



Aneurin Bevan University Health Board

Standard Operating Procedure For Removal of STAN Fetal Spiral Electrode at Emergency Caesarean Section

NB. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status: Issue 2

Approved by: Clinical Effectiveness Forum
Owner: Maternity Services ABUHB

Published: 27-5-25
Review by date: 27-5-28
Policy Number: ABUHB/F&T/1019

Maternity Services

Contents

1 Aims	3
2 Objectives	3
3 Scope	3
4 Awareness	3
5 Equipment	3
6 Monitoring	3
7. Procedure	4
8. Flow Chart.....	5

1 Aims

The purpose of this Standard Operating Procedure (SOP) is to detail the necessary steps for removing a STAN fetal spiral electrode (FSE) before an emergency caesarean section. It also covers the procedures to follow if the electrode is not removed prior to the surgery and the baby's delivery.

2 Objectives

- To support safe and effective care within maternity.
- To ensure that all staff are aware of the procedure for removal of FSE and actions to take when the FSE cannot be removed prior to the operative procedure.
- To ensure all staff are aware of the SOP and act appropriately in an event of an emergency

3 Scope

This SOP is aimed at all health care professionals who provide care to women within maternity theatres when an FSE has been attached during labour.

4 Awareness

- All staff will be aware of the procedure
- The procedure will be outlined to all maternity staff on their induction to labour ward.

5 Equipment

Goldtrace FSE are used in the provision of ST Analysis fetal monitoring

6 Monitoring

All incidents are recorded on DATIX and monitored via the MDT risk team.

7. Procedure

ST Analysis is a method of continuously monitoring the fetal heart rate and fetal wellbeing whereby the fetal ECG waveform is measured with a Goldtrace electrode (FSE) applied to the foetus's scalp. It should be considered for use in all high-risk women > 36 weeks' gestation during labour.

When there is a decision for emergency caesarean section the FSE removal usually occurs in theatre prior to the caesarean section. There is a question relating to the presence of the FSE on the pre and post WHO checklist which should be completed.

For removal of FSE prior to emergency caesarean section: -

- WHO checklist to alert all theatre staff that FSE in-situ
- FSE added to swab and instrument count on white board and clinical records.
- Explain to the woman FSE is to be removed gaining consent for vaginal examination.
- Vaginal examination performed to access FSE
- Rotate the FSE anticlockwise to release the FSE
- Remove FSE
- Communication to theatre team and woman that FSE has been removed
- Record on white board and clinical records that FSE has been removed
- Record status of FSE (removed) as part of final swab, instrument count and the post caesarean section WHO checklist.

Action to take when FSE unable to be removed prior to emergency section: -

- Alert operator and theatre team that the FSE has not successfully been removed following vaginal examination
- Agreement with surgeon to cut/ pull apart the FSE leads, this may then allow the FSE to be released and removed vaginally
- If cutting/pulling apart the leads does not successfully release the FSE this should be communicated to the surgeon and theatre staff.

Maternity Services

- Decision to proceed with caesarean section with FSE in situ communicated to all theatre staff and woman by surgeon
- Following birth by caesarean section the FSE can be removed from the baby's scalp by rotating anticlockwise.
- Communication to theatre team and woman that FSE removed
- Record on white board check FSE removed and clinical records
- Record status of FSE (removed) as part of final swab, instrument count and the post caesarean section WHO checklist.

Action to take if the FSE is not present on the baby's scalp after the caesarean birth despite being cut vaginally pre caesarean section: -

- Immediately alert the surgeon, consultant and theatre team that the FSE has been retained.
- Inform X-ray
- Operator to assess uterus
- Operator to perform vaginal toilet with aid of speculum to assess presence of FSE.
- Communication to theatre team and woman that FSE removed
- Record on white board check FSE removed and clinical records
- Record status of FSE (removed) as part of final swab, instrument count and the post caesarean section WHO checklist.

Standard Operational Procedure Flow Chart

**Woman transferred to maternity theatres for
Emergency Caesarean Section with FSE in place**

FSE included in WHO

**FSE included in swab and
instrument count on white board**

**Communicate to woman to gain consent for vaginal examination
to remove FSE**

**Rotate FSE anticlockwise to release FSE.
Communicate to theatre team and woman
that FSE has been removed**

**Record on white board check and clinical
records that FSE has been removed. Record
status of FSE as part of final swab, instrument
count and the C/S WHO checklist**

**Action to take when FSE is unable to be removed prior to Emergency
Section:-**

**Alert operator and theatre team that the FSE has
not successfully been removed following vaginal
examination**

**Agreement with surgeon to cut the FSE, this may
then allow the FSE to be released and removed
vaginally. If cutting the FSE does not successfully
release the FSE this should be communicated to
the surgeon and theatre staff**