

Standard Operating Procedures for Opening Additional Maternity Theatres at Worcester Royal Hospital.

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| Approved by: | Theatres, Anaesthetics, Critical Care and Sterile Services Governance Meeting. |
| Approved by Medicines Safety Committee: <i>Where medicines included in guideline</i> | N/A |
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Aim and scope of Standard Operating Procedure

To describe the process for requesting additional maternity theatre capacity during times of high demand.

Target Staff Categories

Midwives, Obstetricians, Theatre staff and Anaesthetists.

Key amendments to this Standard Operating Procedure

| Date | Amendment | Approved by: |
|------------------------------|--|--------------------------|
| 20 th August 2025 | Document approved at Directorate Governance Meeting. | TACCSS Governance Group. |

Introduction

Maternity services are designated one emergency theatre, 7 days a week, 24 hours a day.

On occasion there may be a requirement to open additional maternity theatre capacity due to high demand. There is not a funded additional theatre but due to risks (for women and baby) additional theatre capacity can be created on an ad-hoc basis.

This SOP will describe the process for opening additional theatre capacity *in hours* (08:00 – 18:00 weekdays) and *out of hours* (18:00 – 08:00 weekdays and weekends/bank holidays).

The opening of a second emergency maternity theatre is usually required only for urgent cases (i.e. Category 1 or Category 2 deliveries (with potential foetal or maternal compromise that cannot be delayed beyond 75mins), or Post-Partum Haemorrhage requiring theatre intervention).

There may be rare occasions when a non-Category 1 case is delayed (i.e. over 4 hours) and CEPOD Theatre has the capacity to assist with this. There should be a discussion between the consultant obstetrician, anaesthetist and theatre co-ordinators to assess if this is appropriate.

Responsibilities

Obstetrician

Identify cases which will require additional theatre capacity, giving as much notice as possible to theatres.

Consider whether an additional theatre is required or whether there is time for an occupied theatre to finish their current procedure.

Delivery Suite Coordinator

Contact the main theatre co-ordinator to request additional theatre capacity.

Communicate the requirement to theatre staff in the occupied theatre.

Run through the additional capacity checklist (appendix 1 or appendix 2, depending on Category of section).

Theatre Co-ordinator

Advise on the quickest option for additional theatre capacity to be accessed and give an estimate of timings.

Communicate to the theatre teams regarding the plan and actions going forward.

In exceptional circumstances, call in an additional theatre team and communicate to the maternity staff that this will result in a short delay.

Section 1: In-hours Additional Emergency Maternity Theatre Required (Monday – Friday 8am – 17:30pm).

Step 1. Can the elective maternity theatre be interrupted for an emergency procedure? If not proceed to Step 2.

Step 2. Maternity co-ordinator to contact Theatre co-ordinator (ext 39246 / 30290 or bleep 809) and communicate the urgency of the request.

Step 3. Theatre co-ordinator considers if there is a capacity in CEPOD theatres or an empty theatre:

Option 1: There is capacity in CEPOD or an empty theatre is available.

- WHO Team Brief for the case to be performed (note – Category 1 cases will have combined Team Brief and Sign In and patient can be brought straight to theatre).
- Procedure performed as planned.

Option 2: No capacity in CEPOD and empty theatre is not available.

- Theatre co-ordinator should review elective theatres (i.e. gynaecology theatre) to see if any list can be interrupted more quickly than awaiting the emergency theatre to become available.
- WHO Team Brief to take place (Again, Category 1 cases can be brought straight to theatre for combined Team Brief and Sign In).
- Procedure performed as planned.

If an additional Emergency Maternity Theatre is not available during normal working hours (Monday – Friday 8am – 17:30pm) i.e. CEPOD and elective theatres are occupied with no impending availability:

- This must be communicated to the obstetrician and maternity co-ordinator.
- Maternal and foetal resuscitation should be implemented and a delay anticipated.
- Maternity co-ordinator and theatre co-ordinator to identify the best option for timely access to a second emergency maternity theatre.
- Obstetrician and maternity co-ordinator to consider interrupting the elective caesarean section list.

Section 2: Out of hours Additional Emergency Maternity Theatre Required (Mon – Fri: 17:30 – 08:00 / Weekends and Bank Holidays)

Step 1. Consider if an emergency maternity theatre will be available within the next 20 minutes. If not proceed to Step 2.

