Queensland Government

Caesarean Birth Clinical Pathway

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

» Clinical pathways **never replace clinical judgement.**
» Care outlined in this clinical pathway **must be altered if it is not clinically appropriate** for the individual client.

Consultant:	Admission date:	Time:

» DRG O01C Caesarean Delivery without Complicating Diagnosis (ALOS 3.98)
» DRG O01B Caesarean Delivery with Severe Complicating Diagnosis (ALOS 5.48)
» DRG O01A Caesarean Delivery with Multiple Complicating Diagnosis At least one severe (ALOS 9.33)
» AN-DRG V 5 Hospital Benchmarking Funding Model 2004/05

Documentation instructions:

- **Initials** - Indicates action / care has been ordered / administered.
- **N/A** - Indicates preceding care / order is not applicable.
- **Crossing out** - Indicates that there is a change in the care outlined.
- **V** - Indicates a variation from the pathway on that day, in that section. When applicable **flag it** in the "Variance column", then document in the free text area as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient's progress notes as applicable.
- **Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist Ⓟ Pharmacy ◆ Allied Health**
  Queensland Clinical Guidelines - available at http://www.health.qld.gov.au//qcg/
  Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.
- A *Caesarean Birth Clinical Pathway Ongoing Care (Additional Page) (SW231a)* is available for extended treatment.
- A *Caesarean Birth Clinical Pathway Clinical Events / Variances (Additional Page) (SW231b)* is available if more space is required for clinical events and variances.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature below.

Signature log

Initials	Signature	Print name	Role

DO NOT WRITE IN THIS BINDING MARGIN

CAESAREAN BIRTH CLINICAL PATHWAY

v11.00 - 07/2015
Mat. No.: 10253035
SW231

Queensland Government

Caesarean Birth Clinical Pathway

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URN:

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Education plan

Key ▲ **Midwife / Nursing** ■ **Medical / GP** ★ **Physiotherapist** Ⓟ **Pharmacy** ◆ **Allied Health** CG **QCG**

Category	Key	Interpreter required ☐ Yes ☐ No	Initial	Date
Understands immediate postpartum changes	▲	Discuss and explain: Cleaning, dressing and caring for wound Abdominal / pelvic floor exercises Breast changes Bleeding up to 6 weeks after birth Returning to normal activities Emotional and social wellbeing noted:		
Postnatal follow up	■ ▲	Midwife / EPPM / Medical Officer follow up in ..... days / weeks Copy of *'Pregnancy Health Record'* given to mother Mother to make own appointment with local doctor / General Practitioner (GP) / Treating Specialist / Physician / EPPM, a hospital birth discharge summary will be sent Post natal contact phone call up to 5 days post discharge Date: ..... and time: ..... arranged (if applicable) Discuss last pap smear and when to have next one VTE risk assessment completed and discussed. CG Discuss 13 Health (13 432 584) and 24 Hour helpline 1800 686 268 and community supports Child Health Information - *'Your guide to the first 12 months'* booklet identified and discussed Discuss and explain when to seek medical assistance		
Physiotherapist	★	Discuss the importance of abdominal / pelvic floor health and ask if mother understands and has practised her exercises		
Infant feeding	▲	Mother can demonstrate CG : Correct attachment breast feeding Correct detachment for breast feeding Correct positioning for infant feeding Hand expressing Discuss breast and nipple care Discuss safe storage of breast milk Discuss lactation and / or suppression (if applicable) **When formula feeding**, is mother able to perform decontamination of bottles, formula preparation and understands transportation and storage techniques		
Pain management	▲	Discuss use of simple pain relief for pain, including "after birth pains"		
Contraception	■ ▲	Discuss contraception use (method of choice)		
Safe sleeping	▲	Discuss measures to reduce SIDS / SUDI CG Mother can demonstrate safe sleeping techniques as wrapping, positioning and settling Discuss co-sleeping surfaces, such as not sharing beds and lounges, plus smoke free environments. Discuss risk of falling asleep while holding baby.		
Lifestyle advice	▲	Discuss healthy eating plan and lifestyle advice including review of smoking status / offer NRT if required		
Safe car travel	▲	Discuss infant restraint for vehicle		

