



Emergency C-Section: Delivery of a Healthy Baby, Optimal Post-Natal Care and Early Hospital Discharge



Emergency C-section successfully performed on bariatric bed



Reduced moving and handling risks



Early mobilisation and discharge from hospital

Introduction

Gemma* (age 28) was admitted to hospital having gone into early labour. She required an emergency C-section. She weighed 198kg on admission, and had the following comorbidities:

- **Gestational diabetes**
- **Hypertension**

She was mobile at home and on admission, with no skin damage.

**Gemma is not the patient's real name*



Clinical Challenges

On admission, Gemma was 36 weeks pregnant with her first child. Maternity services had a planned admission set at 38 weeks for her, but she went into labour early.

Prior to the planned admission, Medstrom had agreed to provide a MMO 8000 bed with a P.R.O. Matt Extra Wide surface as the birthing bed and a suitable chair.

As she came into the labour ward unexpectedly early and the birth was progressing, staff were able to access equipment immediately on site via the Medstrom Now service. This provides products which are stored on site and are available immediately, round the clock.

The equipment stored on site was a Bari 10A bed with a TurnCair 1000 surface. Staff in the maternity unit had previous training for emergency use and felt confident on ordering and retrieving the equipment needed.

As labour progressed, the patient was taken for an emergency C-section on the Bari 10A bed.

Patient objectives

- **Provide suitably wide bed for use during the birth**
- **Provide suitable bed following delivery for recovery and mobilisation**

Introduction of Medstrom's Bariatric Equipment Package

Before and During Delivery:

Bari10A Bed: The Bari10A bed has mattress platform sections which widen individually, giving a maximum platform width of 122cm (compared to approximately 90cm for a standard hospital bed). This provides extra space for the patient, but also means caregivers can shorten a section if they want to get closer to the patient to deliver care.

TurnCair 1000 Low Air Loss Surface: This provides a high specification of support surface for pressure redistribution, plus a TurnAssist feature that enables safe and dignified handling of patients, if required.

After Delivery:

MMO 8000 Bed: This is approximately 20cm wider than a standard bed, giving more room for Gemma to move around. The low height of 21cm allows 96% of UK females to mobilise safely, with their feet flat on the floor¹. The electric controls allow patients to move themselves effortlessly, for improved in-bed mobilisation. A one button chair position provides excellent upright positioning.

P.R.O Matt Extra Wide Surface: In powered mode, this surface provided continuous low pressure, giving excellent immersion, and helping to prevent skin damage. The Auto Firm mode provided a stable and safe surface when Gemma was mobilising to and from the bed. Once Gemma had recovered sufficiently, the powered mode was discontinued to prepare for her discharge from hospital.

Riser-Recliner Chair: This helped Gemma to safely sit out of bed, recline and stand.

Bariatric Commode/Shower Chair: This allowed Gemma to use the bathroom for privacy and dignity.

Gemma and her baby went home from hospital three days after her C-section. All objectives for her had been met; her baby was delivered safely on the Bari 10A bed, and she was then stepped down to the MMO 8000 bed, with a package of equipment which allowed early mobilisation and early hospital discharge.



Healthy baby delivered



Early mobilisation



Complications prevented

Summary

The Medstrom Now service allowed the trust to access a bariatric bed and surface immediately. This was necessary because labour was progressing fast, and Gemma needed a wide enough surface to be able to give birth safely. A rental product which had to be delivered from outside the trust may not have arrived in time.

As labour progressed, Gemma was taken for an emergency C-section on the Bari 10A bed. In theatre, the mattress was deflated, and the theatre staff were able to reduce the width of the bed to get access without the need for stretching, reducing moving and handling risks.

Once back on the ward, stepping down to an MMO 8000 bed allowed Gemma to get out of bed and back on her feet quickly. The Bari10A bed worked very well in theatre because of the ability to reduce the width.

Medstrom's clinical adviser commented:

“The ward called me after Gemma's C-section to ask about **suitability of equipment** going forward. We agreed that a package of equipment was needed for **optimal mobilisation**. Walking was difficult for Gemma, so a commode was provided to **reduce the risk of falls** as the bathroom was far away from the bed bay. A riser-recliner chair **helped her to sit and stand** while recovering from surgery and helped protect her abdominal wounds. This package worked really well for her and helped mum and baby to get home quickly.”

References

1. Martindale D (2021). Calculating bed height for hospital patients using popliteal measurement. Nursing Times [online]; 117: 10.

To discover more about Medstrom's range of solutions for dignified plus-size patient care and enhanced support for caregivers, contact Medstrom's Bariatric Product Specialists 24/7/365 on:

UK: 0845 371 1717 or info@medstrom.co.uk IRE: 01 686 9487 or info@medstrom.ie