Step 2. Maternity co-ordinator to contact theatre co-ordinator (ext 39246 / 30290 or bleep 809) and communicate the urgency of the request.

Step 3. Obstetric doctor to contact consultant anaesthetist and obstetrician to explain the need for an additional maternity theatre out of hours. If they are busy this can be delegated to the band 7 co-ordinator.

Option 1: CEPOD theatre is not occupied:

- Theatre co-ordinator to:
 - Mobilise the CEPOD theatre team.
 - Confirm additional theatre capacity with the maternity co-ordinator.
 - Decide if the case should happen in the main theatre or intervention room (intervention room preferable due to patient experience and access to obstetric drugs).
 - Contacts 1st on anaesthetist (bleep 701) to inform them of the case.
 - 4th on anaesthetist (bleep 703) will be designated to cover 2nd maternity theatre.
 - If 4th on is not available, then the on-call anaesthetic consultant must be contacted (via switch) and asked to attend hospital to support 1st on anaesthetist.
 - Ensure the main obstetric theatre team know that a 2nd maternity theatre is opening.
- WHO Team Brief to take place (Category 1 cases can be brought straight to theatre for combined Team Brief and Sign In).
- Procedure performed as planned.

Option 2: CEPOD theatre is occupied (or recovery has a patient present).

- Theatre co-ordinator considers whether:
 1. The patient in recovery can be discharged to free up staff, *or*
 2. CEPOD case will finish within 20 minutes to allow CEPOD theatre to be used, *or*
 3. The case currently in maternity theatre will finish within 20 minutes.
- If both the CEPOD case and the maternity theatre case will last > 20 minutes, the Theatre co-ordinator must:
 - Inform the maternity co-ordinator to anticipate a delay of 30-60 minutes, and to implement maternal and foetal resuscitation.
 - Inform anaesthetist resident (1st on bleep 701 / 4th on bleep 703).
 - Call in non-resident theatre team from home (2 staff members).
 - 4th on anaesthetist will be the designated anaesthetist. If a 4th on is not available, then consultant anaesthetist must attend hospital. If consultant anaesthetist is

occupied, then the Alexandra Hospital on-call consultant anaesthetist should be asked to attend urgently.

Appendix 1 - In Hours Checklist (when an additional emergency maternity theatre is required).

Delivery suite co-ordinator

1. Check elective maternity theatre availability: ☐
If occupied, could case proceed in elective theatre when finished?

2. Contact Theatre co-ordinator (ext 39246/30290 or bleep 809) to request an additional theatre. ☐

3. Discuss with Theatre co-ordinator:
 - Check when CEPOD will be available. ☐
 - If >20 mins, check if another theatre is empty. ☐
 - If no theatre available, check if an elective theatre could be interrupted. ☐

4. Where there is no CEPOD /elective capacity:
 - Prepare for the delay and implement foetal/maternal resuscitation. ☐

5. Once the procedure is completed, record decision to delivery time and complete a DATIX. ☐

Appendix 2 - Out of Hours Checklist (when an additional emergency maternity theatre is required).

Delivery suite co-ordinator

- 1. Check obstetric theatre availability.** ☐
If occupied, could case proceed in obstetric theatre when finished?
- 2. Contact theatre co-ordinator (ext 39246/30290 or bleep 809) to request an additional theatre.** ☐
- 3. Discuss with theatre co-ordinator:**
 - **Check CEPOD theatre status** ☐
 - **Check when CEPOD will be available.** ☐
 - **Check recovery status and if patients can be discharged.** ☐
- 4. Where there is no CEPOD capacity:**
 - **Check if the on-call team can be mobilised:** ☐
- 5. Check anaesthetist is available:**
 - **Check case is discussed with anaesthetist.** ☐
 - **Check if 1st on anaesthetist is obs competent (bleep 700).** ☐
 - ***If 1st on is not obstetrics competent:***
 - **Check 4th on is available and aware (bleep 703).** ☐
 - **If no 4th on is available, check the consultant is called from home.** ☐
 - **If WRH anaesthetic consultant is busy, check Alex anaesthetist is called:** ☐
- 6. Once the case is completed, record decision to delivery time and complete a DATIX.** ☐