



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# Maternity Care Peri-operative record

This record must be completed for all person's requiring surgery during pregnancy or the puerperium. Once completed, it must be placed within the Maternity Case Record to be filed at the hospital where the delivery took place. Procedures done at a facility where delivery did not occur must be filed in the patient records. Use a new record for every operation.

Name and ID number of patient or place large patient sticker here

Name of medical practitioner booking the procedure

**Procedure:**  Caesarean section     Tubal ligation     Laparotomy     Emergency hysterectomy  
 Other \_\_\_\_\_

## URGENCY OF PROCEDURE (select only 1)

- RED: Immediate delivery (life threatening to mother and/or fetus)  
 YELLOW: Urgent delivery (Maternal/fetal compromise not immediate life threatening)  
 GREEN: Scheduled urgent delivery (need early delivery but no maternal/fetal compromise)  
 ELECTIVE Scheduled at a time to suit mother/staff

Best describe the reason/indication for the caesarean section/ procedure:

### Booking arrangements

Discussed case with senior colleague/consultant (name and time):

Discussed with anaesthetic doctor (name and time):

Discussed with neonatal staff (name and time):

Date and time procedure scheduled:

### URGENCY OF CAESAREAN DELIVERY (examples)

	RED Emergency- immediate threat to life of person or her fetus	YELLOW Maternal or fetal compromise which is not immediately life threatening	GREEN Needing early delivery, but no maternal or fetal compromise)
Target time (decision to incision)	Ideally within 30 minutes	Ideally within 60 minutes	Ideally within 3 hours
Fetal condition (examples)	Fetal distress (pathological CTG)	Suspicious CTG	Fetal anomaly or compromise that need daytime delivery for paediatric management (arrange necessary skilled team as needed)
	Cord prolapse	Cord presentation; patient in labour	
	Footling breech- with ruptured membranes	Footling breech, membranes still intact, patient in labour	
Clinical presentation (examples)	Abruptio placentae; baby alive and viable	Poor progress in labour	Eclampsia, failed induction of labour or vaginal delivery not possible
	Placenta praevia- massive bleeding	Unsuccessful attempt at VBAC	Failed induction of labour: urgent indication for delivery
	Uterine rupture/dehiscence	Cephalo-pelvic disproportion	2 or more previous CS/previous classical CS in early labour
	Transverse lie, in labour	Prolonged second stage	One previous CS, patient not for VBAC, in early labour
	Abandoned instrumental delivery	Twin pregnancy; delivery of second twin	Any GREEN indication presenting In active labour
Maternal condition	Severe maternal disease		

#### IMPORTANT INFORMATION FOR ANAESTHETIC TEAM:

Haemoglobin:	NPO since:	Latest platelet count if pre-eclampsia:
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Maternal medical condition (select all that is applicable)

- Healthy
- Severe pre-operative blood loss (antepartum haemorrhage)
- Abruptio placentae
- Placenta praevia
- Morbidly adherent placenta
- Pre-eclampsia
- Acute severe hypertension
- Maternal diabetes
- BMI 40-50
- BMI >50
- Cardiac disease
- Active respiratory disease
- Currently on MgSO<sub>4</sub>
- Currently on anti-coagulative drugs
- Allergies: \_\_\_\_\_
- Medical history \_\_\_\_\_
- Surgical history \_\_\_\_\_
- Other \_\_\_\_\_

# WARD PREPARATION FOR THEATRE AND TRANSFER

Planned procedure

Procedure date/time  Pickup date/time

Known allergies

	WARD			Theatre		
	Yes	No	N/A	Yes	No	N/A
Consent signed						
Medical alert band/ chain in situ						
Make-up/varnish removed						
Artificial nails removed						
Jewelry removed						
Dentures removed						
Contact lenses removed						
Patient was nil per mouth						
Dressed in theatre garment						
Urine catheter in-situ						
Pre medication administered						
Premed administered by						
Signature						
Patient prepared by						
signature						
Date /time	Left ward			Arrive OT		
Received in theatre by						
Signature						
Vital signs on arrival OT		Documents received OT				
Blood pressure			Maternity case record book			
Pulse			Prescription chart			
Respiration rate			Laboratory results			
Urine			X-Rays			
Fetal heart						

