

**Maternity Theatre Recovery
Standard Operating Procedure**

Date		Version
19/11/15		1
Purpose		
The purpose of this Standard Operating Procedure is to provide all staff working within Maternity Services with the essential knowledge regarding the role of the midwife in maternity theatre recovery.		
Who should read this document?		
All midwives All staff working within Maternity Services		
Key messages		
Maintenance of safe patient care		
Accountabilities		
Production	Midwifery Team Lead	
Review and approval	Clinical Effectiveness Committee, Women's and Children's	
Ratification	Sue Stock	
Dissemination	To maternity staff	
Compliance		
Links to other policies and procedures		
Version History		
V1	19/11/15	Written by Ceri Staples, Midwifery Team Lead.
Last Approval		Due for Review
November 2015		November 2020

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Section	Description
1	Definitions
2	Expected outcomes
3	Care of the woman post anaesthesia for operative interventions
4	The role of midwife
5	Transfer to ward
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1 Purpose

This document has been formulated to ensure that Plymouth Hospitals NHS Trust provides safe and effective care to all women being treated within the Maternity Service and to ensure a standardised level of care is given by a midwife in the post-operative care of a patient in maternity theatre recovery.

2 Expected Outcomes

- To maintain a safe standard of midwifery care following transfer into theatre recovery.
- To ensure that the roles of the theatre recovery staff & the midwifery staff are clearly defined.

3 Care of the woman post anaesthesia for operative interventions

Operative interventions include:

- LSCS
- Manual removal of placenta
- Perineal tear repaired in theatre

Immediately following any operative intervention women will be recovered by theatre recovery staff on a one-to-one basis until they have regained airway control, cardio-respiratory stability and are able to communicate.

An individual plan of care must be devised and documented, in partnership with the woman (and her family), the anaesthetist & the obstetrician.

4 The role of the midwife

Midwifery care is still required once the patient has been transferred into theatre recovery

- To assess fundal height and lochia
 - This remains the role of the midwife on initial arrival into theatre recovery, following any concerns raised by the theatre recovery staff and prior to transfer onto the postnatal ward.
- To support the patient in achieving skin to skin contact with her baby as soon as the woman's condition is stable
- To support and assist with the first breast or formula feed
- To ensure any proformas or Datix that are needed have been completed.

The on-going care of the baby remains the responsibility of the allocated midwife in recovery making any necessary referrals as/if required. However if the baby is well and alert the midwife is able to leave the baby with the care of the patient and her family whilst the midwife continues to complete the necessary paperwork prior to transferring the patient to the ward. The recovery nurse should be informed by the midwife when

they need to leave recovery and when they plan to return as the midwife must continue to be available to support the theatre recovery staff, the patient & her family during the recovery period.

5 Transfer to ward

It is the policy of Derriford hospital to encourage and support breastfeeding and to support 'parent -infant attachment'. This applies from birth so the mother and infant should not be separated unnecessarily. Skin to skin contact and subsequent breast-feeding should not be interrupted for routine transfer of mother and baby from theatre recovery. This applies only to mothers who are fully conscious and babies who are term, warm, well and alert.

Following the patient's initial care in the recovery area of the obstetric theatre, the patient should then be transferred to the postnatal ward for continuing care. It is imperative that any prescribed infusions continue during transfer to ensure the on-going welfare of the patient.

6 Record keeping

It is expected that every episode of care is recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges i.e. NMC and RCOG.

All entries must have the date and time together with a signature and printed name.

7 Cross references

Intrapartum guideline 19 – Operative delivery – Ventouse, forceps and LSCS

Intrapartum guideline 26 – Role of the midwife in maternity theatres and post-operative care.

Postnatal guideline 13 – Transfer of the care of the newborn infant and mother from the intrapartum setting.

8 References

Nursing and Midwifery Council, (2015) **The Code**: professional standards of practice and behaviour for nurses and midwives. London: Nursing and Midwifery Council.

National Institute for Health and Care Excellence (2011) **Caesarean Section**. NICE guideline CG132. London: NICE