The above education plan on self care, infants and siblings has been discussed with me ☐ Yes ☐ No

I have received the Centrelink and Birth registration forms ☐ Yes ☐ No

Mother's name (please print):	Signature:

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Discharge plan	Initial	Date
Discharge medications arranged		
Mothers own medications returned		
☐ Anti D given ☐ MMR given		
Discuss Pertussis immunisation for parents and grandparents		
Discuss OGTT at 6 weeks postnatal (if applicable)		
Referrals initiated (for example)		
Medical Officer Specialist / Treating Physician / EPPM / Allied Health Professional / Indigenous Health Worker / Quitline		
Hospital discharge summary for self and baby given to mother		
Faxed / sent to GP / Child Health Services (if applicable)		
Antenatal psychosocial screening		

Transfer to other hospital	Time:	Facility name:

Further notes (including Criteria Led Discharge as per hospital protocol):

Discharge Clinician	Date:	Time:	Designation:	Signature:

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All perioperative documentation to be inserted here including ORMIS documentation if applicable

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Post-op day of surgery

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

🗝 **Key** ▲ **Midwife / Nursing** ■ **Medical / GP** ★ **Physiotherapist** Ⓟ **Pharmacy** ◆ **Allied Health** CG **QCG**

0–6 hrs	🗝	**Date:** / /	**Initial**	**Time**	**V**
Reviews	▲	Perinatal data report commenced			
		Nil postnatal risks identified			
		Baby's Personal Health Record commenced			
	▲	**Time transferred to ward:**			
Medications	■	Medications given as ordered			
	▲	VTE risk assessment reviewed and prophylaxis administered if ordered. CG			
		Discuss and consider stockings			
Pain management	▲	Pain is managed - pain score ≤ 3			
	Ⓟ	☐ Spinal ☐ Epidural ☐ PCA ☐ Infusion ☐ IMI ☐ Oral			
		Spinal morphine analgesia administered			
Observations / Treatments	▲	Observations of vital signs as per local protcol & recorded on Q-MEWT ☐ Spinal ☐ Epidural ☐ Diabetes ☐ Other (specify: .....)			
		Estimated blood loss amount: ..... mL			
		Skin-to-skin when mother physically able			
		Nil / small amount of wound ooze, dressing intact			
		Lochia - bright red, ≤ 1 pad / hour			
		IV therapy - patent, running to time			
		Fluid balance chart maintained			
Nutrition	▲	Tolerating fluids / diet			
Hygiene	▲	Hygiene needs attended - post-op sponge			
Elimination	▲	IDC insitu - draining straw coloured urine, output > 30mls hour until mobile			
Wound and dressings	▲	Dressing intact			
Falls risk	▲	Standard falls prevention strategies implemented and recorded. Observe for ongoing effects of medications (e.g. epidural, anaesthetic). Observe for hypotension and ongoing effects of blood loss - monitor BP. Develop mobility plan.			
Pressure injury	▲	Conduct a comprehensive skin inspection within 8 hours of admission using the Adult Pressure Injury Risk Assessment Tool			
Education	▲	Communication assistance required and utilised? ☐ Yes ☐ No State type:			
		Education plan updated			
Discharge	▲	Discharge plan updated			
Expected outcomes	▲	**Ask mother about the following**	**Initial**	**Time**	**V**
	2.1	Mother has her concerns addressed such as her personal requests, breast or formula feeding and her baby's cares			
	2.2	Pain / discomfort at an acceptable level to the mother			
	2.3	Performing deep breathing and leg exercises to prevent complications			

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Queensland Government

Caesarean Birth Clinical Pathway

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Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist Ⓟ Pharmacy ◆ Allied Health QCG