# CAESAREAN DELIVERY SAFETY CHECKLIST

SIGN IN (To be said out loud before induction on anaesthesia)	TIME OUT (To be said out loud before skin incision)	SIGN OUT (To be said out loud before patient leaves the operation room)
<p>Patient has confirmed</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identity</li> <li><input type="checkbox"/> Procedure</li> <li><input type="checkbox"/> Consent</li> </ul> <p><input type="checkbox"/> Anaesthesia safety check completed (Equipment and medication)</p> <p><input type="checkbox"/> Neonatal safety check completed (Equipment and medication)</p> <p><input type="checkbox"/> Pulse oximeter on patient and functioning</p> <p>Is a difficult airway anticipated?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes and equipment and assistance is available</p> <p>Does patient have a known allergy</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Assess bleeding risk (Pre op Hb .....g/dl)</p> <p>Risk factors for PPH. <input type="checkbox"/> No <input type="checkbox"/> Yes (i.e. prolonged labour, multiple pregnancy, big baby, polyhydramnios, grand multiparity, clotting dysfunction, PPH in the past). If yes,</p> <p><input type="checkbox"/> There is adequate IV access? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is emergency blood available? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are there any concerns about the placental site</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> Confirm all team members have introduced themselves by name and role</p> <p><b>To Surgeon</b> Are there any potential problems the team should be aware of?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Mothers rhesus status known Does cord blood need to be taken?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>To Anaesthetist:</b></p> <p><input type="checkbox"/> Wedge placed?</p> <p><input type="checkbox"/> Any patient specific concerns?</p> <p><b>To Scrub Sister</b></p> <p><input type="checkbox"/> Sterility of instruments confirmed</p> <p><input type="checkbox"/> Any equipment issues / concerns</p> <p><input type="checkbox"/> Diathermy and suction functional</p> <p>Patient Name: _____</p> <p>Patient Surname: _____</p> <p>Date of Birth: _____</p> <p>Hospital number: _____</p> <p>Date of Surgery: _____</p>	<p>Practitioner verbally confirms with the team:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of the procedure and any additional procedure has been recorded?</li> <li><input type="checkbox"/> Instruments, swabs and sharp counts are correct?</li> <li><input type="checkbox"/> Specimens have been labelled?</li> <li><input type="checkbox"/> Blood loss has been recorded?</li> </ul> <p>Obstetrician, Anaesthetist and Scrub Nurse have discussed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concerns for recovery and further management?</li> <li><input type="checkbox"/> Need for post-operative VTE prophylaxis?</li> <li><input type="checkbox"/> Need for postoperative antibiotics?</li> <li><input type="checkbox"/> Equipment problems that have been identified?</li> <li><input type="checkbox"/> Oxytocin 20 IU in 1000mls IV running at 125mls/hour</li> </ul> <p>Midwife has confirmed that</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby/ies been correctly labelled?</li> <li><input type="checkbox"/> Relevant cord bloods have been taken?</li> </ul>
<p><input type="checkbox"/> Antibiotic prophylaxis give in the last hour?</p> <p><input type="checkbox"/> Appropriate / recent antacid prophylaxis given?</p> <p><input type="checkbox"/> Urinary catheter is draining</p> <p>Are any additional procedures planned?</p> <p><input type="checkbox"/> IUCD</p> <p><input type="checkbox"/> BTL</p> <p><input type="checkbox"/> N/A</p> <p>Is the foetal heart present?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p style="text-align: center;">NAME AND SIGNATURE OF HEALTHCARE WORKER</p> <p style="text-align: center;">NAME AND SIGNATURE OF HEALTHCARE WORKER</p> <p style="text-align: center;">NAME AND SIGNATURE OF HEALTHCARE WORKER</p>	

## CONSENT TO CAESAREAN DELIVERY

### NATURE OF PROCEDURE: CAESAREAN SECTION\*

Contact details (if patient wishes to discuss options later) .....

I have introduced myself by name and explained the nature, risks and possible consequences of a caesarean delivery to the undersigned patient or person legally competent to give consent. In particular, I have explained the following:	Print name	NAME OF DOCTOR (To be filled in by a registered health professional with appropriate knowledge of the proposed procedure)
	Signature	

**Intended benefit:**  
 Delivery of her baby (or babies) through a cut in the tummy and the uterus (womb) in a situation where the risks of the baby being born through the vagina is more than the risk of the delivery by Caesarean section.

**Frequent risks:**  
 Bleeding during or after the operation, infection in the wound or in the womb (sepsis), persistent pain and discomfort over the scar, risk of repeat caesarean delivery in following pregnancies, re-admission to hospital, minor cuts to the baby during delivery.

