**WHO Surgical Safety Checklist**

**PROCEDURE:**

**Category** 1 2 3 4



**for MATERNITY cases only**

For **Cat. 1** – complete HIGHLIGHTED preoperative sections only

|  |  |
| --- | --- |
| SIGN IN on arrival in theatre | √ |
| Confirm identity and consent |  |
| Confirm procedure |  |
| Allergies |  |
| Placental site |  |
| Are blood products available? |  |
| Is the resuscitaire ready? |  |
| Are the neonatal team aware? |  |
| Type of anaesthesia |  |
| Antacids given |  |
| Anaesthetic concerns? |  |
| Obstetric concerns? |  |
| ALL STAFF – Any concerns? |  |
| Name and sig | |

|  |  |
| --- | --- |
| TIME OUT before skin incision | √ |
| Team introduction by name and role |  |
| Confirm identity, procedure and consent |  |
| Any obstetric issues? |  |
| Any anaesthetic issues? |  |
| Antibiotic plan |  |
| Plan for 3rd stage uterotonics |  |
| Any equipment issues? |  |
| Rhesus cord blood samples needed? |  |
| Cord gases needed? |  |
| Plan for skin to skin |  |
| Catheter in and draining? |  |
| FSE removed? |  |
| VTE prophylaxis |  |
| ALL STAFF – any concerns? |  |
| Name and sig | |

|  |  |
| --- | --- |
| SIGN OUT before patient leaves | √ |
| Scrub confirms instruments, swabs and sharps counts correct |  |
| Acknowledged by obstetrician |  |
| Name of procedure to be recorded |  |
| Agreed blood loss |  |
| Any specimens for the laboratory? |  |
| Were cord gases taken? |  |
| Has rhesus blood been taken? |  |
| Placenta checked and complete? |  |
| Is the baby labelled? |  |
| Any equipment problems to be recorded? |  |
| Post-op VTE prophylaxis discussed |  |
| Antibiotics given and post-op plan discussed? |  |
| Any concerns for recovery and recovery location discussed? |  |
| ALL STAFF – any concerns |  |
| Name and sig | |

Patient sticker

Name/DOB/ Hosp no