

## Live streaming in theatre where a birth partner is unable to be present due to COVID 19

Issue Date	Review Date	Version
February 2021	February 2022	3

### Purpose

This SOP refers to women undergoing caesarean delivery (category 3, 4 or a suitable 2 at the discretion of operating staff), where their partner cannot be present for the birth and no other birth partner is available.

This is to allow the patient's partner to see the baby during the delivery process in theatre (as we would for any caesarean, in terms of 'dropping the drape' at delivery), and the immediate post delivery period.

This SOP does not cover emergency deliveries (category 1/an unsuitable category 2) or vaginal deliveries.

### Who should read this document?

All involved in maternity theatre deliveries

Maternity staff

Theatre staff

Anaesthetic staff

### Key Messages

Live streaming for elective / category 4, 3 or suitable 2 caesareans is possible, with some caveats in place.

Verbal consent from all in theatre is required

A facilitator who is not part of the team delivering direct patient care in theatre is required

### Core accountabilities

<b>Owner</b>	Shehrazad Halawa
<b>Review</b>	Maternity Assurance group
<b>Ratification</b>	Susan Wilkins, Director of Midwifery
<b>Dissemination (Raising Awareness)</b>	Shehrazad Halawa
<b>Compliance</b>	Shehrazad Halawa

### Links to other policies and procedures

**Version History**

1	May 2020	First version
2	November 2020	Reviewed version
3	February 2021	Reviewed at Maternity Assurance Group

*The Trust 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, 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 Trust Documents.  
Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Standard operating procedure for live streaming in theatre where a birth partner is unable to be present due to COVID 19

#### 1 Introduction

This SOP is to provide a framework for the use of livestreaming at the time of category 3, 4 (and suitable 2 at the discretion of operating staff) caesarean sections, where the partner is unable to be present due to COVID-19.

#### 2 Definitions

Live streaming – providing a direct audio visual feed in real time to a distant device

#### 3 Regulatory Background

Article 2(c) General Data Protection Regulation (GDPR)

Data Protection Act 2018

Control of Patient Information (COPI) Notice enacted by the Secretary of State for Health in response to the COVID-19 pandemic

#### 4 Key Duties

All staff – must have their consent sought by the midwife / obstetrician running the case

Obstetrician - clarify with patient circumstances where live streaming will be stopped or not started.

Live stream facilitator – familiarise self with procedure for starting and stopping streaming.

#### 5 Procedure to Follow

Criteria

Only the patient's device may be used.

The patient takes responsibility for the staff member holding and using their device on their behalf during the procedure. The staff member will not be held responsible for any damage to the phone during this period.

Streaming can only occur if there is a staff member available (separate to the usual theatre team) to facilitate the event, and control what is seen (ie, avoid staff members faces, concentrate on patient, partner and baby, be aware of limits to streaming as detailed below.) If a staff member is not available then clinical requirements take priority over streaming.

Streaming can only occur to the partner of the patient, and cannot include more than one person receiving the transmission.

Streaming will be limited to WhatsApp and Facetime, as neither of these have the capacity to record video.

The hospital end of the stream should be at a suitable volume so as not to interfere with theatre communication. The patient may use earphones if they so wish, but please bear in mind this may hinder communication from the theatre team to the patient.

Streaming cannot be started until it is deemed safe to do so by the theatre team (i.e. after the anaesthetics team and surgical team have the patient in place and fully prepared for surgery).

**Streaming must be stopped in the following circumstances:**

Maternal general anaesthetic

Maternal request

Presence of anyone other than the partner on the receiving end of the live stream

Concerns with regard to patient wellbeing

At the request of medical or theatre staff

**Streaming cannot be started in the following circumstances:**

Maternal general anaesthetic

Maternal request

Concerns with regard to patient wellbeing

Without the agreement of all staff in theatre

**The person facilitating the live stream:**

Must be aware of their surroundings, and not get in the way of the anaesthetist

Should occupy the space normally occupied by the partner

Should control images so that only the mother and neonate are visible

In the event of ending the call, be reassuring and state that they will catch up once they are in recovery, allowing the patient to say goodbye.

If they are required to end the call as they are needed elsewhere, state this and end the call, allowing the patient to say goodbye.

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as 1st September 2020, as that is the review date set for COVID response changes

This document will be reviewed by the Maternity Assurance Group and ratified by the Womens and Childrens care group Director.

Non-significant amendments to this document may be made, under delegated authority from the Womens and Childrens care group Director, by the nominated author. These must be ratified by the womens and childrens care group Director and should be reported, retrospectively, to the Maternity Assurance group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter. However, for maternity this may be different and require a direct email.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Womens and Childrens care group Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

- Cases where partner not present due to COVID 19
- Mothers who take up offer
- Cases where unable to offer due to staffing
- Cases where declined by theatre staff
- Cases where streaming ended due to maternal GA / other emergency
- Cases where streaming ended due to facilitator needed elsewhere

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