**Serious risks (uncommon):**  
 Emergency requiring removal of the womb (hysterectomy), increased risk of a tear in the womb in future pregnancies, development of a blood clot in the legs or lungs, injury to the bladder or bowel.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

<b>THE PROCEDURE WILL INVOLVE:</b>	General anaesthesia <input type="checkbox"/>	Regional anaesthesia (epidural or spinal) <input type="checkbox"/>	Local anaesthesia <input type="checkbox"/>
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CONSENT TO USE OF BLOOD and/or BLOOD PRODUCTS  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 40%;">I grant consent <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 5px; width: 40%;">I withhold consent <input type="checkbox"/></div> </div>	I have counselled the patient on the use and dangers of blood products and the undersigned patient hereby Grants or Withholds consent for the use of blood and/or blood products should it become necessary during the procedure. TICK the appropriate box
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I, the undersigned patient hereby agree that a sample of my blood can be taken and tested and tested for Hepatitis B and Human Immunodeficiency Virus (HIV) should an incident of contamination of a health care worker by bodily fluids occur during the procedure. TICK whichever is applicable.	I agree <input type="checkbox"/>	I do not agree <input type="checkbox"/>
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FULL NAME OF PATIENT .....	I, the undersigned, hereby consent to the performance of, and understand the nature, risks and possible consequences of the above procedure. The doctors who perform the procedure may increase the reasonable scope thereof or carry out additional or alternative measures (including general anaesthesia) if considered necessary.	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SIGNATURE or THUMB PRINT OF PATIENT</td> <td style="width: 50%; border: none;">Date</td> </tr> </table>		SIGNATURE or THUMB PRINT OF PATIENT
SIGNATURE or THUMB PRINT OF PATIENT	Date	

PERSON LEGALLY COMPETENT TO GIVE CONSENT	Print name	This section to be filled in if a person other than the patient gives consent.	
	Signature		Date
	Capacity or relationship to patient		
	Means by which consent was given		Personally <input type="checkbox"/> Telephonically <input type="checkbox"/> Other:

WITNESS 1	Print name	Names and signatures of witness to the signing of this document by the patient or a person legally competent to give consent on behalf of the patient.
	Signature	
WITNESS 2	Print name	
	Signature	

\*A separate consent form should be used for sterilisation procedures.

\*A separate consent form should be used if any additional procedures are planned during the time of the Caesarean section (e.g. hysterectomy).





<b>OPERATION</b>	<b>INTRA-OPERATIVE RECORD</b>												
	<b>NB: Complete or mark in space given</b>					<b>THEATRE NR:</b>							
	Operation Time:			From:		To:			Duration:				
	Type of Anaesthesia:				Anaesthetist:								
	Surgeon:				Assistant:								
	<b>SECTION: B - SURGEON COMPLETES THIS SECTION</b>												
	<b>Nature of Operation:</b>												
	Surgeon:		Name in Print:			Signature:			Qualification:				
	Procedure code:												
	<b>INTRAOPERATIVE PATIENT CARE</b>	<b>SECTION C: PROFESSIONAL NURSE COMPLETES THIS SECTION</b>											
<b>PATIENT POSITION:</b>		<b>(MARK x)</b>		Supine		Prone		Lithotomy					
Left Lateral		Right Lateral		Trendellen- burg		Oher							
<b>BONY PROMINENCES</b>		Checked:		YES:		NO:		Padded:					
<b>WARMING BLANKET</b>		YES:		NO:									
<b>ANY ABNORMALITIES OBSERVED (Describe shortly)</b>													
<b>DIATHERMY:</b>		<b>Diathermy used</b>			YES:		NO:		<b>Checked</b>				
<b>Plate site:</b>		<b>ARM:</b>		<b>LEG:</b>		<b>OTHER:</b>		LEFT:		RIGHT:			
<b>WOUND CLASSIFICATION:</b>					CLEAN:								
<b>INFECTED:</b>					<b>CONTAMINATED:</b>								
<b>SKIN PREPARATION</b>					Chlorhexidine in Water								
Chlorhexidine in Alcohol					Povidone-iodine								
<b>INFILTRATION</b>					YES:		NO		Type:				
<b>X-RAYS USED:</b>					YES:		NO		C-Arm used				
					YES:		NO		Contrast used				
<b>SWAB/INSTRUMENT/SHARP CONTROL</b>													
We, the undersigned, hereby declare that the instruments, needles and swabs in respect of the above-mentioned operation were counted before, during and after the operation and that the totals were found correct.													
		<b>COMPLETE</b>		<b>TOTAL:</b>		<b>N.A.</b>		<b>PLUGS:</b>		YES:		NO:	
		<b>YES</b>	<b>NO</b>										
Abdominal								Type:					
Raytec								Size:					
Dissecting								<b>Tapes/Other</b>		YES:	NO:		
Other								Type:					
								<b>Clips</b>		YES:	NO:		
								<b>SKIN SUTURE</b>					
<b>CATHETERS/ DRAINS</b>				<b>YES:</b>		<b>NO:</b>		<b>SIZE:</b>					
Urine													
Nasal tube													
Thoracic drain													
Pensil drain													
Other													