6–24 hrs	Key	Date: / / to Date: / /	Initial	Time	V
Review and physical assessment	■	Proceeding according to clinical pathway			
	▲	Fundus (monitor / observe firm and central)			
		Bleeding within expected limits			
		Post-op observations reviewed			
		Positive blood group - anti D *not* required			
		Rubella immune - vaccination *not* required			
		Wound intact and clean			
		Nil other complaints			
Physiotherapist	★	Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			
Documents	▲	Baby's *Personal Health Record* commenced			
		Perinatal data report commenced			

Enter shift that will occur predominately within the next 8 hours					Time	V
Medication QCG	▲	VTE risk assessment reviewed and thromboembolic prophylaxis administered (if ordered)				
		Stockings insitu (if applicable)				
Pain management	▲	Minimal discomfort, managed with prescribed / simple analgesia				
Observations	▲	Observations of vital signs as per local protcol & recorded on Q-MEWT ☐ Epidural ☐ Diabetes ☐ Other (specify:)				
IVT	▲	IV Cannula patent, no signs of inflammation				
Breasts / nipples	▲	Breasts soft, nipples intact, hand expressing demonstrated				
Infant feeding QCG	▲	Safe feeding discussed				
		Breast feeding - offered assistance				
		Formula feeding - offered assistance and able to make formula				
		Demonstrate feed chart recording				
Wound	▲	Dressing removed (If using hydrocolloid, leave insitu for 7 days)				
Lochia	▲	Bright red, ≤ 1 pad / hour				
Elimination	▲	Catheter insitu, draining straw coloured urine, > 30ml / hr				
		IDC removed as per hospital protocol				
		Has voided post IDC removal				
		Has passed flatus				
Legs QCG	▲	Full sensation and movement, nil calf tenderness				
Nutrition	▲	Tolerating fluids / diet				
Hygiene	▲	Showered with assistance				
Falls risk	▲	Standard falls prevention strategies implemented and recorded. Observe for ongoing effects of medications (e.g. epidural, anaethetic).				
		Provide instruction about mobilising with assistance.				
Pressure injury	▲	Conduct skin inspection if "at risk".				
		Standard pressure injury prevention and management strategies implemented and recorded				
Emotional state	▲	Emotional needs identified including labour and birthing concerns				
Patient education		Communication assistance required and utilised? State type:				
		Education plan updated				
Discharge	▲	Discharge plan updated				

Expected outcomes	▲	**Ask mother about the following**	Initial	Time	V
	3.1	Mother has her concerns addressed and her pain / discomfort at an acceptable level to care for herself and her baby.			

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Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

🗝 **Key** ▲ **Midwife / Nursing** ■ **Medical / GP** ★ **Physiotherapist** Ⓟ **Pharmacy** ◆ **Allied Health** CG **QCG**

24–48 hrs	🗝	**Date:** / / **to Date:** / /	**Initial**	**Time**	**V**
Physiotherapist	★	Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			
Enter shift that will occur predominately within the next 8 hours				**Time**	**V**
Medication	▲	VTE risk assessment reviewed and thromboembolic prophylaxis administered (if ordered) CG			
		Stocking insitu (if applicable)			
Pain management	▲	Minimal discomfort, managed with prescribed /simple analgesia			
Observations	▲	Observations of vital signs as per local protcol & recorded on Q-MEWT ☐ Epidural ☐ Diabetes ☐ Other (specify:)			
		Nil calf tenderness			
Breasts / nipples	▲	Breasts soft, nipples intact, hand expressing demonstrated			
Infant feeding	▲	Safe feeding discussed CG			
		Breast feeding - offered assistance			
		Formula feeding - offered assistance and able to make formula			
Wound	▲	Wound edges well approximated, nil / minimal wound ooze			
Lochia	▲	Dark red - Pink, ≤ 1 pad / 2 hours			
Elimination	▲	Nil dysuria, no urinary incontinence or voiding difficulties			
		Bowels opened			
Nutrition	▲	Tolerating fluids / diet			
		IV removed, no signs of inflammation			
Hygiene	▲	Showered independently			
Falls risk	▲	Standard falls prevention strategies implemented and recorded			
		Mobilising independently			
Pressure injury	▲	Conduct skin inspection if “at risk”.			
		Standard pressure injury prevention and management strategies implemented and recorded			
Emotional state	▲	Emotional needs identified including labour and birthing concerns			
Education	▲	Education plan updated			
Early discharge	▲	Discharge plan updated and completed			
Expected outcomes	▲	**Ask mother about the following**	**Initial**	**Time**	**V**
	3.1	Mother has her concerns addressed and her pain / discomfort at an acceptable level to care for herself and her baby.			

