

Subject: Cesarean Section Staffing Guidelines	
REVISION DATE: January 2015	WRITTEN:
REPLACES: Cesarean Section Staffing Guidelines	SUPERSEDES DATE: Dec 2014

Purpose: To establish guidelines for providing perioperative nursing care on the Obstetrical Unit. To assure safety of all patients present on the Obstetrical Unit during the period of time that the operative delivery is in progress.

1. All Inpatient Women's Health Service Labor and Delivery skilled nursing staff will receive basic orientation in the skills required to circulate operative cases.
2. To scrub cesarean sections, personnel will have additional training and a competency completed.
3. Orientation and training for perioperative care is focused on maintaining sterile technique and providing a safe patient environment.
4. Competency will be maintained through regular performance of scrub and/or circulating duties.
5. At the decision to do a Cesarean delivery, the charge nurse will assess staffing levels based on level of activity/acuity in L&D as well as OB triage and mother baby. The charge nurse will also assess immediately available personnel. Clinical shift coordinators are responsible for clinical and some administrative duties. When scheduled in the administrative role and census or patient needs increase, Clinical Shift Coordinators are pulled into staffing to help address these immediate increases in demand.
6. All efforts are being made to continue progressive skill development and cross-training within the Mother Baby/Labor and Delivery unit to increase the degree of flexibility within the department for emergent situations. If there are staff members scheduled in Mother Baby who are trained in L&D, an assessment will be made by the charge nurse to see if the appropriately trained RN can be flexed to assist in the immediate time of crisis on L&D. The charge nurse in conjunction with the house Nursing Supervisor will assess to see availability of backfill personnel for postpartum during the crisis period from in-house if possible.
7. If additional help is needed, the charge nurse in conjunction with the house Nursing Supervisor will call L&D staff on call if available. If no on call staff are available, calls will be made to unscheduled staff members.

8. If personnel are still unavailable, the 2 North admin on call will be called to assist either in attaining additional resources or, if trained in L&D, assisting as able.