INTRA-OPERATIVE RECORD CONTINUED							
<b>NB: Mark applicable given spaces</b>							
Unplanned events	UNUSUAL INCIDENT REPORT WRITTEN?		YES:		NO:		
	<b>Intraoperative bleeding</b>						
	Source of bleeding			Blood Loss			
INTRA-OPERATIVE	ROUTE CHART COMPLETED:		YES		NO		
	SPECIMEN OBTAINED		YES:	NO:	NUMBER:		
	TYPE:						
	OPERATING TEAM MEMBERS:		NAME IN PRINT		SIGNATURE		
	REGISTERED SCRUB NURSE:						
	SUPERVISOR: (If theatre student/ new PN)						
CO-CHECKER/CIRCULATING NURSE:							
ANAESTHETIC NURSE:							
POST-OPERATIVE	<b>POST OPERATIVE CHECKLIST</b>						
	Post-operative skin/pressure areas check:		Intact		Skin Lesion:		
	Short description of skin lesion:						
	<b>PATIENT TRANSFERRED TO: (Date/Time)</b>						
	RECOVERY ROOM						
	Professional authorising release of patient from theatre						
	Date/Time	Name	Signature				
	Professional receiving patient from Theatre						
	Date/Time	Name	Signature				
WARD:							
CRITICAL CARE:							
HIGH CARE:							

## COUNSELLING CHECKLIST PRIOR TO POST PARTUM TUBAL LIGATION

For persons capable of signing their own consent

### I have discussed the following with this person:

- Her reason for choosing sterilization.
- Alternative long acting effective contraceptive methods.
- Sterilisation is a permanent and irreversible method of contraception.
- Stability of relationship and possibility of regret due to change in circumstances, such as possible loss of child/children/partner or remarriage.
- Consider option of male or female sterilization. (Male procedure is smaller, safer and more effective).
- The sterilization procedure. Local or general anaesthetic, surgical approach, type of tubal closure.
- Risk of anaesthesia/surgery and possibility of additional surgery if complications occur.
- The risk of failure: 1 in 200 lifetime risk of pregnancy in a female
- If pregnancy occurs after sterilisation, there is a slight risk of ectopic pregnancy and the symptoms to report are lower abdominal pain, missed period and irregular bleeding.
- The menstrual cycle will revert to what it was before pregnancy.
- No effect on long term health.
- Sterilisation does not protect against STI/HIV transmission.
- I have answered the person's questions and given a pamphlet

Date \_\_\_\_\_ Counselling by \_\_\_\_\_

## CONSENT TO MEDICAL OR SURGICAL PROCEDURE

I, Dr \_\_\_\_\_ have explained the nature, risks & possible consequences of the medical /surgical procedure to the undersigned patient or his/her legal guardian.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Circle whichever is applicable

Procedure explained:	Personally	Via Interpreter
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**NATURE OF PROCEDURE:**

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Where applicable indicate side of procedure (Right or Left)

Circle whichever is applicable

Type of anaesthetic:	Local	Spinal	General	Procedural Sedation
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**CONSENT TO USE OF BLOOD and/or blood products if necessary during the course of the procedure**

Consent granted by Patient/Guardian :

Consent withheld by Patient/Guardian:

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

I consent to a sample of my blood being taken and tested for Hepatitis B and the Human Immunodeficiency Virus (HIV) should contamination of a health care worker by my bodily fluids occur during the procedure.

Patient's / Guardian's Signature \_\_\_\_\_

Full Name of Patient		I, the undersigned, hereby consent to the performance of, and understand the nature, risks and possible outcomes of the above procedure. The doctors who perform the above may carry out additional or alternative measures (including general anaesthesia) if considered necessary. In the case of a sterilisation procedure, I understand that pregnancy may occur in exceptional cases, in which case I shall not hold the Department of Health and/or its personnel responsible. I also accept that alternative methods of birth control are still available to me.
Signature/Thumb	Date	
Print of patient		

**COMPLETE THIS SECTION IF CONSENT IS GIVEN BY A PERSON ON BEHALF OF THE PATIENT**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Means by which consent was given:

Personally

Telephonically

**NAMES AND SIGNATURES OF WITNESSES TO THE PATIENT'S / GUARDIAN'S SIGNATURE ON THIS DOCUMENT**

Witness 1

Witness 2

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

