Caesarean Section: Receiving a Baby

Related Documents and Resources:

1. B-00-07-10062 - Stabilette: Preparation and Use
2. B-00-12-10036 – Umbilical Cord Blood Gases After Delivery, obtaining

Skill Level:

Specialized:

- Maternity Centre or NICU RNs with Neonatal Resuscitation Competency every 2 years.
- Pediatricians
- Anesthesiologists

Need to Know

- Care of the newborn is delegated to a pediatrician and a Maternity Centre or NICU RN. In emergency situations when a pediatrician is not available an anesthesiologist assumes care of the newborn. See Appendix A
- The Maternity Centre or NICU RN is responsible for assisting the pediatrician or anesthesiologist with the neonatal resuscitation procedures and for monitoring the newborn during the immediate post-delivery period while in the OR.
- If the baby is stable the pediatrician is not required to stay in the OR with the well baby after delivery.
- The pediatrician determines whether or not the newborn may stay in the OR with the parents until transfer to the Maternity Centre or transfer NICU.
- The pediatrician and RN transfer a premature or any unwell newborn to NICU shortly after birth.
- The Emergency Neonatal Cart is located in the OR corridor (outside the designated OR room).
- The cart, emergency drug kit expiration date and necessary emergency equipment must be checked as part of the daily routine by a Maternity RN.
- There is a designated stabilette for babies less than 33 weeks gestation
- There are clear plastic bags for babies born at less than 29 weeks gestation in the designated stabilette for babies less than 33 weeks gestation

Criteria for newborn remaining with the mother in the OR until surgery is complete:

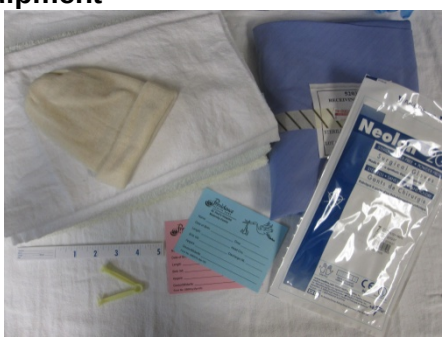
- Term newborn 37 or more weeks (unless otherwise directed by the Pediatrician).
- Appropriate for gestation age – small infants are at high risk of becoming hypothermic in the OR, even with bundling.
- Absence of respiratory distress or ongoing need for oxygen even though the baby may have needed initial resuscitation.
- Absence of major anomalies.

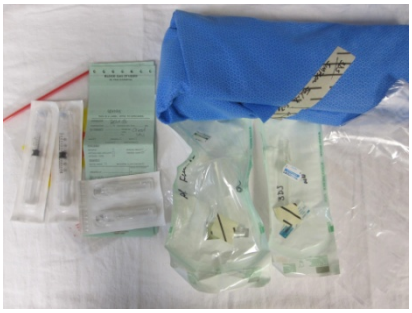
Published by: Providence Health Care, Vancouver, BC

PRACTICE GUIDELINE

Equipment & Supplies:

Stabilette stocked with equipment





- Stockinet hat
- 1 sterile package of 2 receiving blankets
- 2 warm flannel receiving blankets
- 2 warm bath blankets
- Labeled placenta bag
- Newborn identification bands with inserts – 1 set of four
- Plastic yellow umbilical cord clamps
- Sterile gloves
- Cord blood gas collection set with requisition/labels
- Solid Simpsons forceps
- Crib card
- Documentation - appropriate newborn chart forms

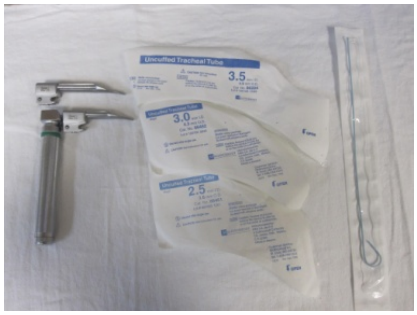
For Rh Negative mother add:

- 7 mL EDTA Tube (Lavender top)
- Sterile 10 mL syringe
- sterile 22 G 1-1/2" needles x 2
- Specimen bag for cord blood collection,

enter *Neonatal Investigation* order into SCM, selecting *Cord Blood Sample* and *Unit Priority*)

IPPV and Intubation equipment:

- Oxygen masks (1 newborn and 1 preterm)
- IPPV equipment/T-piece Resuscitator
- Working laryngoscope handle and blades (0, 00)
- AA batteries x 2
- ET tubes (2 of each- 2.5, 3.0 and 3.5)
- Stylets x 2
- Pediatric stethoscope
- CO2 Detector
- Laryngeal mask airway size 1



