

CLINICAL PATHWAY  
INPATIENT FAMILY CENTERED CARE  
MATERNAL ELECTIVE CAESAREAN BIRTH

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Pre-Admission Elective	Pre-Operative Preparation	Transition (L&D)
Date:	/ / Time: hrs	/ / Time: hrs	/ / Time: hrs
<b>Patient Outcomes</b>	Patient will have all pre-operative blood work completed Birth plan mutually reviewed by caregivers and patient/family  Outcomes Met? Date: _____ Time : _____ Init: _____	Blood work completed: _____ Pre-operative preparation completed: _____ Consent signed, witnessed: _____ Surgeon reviewed consent: _____ Consent confirmed in OR: _____ Anaesthesia met with patient prior to OR: _____  <b>Check Hepatitis B, HIV, VDRL Rubella, Varicella and Maternal GBS status on antenatal records:</b> All results documented: _____ Follow-up required (specify): _____ _____	Maternal wellbeing and safety: _____ Normal blood loss: _____  <b>Clinical Indicator #1:</b> Patient/family verbalizes satisfaction with birth experience? Yes ___ No ___ If No, reason: _____ _____
<b>Teaching</b>	Pre-Caesarean Birth class completed as per P&P: Pre-op C/S class curriculum Other patient specific teaching:   Teaching completed: _____	Pain management strategies	Pain management strategies Transition of the newborn
<b>Discharge Planning Criteria</b>			Prepare for transfer to 3C  <b>Clinical Indicator #2:</b> Healthy Babies; Healthy Children Assessment reviewed with patient and L&D component completed? Yes ___ No ___ If No, reason: _____ _____
<b>Pathway Reviewed with Patient/Family (Initial)</b>	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
<b>Patient/Family Satisfied with Progress?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes
<b>Signatures:</b>	Initials _____ _____ _____	Initials _____ _____ _____	Initials _____ _____ _____



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	/ / Time: hrs	/ / Time: hrs	/ / Time: hrs
	<b>INTERVENTIONS:</b>		
<b>Assessments</b>	Completion of Perinatal Database in Maternal Child Services	Completion of Perinatal Nursing Database on Admission Review Birth Plan Maternal vital signs Fetal Health Surveillance Refer to Policy: Pre-operative Care Caesarean Section Mother	Completion of PACU Record Completion of L&D Summary VS, fundus, lochia, q15min x 1h Assess incision Assess elimination
<b>Consults</b>	Arrange Anaesthesia consult as per criteria for referral	Anaesthesia prior to OR Paediatrician for OR Members of the Multidisciplinary Team prn	Anaesthesiologist prn Obstetrician prn Members of MD Team prn
<b>Tests</b>	Group and reserve CBC Urine R&M	Verify blood work documented Fetal Health Surveillance Urine test for protein, ketones and glucose	Placenta to Pathology as per policy Cord blood gases OBBAB Fetal cell screen if Rh - ve and fetal demise or stillborn
<b>Treatments</b>		IV as per orders	IV as per orders
<b>Medications</b>		Sodium Citrate as per orders Antibiotic as per orders	As per orders
<b>Nutrition</b>	DAT	NPO	Clear fluids
<b>Activity/Safety</b>	AAT	AAT	Initiate Maternal-Newborn contact
<b>Elimination</b>		Foley inserted to straight drainage	Foley
<b>Pain Management</b>		Refer to: Pain Management Strategies, Determinants of Pain Perception	Refer to: Pain Management Strategies, Determinants of Pain Perception



