Mid Essex Hospital Services NHS
NHS Trust

ANTACID PROPHYLAXIS AND FEEDING POLICY FOR ELECTIVE CAESAREAN SECTIONS	CLINICAL GUIDELINES Register No: 07069 Status: Public

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Consulted With	Post/Committee/Group	Date
Anita Rao/ Alison Cuthbertson	Clinical Director for Women's and Children's Directorate	August 2016
Miss Joshi	Consultant for Obstetrics and Gynaecology	
Graham Philpott	Consultant Anaesthetist	
Alison Cuthbertson	Head of Midwifery/ Nursing for Women's and Children's Services	
Paula Hollis	Lead Midwife Acute Services In-patient Services	
Chris Berner	Lead Midwife Clinical Governance	
Jo Gowers	Senior Midwife Antenatal Clinic	
Sarah Moon	Specialist Midwife for Guidelines and Audit	
Claire Fitzgerald	Pharmacy	
Professionally Approved By		
Miss Rao	Lead Consultant for Obstetrics and Gynaecology	August 2016

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Author/Contact for Information	Sam Brayshaw, Consultant Anaesthetist
Policy to be followed by (target staff)	**Midwives, Obstetricians, Paediatricians**
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Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 06036 Guideline for Maternity Record Keeping including Documentation in Handheld Records 09044 Roles and Responsibilities of Staff when Arranging and Elective Caesarean Section 04253 Nutrition and Antacid Prophylaxis for the Pregnant Patient at Term 09093 Management of Epidural Analgesia under Spinal Block 09096 Management of a Patient Post Delivery in the Obstetric Theatre Recovery

Document History Review:

Version No	Authored/ Reviewed by	Active Date
1.0	Dr G Philpott	November 2002
2.0	Dr G Philpott	November 2005
3.0	Dr G Philpott	November 2007
4.0	Graham Philpott & Sarah Moon	October 2010
5.0	Sam Brayshaw, Consultant Anaesthetist	September 2013
6.0	Sam Brayshaw, Consultant Anaesthetist	30 January 2017

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1.0 Purpose

1.1 The majority of patients booked for an elective caesarean section have the procedure carried out under a spinal block, an epidural or a combined spinal epidural technique. (Refer to the guideline for the 'Management of epidural analgesia under spinal block'; register number 09093)

1.2 There is always the risk of failure with any regional block, which may necessitate converting to a general anaesthetic.

1.3 One of the increased risks associated with pregnancy and general anaesthesia is that of gastric acid aspiration. This occurs when the stomach contents may passively reflux up the oesophagus and be inhaled into the lungs.

1.4 To reduce this risk it is essential that all patients scheduled for an elective caesarean section have an empty stomach with as high a gastric pH as possible. This can be achieved with a feeding policy for liquids and solids and the use of pre-medicant drugs. (Refer to the guideline for 'Roles and responsibilities of staff when arranging elective caesarean section'; register number 09044)

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 Antacid Prophylaxis

3.1 The obstetrician/midwife organising the elective caesarean section (LSCS) should dispense the patient with the ranitidine TTA (tablets to take away) for the night before the elective LSCS.

3.2 Patients scheduled for an elective caesarean section should receive the following oral medication:

- 12 hours prior to surgery (8pm at home) 150mg ranitidine orally
- 1.5 hours prior to surgery (7.30am in hospital) 150mg ranitidine orally and 10mg metoclopramide orally
- Immediately prior to the induction of anaesthesia (In the operating theatre) 30mls of 0.3M sodium citrate orally (optional for regional anaesthesia)

4.0 Feeding Policy

4.1 Patients scheduled for elective caesarean section should be managed in accordance with 09044 Roles and responsibilities of staff when arranging and elective caesarean

- Nothing to eat from midnight the night before surgery
- Water up to 2 hours prior to surgery (6.30am) on the day of operation (No other fluids are permitted). The third patient on the elective section list should be encouraged to drink water or a carbohydrate preload drink as long as they are not diabetic, up until 9 am

5.0 Recovery Area

5.1 Refer to the guidelines for ‘Roles and Responsibilities of Staff when Arranging and Elective Caesarean Section’; register number 09044; ‘Management of a patient post-delivery in the obstetric theatre recovery’; register number 09096

5.2 Following elective caesarean section under regional anaesthesia, mothers are allowed to drink water or fruit squash in the recovery area (hot drinks are not permitted).

5.3 Mothers should be encouraged to commence a light diet when they feel ready, following their move to the Postnatal Ward.

6.0 Staffing and Training

6.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training.

6.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

6.3 Ranitidine and Metoclopramide should be prescribed by the obstetric/anaesthetic team.

7.0 Supervisor of Midwives

7.1 The supervision of midwives is a statutory responsibility that provides a mechanism for support and guidance to every midwife practising in the UK. The purpose of supervision is to protect women and babies, while supporting midwives to be fit for practice. This role is carried out on our behalf by local supervising authorities. Advice should be sought from the supervisors of midwives who are experienced practising midwives who have undertaken further education in order to supervise midwifery services. A 24 hour on call rota operates to ensure that a Supervisor of Midwives is available to advise and support midwives and women in their care choices.

8.0 Infection Prevention

8.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively ‘decontaminate their hands’ before and after each procedure.

8.2 All staff should ensure that they follow Trust guidelines on infection prevention. All invasive devices must be inserted and cared for using High Impact Intervention guidelines to reduce the risk of infection and deliver safe care. This care should be recorded in the Saving Lives High Impact Intervention Monitoring Tool Paperwork (Medical Devices).

9.0 Audit and Monitoring

9.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women’s and Children’s Clinical Audit Group will identify a lead for the audit.

9.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be

developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

9.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

9.4 Key findings and learning points from the audit will be submitted to the Clinical Governance Group within the integrated learning report.

9.5 Key findings and learning points will be disseminated to relevant staff.

10.0 Guideline Management

10.1 As an integral part of the Knowledge, Skills Framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

10.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

10.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

10.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the Practice Development Midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions

11.0 Communication

11.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest Maternity guidelines information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

11.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

11.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

11.4 Regular memos are posted on the Guideline and Audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

12.0 References

Yentis, S M. Brighouse, A. May, A. Bogod, D & Elton, E (2001) Analgesia, anaesthesia & pregnancy: A Practical Guide.WB Saunders : London.

Halpern, S H. and Douglas, J M. (2005) Evidence-Based Obstetric

Anaesthesia. BMJ Books. Blackwell Publishing, Oxford.