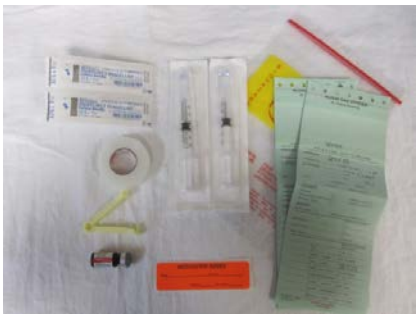
Published by: Providence Health Care, Vancouver, BC

Questions, concerns, comments about PHC guidelines can be emailed to: nursingstds@providencehealth.bc.ca

- Pulse oximeter
- Pulse oximeter probe/sensor
- Posey (for pulse oximeter sensor)

- Additional Suction equipment:
  - Meconium aspirator x 2
  - Suction catheters #10 x 2
  - Suction tubing,
  - Feeding tubes #8,
  - Bulb suction
  - 20 mL syringe x 1

- Additional Equipment:
  - Naloxone x 1
  - Medication labels
  - Syringes:-
    5 mL x 1
    3 mL x 2
    10mL x 1
    1 mL x 6
  - Needles:
    # 25G 5/8" x 3
    # 25G 1 ½" x 3
    # 18G 1 ½" x 3
    # 22G 1 ½" x 3
    # 18G 1 ½" Filter x 3
  - Alcohol Swabs
  - Plastic yellow umbilical cord clamps
  - Crib cards (Blue and Pink)
  - Measuring tape
  - ½" Tape
  - Plastic bags for placenta
  - Cord blood gas kit with requisitions x 3
  - NRP Documentation Record x 4
  - Laminated copy of NRP algorithm and medication chart
  - Flow inflating Bag
  - Temperature Probe Cover



PRACTICE GUIDELINE

Preparation in Maternity Centre by RN:

STEPS	RATIONALE
1. Check Stabilette: • Plug in and turn power on • Check heating element and overhead light • Set temperature control to 36.5 to 37°C • Check O_2 tanks – must have at least 500 to 750 psi • Check O_2 flow meter • Check Air tank – must have at least 500 to 750 psi • Check Air flow meter • Check IPPV equipment/T-piece Resuscitator. • Flow inflating bag as back-up • ***Check suction tubing, catheter, and pressure (set to 100 mmHg)***	• Ensures equipment is in working order prior to going to OR • This setting should maintain the baby's skin temperature at 36.5 to 37°C. • Need enough O_2 and Air to transport baby from OR to NICU. • Ensure that it is complete and intact • Recommended suction pressure for clearing a newborn's airway.
2. Check supplies and equipment (including expiration dates) in drawer	
3. Gather all other equipment required	
4. Collect all chart forms and newborn identification bands.	

Preparation in OR by RN and Pediatrician:

STEPS	RATIONALE
1. Take stabilette with all equipment to OR Holding Area.	
2. Put on OR hat and mask.	
3. Take stabilette to designated OR	
4. Wash hands	
5. Push equipment into OR	
6. Plug in stabilette into wall outlet.	
7. Attach O_2 and Air to outlet and set flow meter to 8 litres per minute Set blender to 21%	• Recommended blended gases for delivery is 21%

Published by: Providence Health Care, Vancouver, BC

8. Recheck all equipment: a. O_2 b. Air c. Suction d. IPPV/T-piece Resuscitator e. Intubation equipment f. Temperature setting	• All equipment needs to be rechecked to ensure that it was not disabled during moving
9. Set out intubation equipment: a. laryngoscope handle and blades b. ET tubes c. Stylet d. Meconium aspirator.	• Prepare for intubation/meconium suctioning as necessary
10. Check the Emergency Neonatal Cart in OR this will be done daily by a maternity RN.	
11. Complete as many of chart forms as possible before delivery	• Provides review of patient history and saves time after birth
12. Keep blankets warm.	• Assists in maintaining and stabilizing baby's body temperature

Preparation at Delivery by RN:

