SOP for Safe Positioning of patients undergoing Lower Segment Caesarean Section.

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Key Stakeholders:

- Theatre team
- Obstetric anaesthetist team
- Midwifery team
- HCSWs

Aim

To ensure safe positioning of Patient undergoing Caesarean Section, maintaining physical support and reassurance whilst doing so.

Background:

Falls from operating tables are extremely rare, especially when patient is positioned supine with 0 degrees of lateral or Trendelenburg tilt. However, during obstetric procedures an additional awareness of positioning risks is required. It could be argued that the time of greatest positional risk to the patient is in the period immediately following Spinal anaesthesia and prior to full block being achieved. Here the patient still has a significant degree of mobility and may not be fully spacially aware.

Left lateral tilt of up to 15 degrees is applied to the woman undergoing Caesarean Section once she is in a supine position on the operating table, usually immediately following spinal/epidural anaesthesia or prior to general anaesthesia. Lateral maternal tilt reduces aortocaval compression and the consequent cardiovascular instability.

As any lateral tilt may promote a real or imagined positional instability it is the responsibility of the whole team present in theatre to reassure the patient and mitigate any real falling risks.

Current situation:

As soon as the Spinal needle is out of the patients back and plastic spray applied to puncture site two members of the team, one on either side of the operating table, are acting to stabilise the patient (one at the patients back preventing the patient leaning backwards and the other gently assisting with guiding the patients legs onto the table). It is at this point that the patient is usually reminded of the narrowness of the table. The patient is assisted into a supine position in the midline of the table with the head in a comfortable position. Arm guards are placed to protect elbows and are placed at calf level to help stabilise legs. Hips should be manipulated so that they are square on the table. The anaesthetist should then apply an appropriate amount of left lateral tilt.

When the anaesthetist is satisfied that the level of block is sufficient for catheterisation to proceed, the patients legs are placed in a frog-like heel to heel position and the midwife catheterises patient. Legs are then placed in neutral position with anti-DVT compression devices attached to calves and diathermy pad applied. At this point the patient is usually sufficiently blocked to proceed with surgery and is immobile from the torso down.

If the patient is a higher BMI than average the use of articulated arm boards, table width extenders and leg straps are considered.

New recommendations

In recognition that the above phase of preparation for surgery present as the greatest time of positioning failure for the patient the following principles should be adhered to whatever the situation:

- When the patient is placed into supine position following Spinal anaesthesia the Midwife should be proximal to the patient to advise and reassure the patient whilst they are having table supports/monitoring applied. Normally the expectation would be that the midwife stands at the patients left until the anaesthetist has declared that they are ready for catheterisation.
- When the anaesthetist is applying the lateral tilt they should make this known to the team and ensure that a member of staff, preferably Midwife, is close to the patients left hand side. They should be receptive to any concerns raised from other team members regarding level of tilt.
- If the Midwife has to leave the patients side prior to full block being achieved they should vocalise this to the team so that another team member can take their place before they leave the patient.
- Staff should consider the use of articulated arm boards, table width extenders and leg straps to aid stability.

Added Section:

Governance, Monitoring and Learning

- Any incidents or near-misses related to patient positioning during Caesarean Section should be reported via local incident reporting systems.
- Themes relating to patient positioning safety should be reviewed at intrapartum governance or theatre safety meetings.
- Learning outcomes should inform multidisciplinary training and future SOP review.

References

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3. Kinsella SM. Lateral tilt at Caesarean section: one angle fits all or made-to-measure? British Journal of Anaesthesia.
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Maternity Services

Checklist for Clinical Guidelines being submitted for Approval by Maternity Quality & Safety Group

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