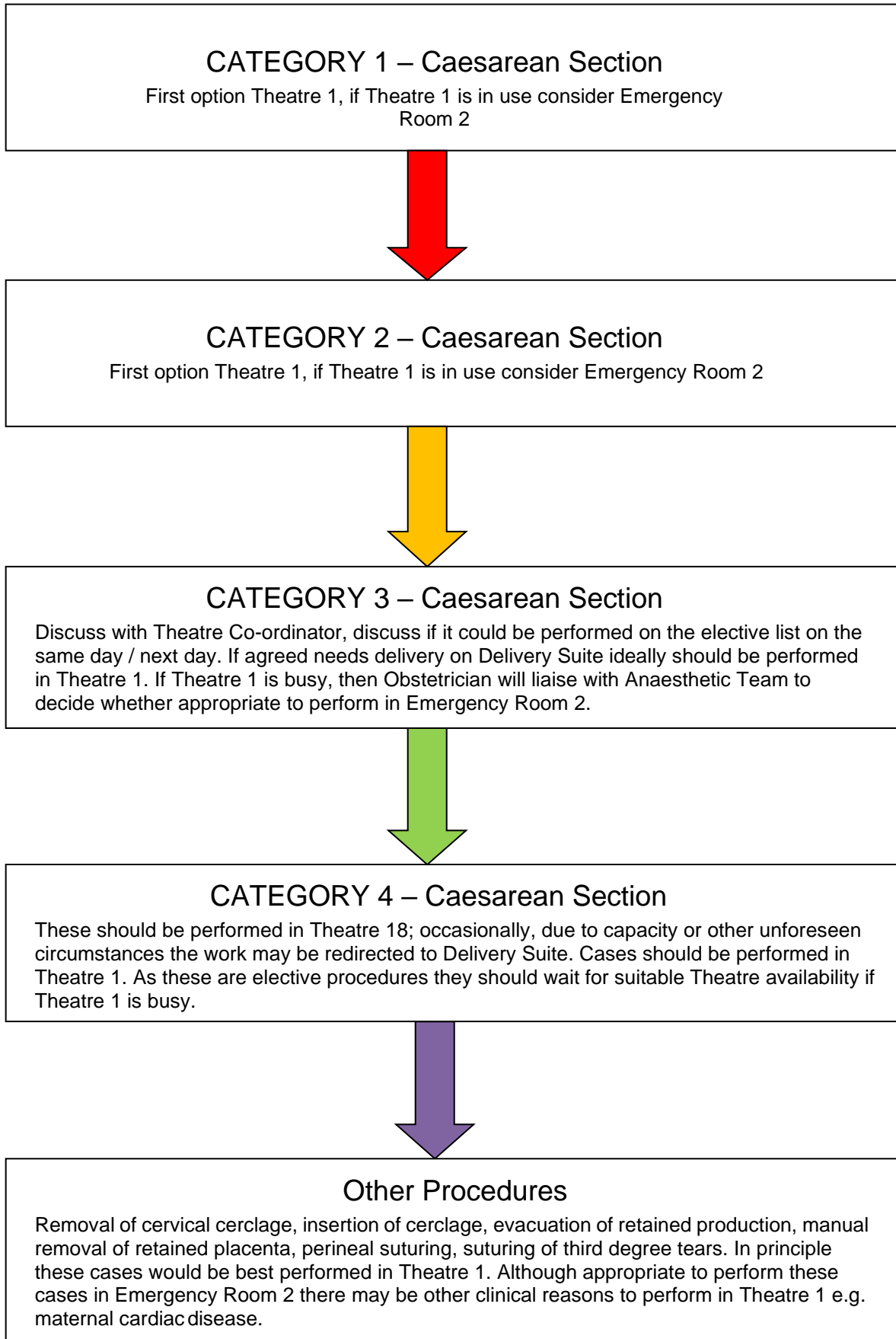
Category 3 Caesarean Section:

Caesarean Sections that are clinically necessary and unplanned but the timing is not critical and is dependent on the safety of the mother and consideration of other patients that may take priority. Examples include failed induction of labour, breech presentation in early labour.

Category 4 Caesarean Section:

These are, planned cases, and their timing can be flexible dependant on factors such as capacity and neonatal availability.

Decision making summary



3. Education and Training

None

4. Monitoring Compliance

None

5. Supporting References

None

6. Key Words

Caesarean Section, Theatre 1

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Emma Ashworth – Theatre Team Leader		Executive Lead Chief Nurse	
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
October 2021	3	E Ashworth	<ul style="list-style-type: none">Updated location of neonatal resuscitaireUpdated and linked to related documentsAmended Caesarean section categorisation in line with caesarean section guideline
October 2024	4	E Ashworth	<ul style="list-style-type: none">No changes