STEPS	RATIONALE
1. Open sterile baby blankets, keeping on side sterile. Put on sterile gloves. Receive baby from surgeon with sterile blankets.	• Avoid contaminating sterile field
2. Note time of birth and turn on Apgar timer.	• Keeps track of time of birth, interventions, appropriate time to assess Apgar Scores
3. Place newborn on stabilette	
4. Initiate/assist with initial steps and ongoing resuscitation as necessary	
5. Apply cord clamp and cut excess off with scissors from Scrub Nurse. Count vessels in cord	
6. Apply newborn identification bands to baby x 2, mother x 1 and partner x 1 before leaving OR	• Ensures mother, partner and baby are identified before leaving OR
7. Put hat on baby and wrap in warm blankets. If delivered by Assisted Delivery (Vacuum/Forceps) assessment for Subgaleal Hemorrhage to be commenced on admission to maternity/NICU.	
8. If appropriate, assist parents to cuddle with their baby, encourage skin to skin with mother if appropriate	• Encourages attachment, assists in infant stability and initiates the development of early breastfeeding Reassures parents of baby's

Published by: Providence Health Care, Vancouver, BC

	condition
9. Draw up cord blood gases. If staying in the OR, have specimens sent to lab ASAP	
10. Examine and bag placenta	• Ensures all parts of placenta have been removed.
11. For Rh negative mother, obtain cord blood sample, label collection tube and place in specimen bag	
12. If newborn meets set criteria, allow parents to spend time with their baby until mother is ready for transfer to maternity or PACU (depends on mother's condition), assist with hand expression and feeding baby expressed colostrum via finger feeding if appropriate. Write time skin to skin initiation or Breastfeeding initiation.	• Encourages attachment, assists in infant stability and promotes the development of early breastfeeding
13. Take newborn's T, HR, RR at least once while in OR. Use temperature probe on stabilette or thermometer. There is a thermometer available on the Code Pink Stabilette.	
14. When ready, unplug stabilette, detach O_2 and Air hose from outlet and place newborn in stabilette and transfer to Maternity Centre (with parent/s) or NICU	

RN Responsibilities in Maternity Centre/NICU after Transfer:

STEPS	RATIONALE
1. Weigh and measure newborn	
2. Obtain parental consent and administer Erythromycin eye ointment and Vitamin K as per orders 3. If mother is being recover in Maternity, encourage skin to skin and promote early breastfeeding	
4. If mother is being recover in PACU, instruct woman's partner or designate to remain with baby at all times, review safety measures and encourage skin to skin	• Baby must go to NICU if no one is able to stay with the baby
5. Continue newborn assessment as per Newborn Care Path	
6. Complete documentation	
7. Label and refrigerate placenta	
8. Notify UC of delivery time, baby gender, weight and room assignment	• Required to enter Baby into SCM system

Published by: Providence Health Care, Vancouver, BC

9. Complete SCM requisition for neonatal studies -selecting cord blood sample. Place labeled sample in the specimen refrigerator	

Patient/Family Education:

Review with patient and support person what to expect in the OR including:

- The roles of the interdisciplinary team members
- The role of equipment and supplies related to receiving the baby
- Normal plan of care

Documentation:

1. B.C. labour and Birth Summary Record – complete all appropriate sections
2. B.C. Newborn Record – complete all appropriate sections
3. Blood Gas Requisition and Labels x 2 – venous and arterial
4. Crib Card
5. Physician Notice of Live Birth
6. Physician Order Sheet - Newborn
7. B.C. Newborn Normal Term Care Path
8. Rh Negative mother – Requisition is completed in SCM under baby's name. Clearly identify that the sample is cord blood and affix the label to sample.

References:

1. APGAR Score (Maternal Newborn). Mosby's Nursing Skills (2013). St. Louis, MO. Elsevier. Retrieved June 23 2015 from www.mosbysnursingskills.com
2. Canadian Pediatric Society (2011). Addendum to the NRP Provider Textbook 6th Edition: Recommendations for specific treatment modifications in Canadian context.
3. Kattwinkel, J.(ed) (2011) Text book of Neonatal Resuscitation (6th Ed) American Academy of Pediatrics and American Heart Association.
4. Leading Nursing Journal Finds Mothers and Babies Benefit from skin to skin contact after Caesarean Birth Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) News Release. November 5th, 2014 Accessed June 23 2015 at: www.awhonn.org
5. Mihrbacher, N (2010) Breastfeeding Answers Make Simple: A Guide for Helping Mothers. Amarrillo TX: Hale Publishing
6. Wyllie, J., Perlman, JM., Kattwinkel, J., Atkins, DL.et al (2010). International Liaison Committee on Resuscitation. Part 11: Neonatal resuscitation. 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation; 81S (2011):e260-e287.
7. O'Flaherty, F, Singh, A.J. (2014) Standards for Neonatal Resuscitation. Perinatal Services BC. Accessed June 2015 at http://www.perinatalservicesbc.ca

