CAESAREAN SECTION (C/S) CAT 3 & 4 PRIORITISATION TOOL

This prioritisation tool will assist in triaging the Category 3 & 4 Caesarean Sections to ensure timely and safe delivery of care.

This does not replace Category 1 & 2 indications for Caesarean Section.

This tool will be used in situations when there are staffing constraints, such as in the current COVID-19 pandemic situation where significant staff shortages are anticipated, or actual.

Consideration is needed for:

- COVID-19 status of women/people and potential **extra staffing** and **room needs** for PACU and OT when needing to care for COVID-19 positive/unvaccinated vulnerable women
- Following up of women/people when C/S is deferred
- Triaging of those women/people who have had C/S **or** IOL halted/deferred due to Birth Suite acuity or staffing considerations
- Arranging any ongoing monitoring/surveillance/USS for those who have their C/S deferred, as clinically indicated and ensuring clear and ongoing communications with both LMCs and Birth Suite team

Initial prioritisation will be reviewed at the daily MDT handovers, with consideration of actual and anticipated staffing and acuity needs for Birth Suite and Maternity Ward areas in next 24-36 hours.

Any woman/person admitted from the community who is reviewed and deemed to need a C/S will have their C/S prioritised and triaged according to this tool. Their management in the acute setting will then be evaluated taking the above factors and priority scores of other cases into consideration.

This will be a shared responsibility involving ACMMs, SMO on call for O&G and, in some cases a senior Neonatal team member, PACU and OT staff depending on needs dictated by the current COVID-19 direction of management.

Any changes in a plan of care after application of this tool must be documented in a 'Progress Note' in Health Connect South against the NHI of the woman. It should state the reason for change and application of the Prioritisation Tool and include a plan for ongoing care and follow-up. This is the responsibility of the clinician involved in the decision-making process.

PRIORITY 1

To be scheduled within 24 hours (and as soon as practicable to do)

- IUGR / abnormal dopplers where fetal monitoring no longer appropriate and in agreement with NICU (including twins)
- Placenta Praevia – Antepartum Haemorrhage, reasonable gestation (> 35 or 36/40) where delivery in day time hours safer than acute C/S in night
- SROM breech at term not in labour or in early labour
- Fulminating Pre-eclampsia / MgSO4 / HELLP syndrome

PRIORITY 2

To be scheduled in next 24-48 hours

- Failed IOL – 2 rounds misoprostol / Foley catheter unable to ARM – continue to monitor until C/S done
- Pre-eclampsia / Decreased FM / IUGR N dopplers – not suitable for IOL (eg. previous C/S)
- SROM term booked for C/S not in labour no GBS

PRIORITY 3

Cat 4 C/S – To be scheduled to ensure delivery occurs before labour where labour poses a risk to mother or baby 38-39/40

- Placenta Praevia – prioritise to 38/40
- Vasa Praevia – prioritise to 36-37/40
- Placenta accrete – prioritise to date that enables safe birth with Multidisciplinary team
- Any maternal medical condition where labour poses risk to mother or baby- cardiac, renal, previous surgical history (Crohns / colostomy, etc.)
- Type 1 DM with macrosomia / fetal compromise where IOL not suitable
- Type 2 DM macrosomia / fetal compromise where IOL not suitable
- Previous 2 or greater C/S
- Previous C/S complicated making labour a contraindication – eg. classical C/S
- Previous 4th degree tear
- Term breech / transverse / malpresentation

PRIORITY 4

Cat 4 booked C/S – to be scheduled when service able to facilitate – 39/40 and above

- Previous 1 C/S where VBAC not contraindicated
- Previous 3rd degree tear
- Any other C/S where waiting or labour not a medical risk to mother or baby (maternal request)

Priority 1 (P1)	Priority 2 (P2)	Priority 3 (P3)	Priority 4 (P4)
Examples of indications	**Examples of indications**	**Examples of indications**	**Examples of indications**
IUGR / abnormal dopplers where fetal monitoring no longer appropriate and in agreement with NICU (including twins)	Failed IOL- 2 rounds misoprostol / Foley catheter unable to ARM – continue to monitor until C/S done	Placenta Praevia – prioritise to 38/40	Previous C/S where VBAC not contraindicated
Placenta Praevia – Ante-Partum Haemorrhage, reasonable gestation (>35 or 36/40) where delivery in day time hours safer than acute C/S in night	Pre-eclampsia / Decreased FM / IUGR N dopplers – not suitable for IOL (eg. previous C/S)	Vasa Praevia – prioritise to 36-37/40	Previous 3rd degree tear
SROM breech term not in labour or in early labour	SROM term booked for C/S not in labour no GBS	Placenta accreta	Any other C/S where waiting or labour not a medical risk to mother or baby (maternal request)
Fulminating Pre-eclampsia / MgSO4 / HELLP syndrome		Any maternal medical condition where labour poses risk to mother or baby- cardiac, renal, previous surgical history (Crohns / colostomy, etc.)	
SROM term booked for C/S with GBS		Type 1 & Type 2 DM with macrosomia / fetal compromise where IOL not suitable	
		Previous 2 or greater C/S	
		Previous C/S complicated making labour a contraindication – eg. classical C/S	
		Previous 4th degree tear	
		Term breech / transverse / malpresentation	

ASSOCIATED DOCUMENTS

COVID-19 Surge Plan Birthing Suite (Ref.2408691)

Induction of Labour (GLM0035)

Caesarean Section and Assisted Deliveries in Theatre (GLM0040)

Safe Staffing Escalation (Ref.237532)