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Phase:	Transition (3C)	Preparation for Discharge																		
Date:	/ / Time: hrs	/ / Time: hrs																		
<b>Patient Outcomes</b>	<p><b>Vital Signs within normal limits:</b> Temp less than or equal to 37.5 degrees C: _____, Pulse less than 120 _____ BP from pre-op status BP plus or minus 20mmhg systolic _____ BP plus or minus 15mmhg diastolic _____</p> <p><b>Fundus:</b> Midline, firm at or below umbilicus _____ <b>Lochia:</b> Rubra, less than 1/2 Attends saturated within 1/2h: _____ <b>Incision:</b> Dry, intact: _____ <b>Elimination:</b> Foley draining: _____ <b>Motor Function:</b> Moving legs freely: _____ <b>Check Hepatitis B, HIV, VDRL Rubella, and Varicella status on antenatal records:</b> All results documented: _____ Follow-up required (specify): _____</p> <p><b>Immunization Required:</b> Yes [ ] No [ ]</p>	<p><b>Vital Signs within normal limits:</b> Temp less than or equal to 37.5 degrees C, pulse less than 120 _____ BP from pre-op status BP plus or minus 20mmhg systolic _____ BP plus or minus 15mmhg diastolic _____ <b>Fundus:</b> Midline, firm at or below umbilicus <b>Lochia:</b> Moderate rubra or less <b>Elimination:</b> Voiding qs, no bladder distention, quantity sufficient: _____ Passing Flatus: _____ <b>Breasts/nipples:</b> Soft/filling, tender on latch only: _____ <b>Maternal pain:</b> controlled, progresses from IM/IV to oral medication <b>Rh Immune Globulin</b> IM if patient is Rh negative and baby Rh positive or stillbirth: _____ <b>Mother's blood group checked:</b> _____ if Rh negative <b>Check Baby's blood group:</b> _____ Additional dosage if required to be advised by Transfusion Medicine based on Fetal cell screen</p> <p><b>Clinical Indicator #3:</b> Mother will verbalize/demonstrate ability to care for self and newborn Yes _____ No _____ If No, reason: _____</p> <p><b>Immunization Complete:</b> Yes [ ] No [ ]</p>																		
<b>Teaching</b>	<p>Admission to 3C _____</p> <p>Postpartum care and safety _____</p> <p>Breast changes _____</p> <p>Bleeding - normal/abnormal _____</p> <p>Pain Management _____</p> <p>Urine/bowels _____</p> <p>Postpartum blues _____</p> <p>Signs of Wellness - exercise _____</p> <p><b>Other:</b> _____</p>	<table border="1"> <thead> <tr> <th>Date</th> <th>Initial</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Date	Initial	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>Discharge Planning Criteria</b>	<p>Discharge criteria: Provide Child Tax Credit Form, Birth Registration Form, and Ontario Health Infant coverage (collected) Normal G.I. and G.U. Afebrile Mod. Lochia Rubra Visit MRP 6 weeks HBHC completed Ontario Early Years Discussed Discharge instructions reviewed and understood Pt. Signature: _____ Date: ____/____/____</p>																			
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	<b>INTERVENTIONS:</b>	
<b>Assessments</b>	<b>At transfer, 2 h, 4 h &amp; 8 h:</b> VS, fundus, lochia, episiotomy & elimination Bladder & bowel function, breasts, nipples, hemorrhoids & activity Healthy Babies, Healthy Children	<b>At 8 h, 12 h, prn &amp; discharge:</b> VS, fundus, lochia, episiotomy & elimination Bladder & bowel function, breasts, nipples, hemorrhoids & activity Healthy Babies, Healthy Children
<b>Consults</b>	Members of Multidisciplinary Team prn Obstetrician prn Paediatrician prn Lactation consultant prn Public Health prn	Members of Multidisciplinary Team prn Obstetrician prn Paediatrician prn Lactation consultant prn Public Health prn
<b>Tests</b>	Fetal cells screen if patient Rh negative and baby Rh positive or stillbirth Antenatal bloodwork if required	
<b>Treatments</b>	Deep breathing & coughing Support of mother, baby & family Check dressing with vital signs checks Pericare with catheter/voiding	Dressing removal at 12-24 hours <b>Pfannenstiel incision:</b> Staples out Postop Day 2 add steri strips to incision <b>Midline incision:</b> Remove alternate staples & steri strip incision 48 hours Remaining staples removed from midline incision 72 hours or prn
<b>Medications</b>	As per orders	As per orders  Rh Immune Globulin IM if patient is Rh negative and baby Rh positive or stillbirth Additional dosage if required to be advised by Transfusion Medicine based on Fetal cell screen
<b>Nutrition</b>	Clear fluid x 1 Then DAT	DAT
<b>Activity/Safety</b>	Ambulate with assistance Assist with infant care/feeding	Ambulates independently Assist with infant care/feeding Total self care / infant care
<b>Elimination</b>	Discontinue foley at 8 hours or as ordered	Empties bladder with each void Voiding qs; Assess bladder after each void x 3 Bowel sounds audible Passing flatus Fleet enema pr day 3 prn Decision re: Laxative/suppository as per orders
<b>Pain Management</b>	Refer to: Pain Management Strategies Determinants of Pain Perception	Refer to: Pain Management Strategies Determinants of Pain Perception