Persons/Groups Consulted:
MD, Head of Pediatrics, Maternity Centre, SPH
RN Maternity Centre

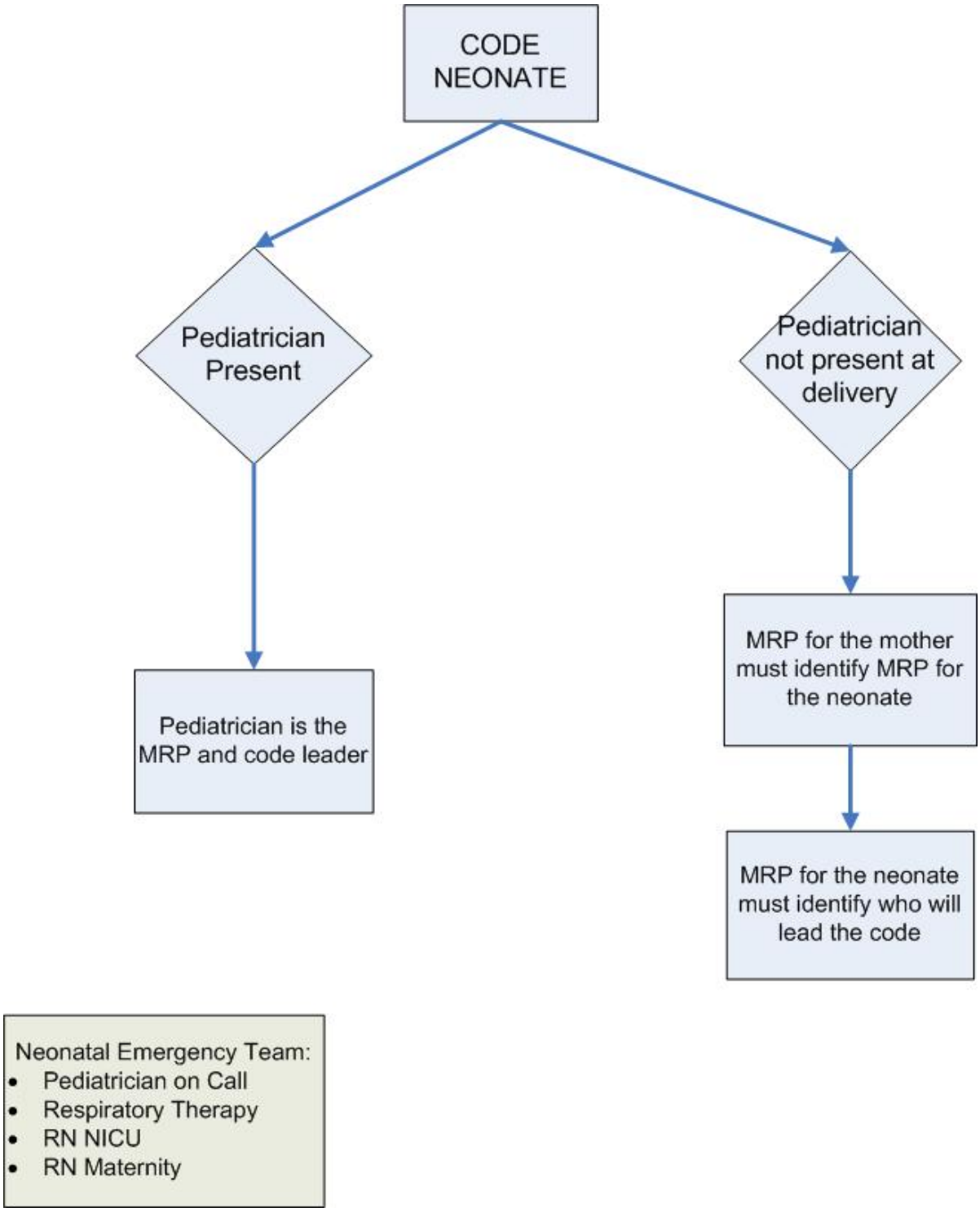
Approved By Professional Practice Standards Committee
Approved by MSQC 21st October 2015

Revised By:
Clinical Nurse Leader, Maternity Centre

Date of Creation/Review/Revision:
Created: August 1994
Revised: November 2015

Published by: Providence Health Care, Vancouver, BC

Appendix A: Emergency Care of the Neonate



Published by: Providence Health Care, Vancouver, BC

Questions, concerns, comments about PHC guidelines can be emailed to: nursingstds@providencehealth.bc.ca