

First case of maternal-assisted caesarean section in a regional centre - lessons learnt.

Matteo Di Carlofelice, Bianca Bryce

Department of Obstetrics & Gynaecology, The Tweed Hospital, Northern NSW Local Health District

Background

- Australia's caesarean rate is predicted to rise to 45% by 2030 (1).
- Maternal-assisted caesareans (MAC) empower mothers to be more actively involved in the birthing process during caesarean section.

Case

- A 36-year-old G6P2 with two previous emergency caesarean sections expressed interest in MAC antenatally.
- The patient was counselled about the risk of infection, importance of sterility and indications for abandonment of the procedure.

Process

- 1) Antenatal preparation & education
- 2) Liaison with theatres
- 3) Surgical huddle
- 4) Increase ambient temperature in theatre
- 5) First patient scrub – soap and water
- 6) Anaesthesia performed with initial gown
- 7) Monitoring placed with adaptations
- 8) Second assisted patient scrub – Skinman
- 9) New gown and gloves donned with assistance
- 10) Routine operative steps
- 11) Patient to assist delivery of baby
- 12) Midwife to assist mother with skin-to-skin
- 13) Completion of operation



Positive feedback

- The patient was an excellent candidate and co-operated well with required steps.
- The surgical huddle was invaluable for effective teamwork.
- Respectful communication fostered a safe environment for all.
- A steady pace ensured steps were easy to follow.

Challenges

- A surgical complication occurred which potentially could have been avoided without focus on extra logistical steps.
- A minor patient sterility breach after moving baby back onto sterile field.
- The number of staff in theatre made sterility vigilance more difficult.

Recommendations

1. Limit the number of people in theatre to reduce load on scrub staff to manage sterility.
2. Senior staff should be involved to ensure a high level of experience, surgical conscience and ability to manage potential unanticipated events.
3. The primary focus should remain to be safety whilst aiming to optimise patient experience.
4. Each unit offering MAC should concentrate on establishing a local operating policy with relevant clinical governance.

Conclusion

MAC is now a proven procedure for motivated and well counselled women. We have shown how this is feasible in a small centre with appropriate preparation. It is important to remain focused on the usual surgical considerations to reduce the chance of complications. Cases such as ours can help aid formation of local operating procedures and contribute to the evidence base of maternal and fetal outcomes.



NSW Health

(1) Australian Institute of Health and Welfare. National Core Maternity Indicators [Internet]. Canberra: Australian Institute of Health and Welfare, 2023]. Available from: <https://www.aihw.gov.au/reports/mothers-babies/national-core-maternity-indicators>

* Patient consent obtained for use of image.