PICO dressings for Caesarean birth



Target	Maternity staff
audience	
Patient group	Pregnant women undergoing Caesarean birth

Summary

This guideline summarises the pre-operative and intra-operative (see appendix 1) and post-operative (see appendix 2) recommendations surrounding the use of the PICO dressing in maternity patients undergoing caesarean birth.

The decision to use a PICO dressing over a standard post-operative dressing should be made by the operating clinician.

Patient demogrphics making its use more likely include the following:

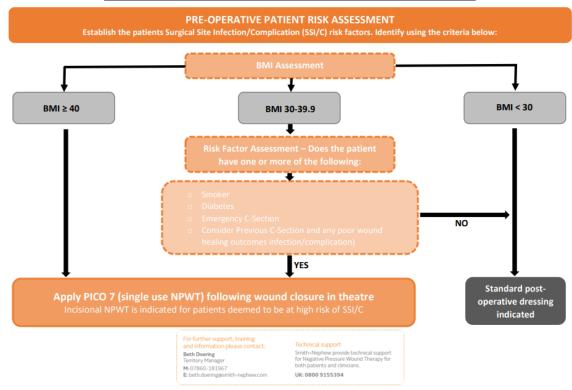
- BMI of 30 or more
- Smoking status
- Diabetic status
- Type of caesarean birth (elective vs. emergency)
- Poor previous wound outcomes (infection/other complication)



Appendix 1 – pathway for Caearean birth – surgical wound



Pathway for Obstetrics (Caesarean Section) Surgical Wounds



THIS PATHWAY DOES NOT EXCLUDE CLINICAL JUDGEMENT. IF A PATIENT IS AT RISK OF WOUND BREAKDOWN, THEN NPWT SHOULD BE USED PICO C-Section Pathway (April 2025)

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Appendix 2 – pathway for Caearean birth – ongoing care



Pathway for Obstetrics (Caesarean Section) Surgical Wounds - Continuing Care

THEATRES - Application Guidance

- Before starting PICO To aid dressing application/achieving a seal, apply appropriate skin protection/barrier to peri-wound area and ensure area surrounding the incision is dry prior to application. Note: PICO is suitable for use with any type of wound closure method.
- Apply PICO 7 in theatres (as per the product IFU) Use appropriate size and shape of PICO dressing kit. Write the date on the back of the pump, insert the batteries,
- In the following order: 1. Apply Dressing, 2. Connect to Assembled Pump, 3. Press Orange Button, 4. Ensure device is operating and a good seal is achieved (only green 'OK' light flashing) and 5. Apply the Fixation Strips around the border of the dressing.

Postoperative guidance – Review, Assess and Onward Referral

- The PICO dressing should remain in place for the recommended 7-day therapy period and should only be removed if there is suspicion of wound infection see grey box for signs of infection. Note:
 The dressing should be left in situ until day 7, unless there is a clinical need/rationale to remove the initial dressing, in which case a second PICO dressing should be applied for the remainder of the therapy period. Early dressing removal should only occur for the following clinically relevant reasons:

 Saturated or leaking dressing
 Excessive bleeding
 Suspected local/systematic infection (e.g. local wound pain, redness, swelling)
 Potential dehiscence
- All patients should be monitored for signs of Surgical Site Infection (SSI) and signs of sepsis until full wound closure. Should an SSI be suspected by the presence of cellulitis, either by a new infection or an infection caused by treatment failure, you should:

 Obtain relevant swab samples for culture and sensitivity testing.

 Treat the wound infection as per Health Board microbiology guidance, then PICO should be reapplied.

 Monitor for systemic signs of infection.
- Monitor PICO 7 dressing daily for amount of "strike through" and to ensure device is operating correctly:

 o If 'AIR LEAK' light appears (orange) check bungs are tight and that the dressing is sealed. If dressing has lifted, appropriately apply additional fixation strips.

 o If 'DRESSING FULL' light appears (orange) or dressing "staining" has reached the port, before/up to day 7 post-application, please consult surgical team for assessment.

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			3
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Clinical governance

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