**PURPOSE:**

This document contains practical guidance to support the delivery of Vaginal preparation (APT-Sepsis Module 2A) performed after the spinal anaesthetic (before the skin cleansing in theatre).

**RESOURCES NEEDED:**

|  |  |
| --- | --- |
| Model pelvis | Chitenje |
| Gallipot | Gauze |
| Forceps | Solution (water can be used for practising) |
| Hand sanitiser | Gloves |

**INSTRUCTIONS:**

1. Make sure you have all the necessary materials listed above.
2. Set up the model on the table and arrange the resources.
3. If you have access to more than one model for the session, use as many as you can to minimise the length of time it will take for all the participants to practice.
4. Start by demonstrating the procedure to the participants.
5. Ask the participants to explain the contraindications (face presentation, cord prolapse and placenta praevia)
6. Afterwards select one participant to come forward and teach them the procedure.
7. Ask the participant you have taught to demonstrate how to do the procedure to another participant. Carry on in this way until all participants have completed the procedure.
8. Observe the participants carrying out the skill.
9. Whilst you observe:
   1. Ensure they are covering the metal tip of the forcep with gauze.
   2. Ensure they are fully rotating the forcep around 360 degrees, and not simply moving it side to side.

**VAGINAL PREPARATION: FREQUENTLY ASKED QUESTIONS**

We know vaginal preparation is a new procedure for use in your setting. We have previous experience of introducing this skill to district hospitals and we have encountered the following questions and concerns. It might be useful for you to read these in case your participants have the same questions.

1. Is it safe for the mother?

Yes. The WHO recommend vaginal preparation using aqueous-based chlorhexidine or iodine. Any concentrations can be used. There has been no evidence in any studies of damage to the woman’s mucosa using chlorhexidine, chlorhexidine mixed with cetrimide or povidone iodine (10% has been commonly used). You can use whatever solution is available to you. Do not use spirit. It is common practice to clean the vagina before gynaecological operations such as hysterectomy; this is the same idea.

1. Is it safe for the baby?

Yes. Following this session, you are trained to perform this procedure safely.

1. Can it affect the spinal anaesthesia?

No. In many places (including within Malawi and Uganda), it is routine practice to move the patient’s legs to perform vaginal examinations or insert a catheter after the spinal has been performed.

1. What about general anaesthesia?

You can still perform vaginal preparation. You might need help to move the legs.

1. Why do we do it after anaesthesia? Why not in the labour ward?

It is more comfortable for the woman to have vaginal preparation after the anaesthesia and it ensures that it is done close to the time of the operation. If we do it in advance on the labour ward, the woman may wait some time before going to theatre and it may be less effective.

1. Can we do it if the woman is fully dilated?

Yes, it’s still possible to do vaginal cleansing.

1. Who should do it?

This will vary according to your facility. In some facilities the nurse/midwife can perform vaginal preparation whilst waiting for the baby. In other places this is not practical. It is important that everyone is trained to perform this skill, and then anyone who is available can do it. It should ideally be someone who does not need to be sterile, but it is possible for someone to scrub AFTER they perform vaginal preparation if necessary.

1. Where do we get the instruments?

You should make arrangements to have an extra forcep added to the CS pack. Someone can hand you this instrument. It does not go back on the instrument trolley. It should be counted out after vaginal preparation.

1. Can we use extra swabs? Should we use the six swab technique?

Some people who do vaginal preparation choose to use extra swabs if they feel it is necessary. This is fine. You can do the six swab technique if you wish to do so and have the time and resources.

1. What do you do if you don’t have the resources?

Hopefully if you are doing a CS you have a suitable antiseptic for skin cleansing. You can use the same antiseptic as long as it is aqueous-based, but not spirit.

1. Can we do it if it is an emergency Caesarean?

This is up to you, but in most cases, this is fine as vaginal preparation only takes a very short time. If you are worried about the safety of the mother or the baby, it is fine to omit vaginal preparation.