Reference Number: UHBOBS025	Date of Next Review:
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# Cancellation / Delay of Elective Caesarean Section and Induction of Labour

## **Objectives**

To provide guidance on the management of patients in the event of cancellation of Caesarean section or Induction of Labour

### Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has not been completed.
Documents to read alongside this Procedure	
Approved by	Maternity Professional Forum and Obstetrics & Gynaecology Quality & Safety
Accountable Executive or Clinical Board Director	Ruth Walker, Executive Nurse Director
Author(s)	S Zaher, Consultant Obstetrician and Labour Ward Lead

#### Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author Or the Governance Directorate.

#### **Summary of reviews/amendments** Version Date of **Summary of Amendments** Date Number **Published** Review **Approved** Nov 2011 Dec 2011 New Document (P Amin) 2 Oct 2014 Oct 2014 Reviewed and amended by P Amin MPF 09/09/2019 Reviewed and amended by Su Zaher, 3 Labour Ward Lead 15/7/19 Q&S 6/9/19

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There are circumstances, where an Elective Caesarean Section (C/S) or Induction of Labour (IOL) may need to be delayed (to a later time on the same day) or postponed (re-scheduled for another day). It is expected in these circumstances that every effort is made to avoid postponement and that all options are considered before this decision is made.

If a caesarean section or IOL is delayed then it is the responsibility of the Consultant on the Delivery Suite to ensure that the reasons for the delay are communicated with the woman and her family in a timely manner, either by themselves or delegated to a relevant member of staff.

The decision to postpone a caesarean section or IOL has to be made by the Consultant in conjunction with the Consultant Anaesthetist (for C/S) and Delivery Suite Co-ordinator, as appropriate.

Actions to follow when the decision has been made to postpone a caesarean section / IOL:

## **Caesarean Section:**

#### Role of the Consultant Obstetrician:

- The Consultant / Senior Registrar must ensure the reason for delay or postponement or cancellation of the operation is communicated to the woman. If the operation is postponed, the Consultant / Senior Registrar must see the woman face-to-face and inform her of the decision to postpone her operation and explain the reasons why this decision has been made.
- > All communication must be clearly documented in the case notes.
- ➤ An individualised care plan for the woman must be made and documented in the notes e.g. IV fluids to prevent dehydration if C/S delayed, CTG prior to discharge home to assess fetal well-being, if C/S postponed.
- Re-book postponed C/S for the next most suitable day.
- Inform the rest of the team of the decision e.g. anaesthetics, theatre staff, neonatal unit.
- Neonatal cots cannot be pre-booked, therefore if admission is neonatal dependent consider admission the night before or patient remaining in hospital

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➤ Complete incident form, including information on the reason why the decision was made to postpone C/S.

#### Role of the midwife:

- Midwife to ensure that the care plan is completed e.g. CTG, further investigations.
- ➤ If woman is discharged home, ensure contact details are given to the woman. (Appendix 1)

#### **Induction of Labour:**

#### Role of the Consultant Obstetrician

- ➤ The Consultant / Senior Registrar must ensure the reason for delay in commencing the Induction of Labour is communicated to the woman. If the IOL is delayed the Consultant / Senior Registrar must see the woman face-to-face and inform her of the decision to cancel her IOL and explain the reasons why this decision has been made.
- ➤ If the woman is waiting at home to come in for IOL, A midwife should speak to the woman and convey the delay or postponement and the reasons for this. The woman should be asked to come in to the day assessment unit for assessment of wellbeing of fetus and mother (maternal observations and CTG, if in doubt liaise with Senior SpR).
- > All communication must be clearly documented in the case notes.
- An individualised care plan for the woman must be made and documented in the notes e.g. Diet and fluids (consider IV fluids to prevent dehydration) if IOL is delayed, CTG prior to discharge home to assess fetal well-being, if IOL is cancelled.
- Re-book postponed IOL for following day.
- ➤ Inform the rest of the team of the decision e.g. neonatal unit, anaesthetics.
- ➤ Complete incident form, including information on the reason why the decision was made to delayed or postpone IOL.

#### Role of the midwife:

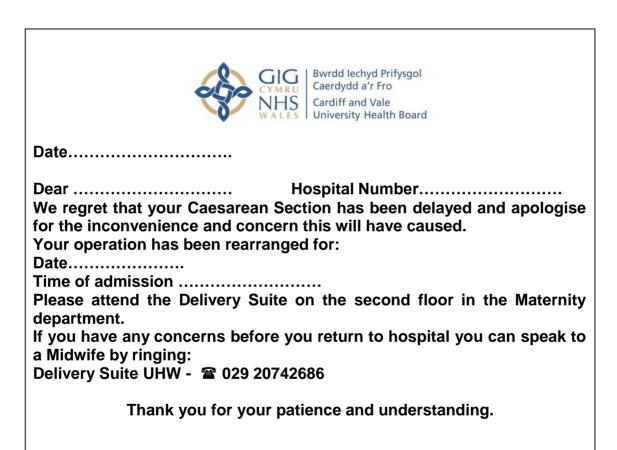
Midwife to ensure that the care plan is completed e.g. CTG, further investigations.

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➤ If woman is discharged home, ensure contact details are given to the woman. (Appendix 2)

## Appendix 1

Contact details letter – to be given to all women who are discharged home following postponement of elective caesarean section. The letters are kept in the clinical areas.



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## Appendix 2

Contact details letter – to be given to all women who are discharged home following cancellation of Induction of Labour. The letters are kept in the clinical areas.

CYMRU NHS WALES  Bwrdd lechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board
Date
Dear
If you have any concerns before you return to hospital you can speak to a Midwife by ringing:  Obstetric Assessment Unit UHW - 2029 20744658  Thank you for your patience and understanding.