



## Requests for Maternal Assisted Caesarean Section – Information Sheet

Across all WA Health sectors, there has been an increase in the number of requests for maternal assisted caesarean sections. Similarly, to the Women and Newborn Health Service, WACHS does **not** support this and recommends an alternative approach.

While evidence does not appear to suggest that maternal assisted caesarean sections increase the rate of infection or bleeding, these studies are small, retrospective, and have only been carried out in larger hospitals, which perform the procedure more often and have greater resources. Local WA hospitals report difficulties in keeping the mother's hands sterile while the epidural is being inserted and with subsequently draping. The cases have also added significant theatre time and used more consumables, which are both stretched at present with increased numbers of obstetric patients.

### The WACHS approach

WACHS supports a modified caesarean section approach that can replicate the immediate bonding of a maternal assisted caesarean section without adding risks or additional theatre time.

After discussion, planning and approval by the whole team, this can include:

- A midwife to be at the patient's head with sterile gloves on. This allows the midwife to assist holding and stabilising the baby as soon as it is placed on mother's chest by the surgeon.
- The anaesthetist and anaesthetic nurse/technician to drop the drape and immediately bring the drape back up once the baby is on the mother's chest.
- The baby is to be placed directly on to the mother's chest by the surgeon or an alternative can be that the baby is handed directly to the neonatal resus person, who then places the baby onto the mother's chest straight away.

The mother needs to be instructed and aware she should not reach for the baby below the drape, and that if the baby is not vigorous at delivery, the baby will be handed to the neonatal resus person.

Any cases in which the plan differs from the above should be discussed with the Regional Medical Director in consultation with the WACHS Clinical Lead for Obstetrics. This includes a persistent request from a patient for a maternal assisted caesarean section.

As evidence continues to develop, the Obstetrics Leadership Group will review this position and welcomes submissions for consideration in all future reviews.