Further notes:

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Caesarean Birth Clinical Pathway

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URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist Ⓟ Pharmacy ◆ Allied Health QCG

48–72 hrs		**Date:** / / **to Date:** / /	**Initial**	**Time**	**V**
		☐ **Hospital care** ☐ **Home care**			
Physiotherapist	★	Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			
Enter shift that will occur predominately within the next 8 hours				**Time**	**V**
Medication	▲	VTE risk assessment reviewed and thromboembolic prophylaxis administered (if ordered) QCG			
		Stocking insitu (if applicable)			
Pain management		Minimal discomfort, nil pain relief required			
		Discomfort managed with prescribed analgesia			
Observations	▲	Observations of vital signs as per local protcol & recorded on Q-MEWT ☐ Epidural ☐ Diabetes ☐ Other (specify: .....)			
		Nil calf tenderness			
Breasts / nipples	▲	Breasts firming and filling, nipples intact			
Infant feeding	▲	Safe feeding discussed QCG			
		Breast feeding - requires minimal supervision			
		Formula feeding - understands increasing formula volumes required by infant			
Wound	▲	Wound is clean and dry			
Lochia	▲	Dark red - pink, ≤ 1 pad / 2 hours			
Elimination	▲	Nil dysuria, no urinary incontinence or voiding difficulties			
		Bowels opened			
Nutrition	▲	Tolerating full diet			
Hygiene	▲	Showered independently			
Falls risk	▲	Standard falls prevention strategies implemented and recorded			
		Mobilising independently			
Pressure injury	▲	Conduct skin inspection if “at risk”.			
		Standard pressure injury prevention and management strategies implemented and recorded			
Emotional state	▲	Emotional needs identified including labour and birthing concerns			
Education	▲	Education plan updated and completed			
Discharge	▲	Discharge plan updated and completed			
Expected outcomes	▲	**Ask mother about the following**	**Initial**	**Time**	**V**
	3.1	Mother has her concerns addressed to care for herself and her baby.			

Further notes:

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Queensland Government

Caesarean Birth Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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Post partum LSCS

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

🗝 **Key** ▲ **Midwife / Nursing** ■ **Medical / GP** ★ **Physiotherapist** Ⓟ **Pharmacy** ◆ **Allied Health** CG **QCG**

72–96 hrs	🗝	**Date:** ../../.. **to Date:** ../../..	**Initial**	**Time**	**V**
		☐ **Hospital care** ☐ **Home care**			
Physiotherapist	★	Bladder / bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			

Enter shift that will occur predominately within the next 8 hours						**Time**	**V**
Medication	▲	VTE risk assessment reviewed and thromboembolic prophylaxis administered (if ordered) CG					
		Stocking insitu (if applicable)					
Pain management	▲	Minimal discomfort, nil pain relief required					
		Discomfort managed with prescribed analgesia					
Observations	▲	Observations of vital signs as per local protcol & recorded on Q-MEWT ☐ Epidural ☐ Diabetes ☐ Other (specify: .....)					
		Nil calf tenderness					
Breasts / nipples	▲	Breasts firming and filling, nipples intact					
Infant feeding	▲	Safe feeding discussed CG					
		Breast feeding - requires minimal supervision					
		Formula feeding - understands increasing formula volumes required by infant					
Wound	▲	Wound is clean and dry					
Lochia	▲	Dark red - pink, ≤ 1 pad / 2 hours					
Elimination	▲	Nil dysuria, no urinary incontinence or voiding difficulties					
		Bowels opened					
Nutrition	▲	Tolerating full diet					
Hygiene	▲	Showered independently					
Falls risk	▲	Standard falls prevention strategies implemented and recorded					
		Mobilising independently					
Pressure injury	▲	Conduct skin inspection if “at risk”.					
		Standard pressure injury prevention and management strategies implemented and recorded					
Emotional state	▲	Emotional needs identified including labour and birthing concerns					
Education	▲	Education plan updated and completed					
Discharge	▲	Discharge plan updated and completed					

Expected outcomes	▲	**Ask mother about the following**	**Initial**	**Time**	**V**
	3.1	Mother has her concerns addressed to care for herself and her baby.			

Further notes:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Caesarean Birth
Clinical Pathway
Clinical Events / Variances

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Clinical events / variances

Date	Time	Variance	Expand on variances to clinical pathway for clinical relevance, clinical history, consultations and data collection. Document as **Variance / Action / Outcome**. *(Include name, signature, date and staff category with all entries)*	Initials

DO NOT WRITE IN THIS BINDING MARGIN

Birth Attendees Print names:	Designation:
Birth accoucher:	
Midwife:	
Witness:	
Medical officer:	
Other:	
Other:	

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Birth Summary

Labour: ☐ No labour ☐ Induced

Urgency of LSCS category ☐ 1 ☐ 2 ☐ 3 ☐ 4 (RANZCOG 2014)

Presentation:

Indication for LSCS:

Liquor: ☐ Clear ☐ Meconium

Pain relief: ☐ Nil ☐ N_2O and O_2 ☐ Narcotic ☐ Epidural ☐ Sterile water ☐ Spinal ☐ GA ☐ Non-pharmalogical (specify):

Membranes ruptured: ☐ SROM ☐ ARM

Date/Time: ../../.. ..:.. Total: .. hrs .. mins

Length of labour:

	Date	Time	Duration	
Onset of labour			1st stage:	
Cervix fully dilated			2nd stage:	
Baby born			3rd stage:	
Placenta delivered			*Total:*	

Active pushing: Time of onset: : Duration:

Maternal position at birth:

☐ Gravida ☐ Parity ☐ Gestation ≥ 39 weeks ☐ Medical decision to birth, within time appropriate to urgency category

Third Stage

Birth mode: ☐ Modified active management ☐ Active management ☐ Manual removal ☐ Physiological

Placenta: ☐ Appears complete ☐ Incomplete

Comments:

Membranes: Appears complete? ☐ Yes ☐ No ☐ Ragged

Cord: ☐ Vessels: ..

pH: ☐ Venous: .. ☐ Arterial: ..

BE: ☐ Venous: .. ☐ Arterial: ..

Cord blood collected? ☐ Yes ☐ No

Blood loss: Measured: .. mL Estimated: .. mL *Total:* .. mL

Oxytocic:

	Time	Dose	Route

Perineal Assessment

☐ Intact ☐ 1° tear ☐ 2° tear ☐ 3° tear ☐ 4° tear ☐ Episiotomy Type: .. Indication: ..

Repair required? ☐ Yes ☐ No Comments: .. Signature: ..

Newborn summary

Baby's URN:

ID checked: ☐ Yes ☐ No

ID attached: ☐ Yes ☐ No

Date and time of birth: / / :

Born: ☐ Alive ☐ Stillborn ☐ Macerated

Apgar score: 1 min: 5 mins:

Morphologically normal: ☐ Yes ☐ No

Comments:

Sex: ☐ Male ☐ Female ☐ Indeterminate

Measurements: Weight: g Length: cm Head circumference: cm

Konakion given: ☐ Yes ☐ No

Hep B given: ☐ Yes ☐ No

Skin to skin contact for at least one hour: ☐ Yes ☐ No ☐ N/A

If no, duration:

Fed: ☐ Yes, breast ☐ Yes, artificial ☐ No ☐ N/A

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