POLICY

The following protocols have been established for the care of the obstetrical patient:

I. Patient in Labor or Having Labor Related Problems

   A. Any obstetrical patient of 20 weeks or more gestation (without accompanying medical, surgical, or trauma related problems) with presenting complaints of possible ruptured membranes, vaginal bleeding, or questionable onset of labor should be evaluated immediately in the Delivery Room admission area.

   1. When the Emergency Department is notified that a patient is arriving by ambulance in active labor (or as described above), the ED will notify the Delivery Room.

   2. The Emergency Department, after being notified via Med COM communication, will then contact the delivery room and inform them of the patient and the estimated time of arrival to Southside Hospital, as well as inform the EMS crew that they will need to proceed directly to the Delivery Room Entrance.

   3. Walk-in patients in active labor will be allowed to walk to the Delivery Room accompanied by their spouse/other if they desire.

   4. Walk-in patients may be transported to the delivery room by Southside Hospital staff when needed.

   B. Obstetrical patients with other presenting complaints who are noted to have hypertension, proteinuria, epigastric pain, severe headache or marked edema are to be considered at risk for possible preeclampsia and are to be evaluated directly in the Delivery Room admitting area.

II. Obstetrical Patients with Non-Pregnancy Relate Problems

   A. Obstetrical patients with other medical, surgical, or trauma related problems are to be seen and evaluated in the Emergency Department. If necessary, the obstetrical attending physician will be notified by the ED physician.
III. Extramural Deliveries – Mother

A. The Emergency Department staff will notify the Delivery Room and Special Care Nursery staff when they are notified by EMS of an extramural delivery. The ambulance will be directly via radio to proceed to the delivery room entrance. If EMS comes into the ED through the ambulance entrance both mother and baby are to be sent immediately to the Delivery Room (without ID banding which will be done in Delivery Room).

B. Walk-in extramural deliveries (mother and baby) will be evaluated in the Emergency Department prior to sending them both to the Delivery Room. The ED staff is to notify the Assistant Director of Nursing (ADN)/Supervisor.

C. It is not necessary for the ED staff to band mother and baby (Obstetrical identibands). Normal ED ID bands are to be placed on both while they are evaluated (for ED registration and documentation purposes).

D. The patient’s admission will be completed in the Delivery Room.

IV. Extramural Delivery – Newborn

A. The Emergency Department staff will notify the Delivery Room and Special Care Nursery staff when they are notified by EMS of an extramural delivery. The ambulance will be directed via radio to proceed to the delivery room entrance. If EMS comes into the ED through the ambulance entrance both mother and baby are to be sent immediately to the Delivery Room (without ID banding which will be done in Delivery Room).

B. Walk-in extramural deliveries (mother and baby) will be evaluated in the Emergency Department prior to sending them both to the Delivery Room. The ED staff is to notify the Assistant Director of Nursing (ADN)/Supervisor.

C. Normal ED ID bands are to be placed on both while they are evaluated (for ED registration and documentation purposes).

D. The newborn will be transported to the Delivery Room via a warmed transporter (isolette).
E. The Newborn’s admission will be completed in the Delivery Room

V. Expiration of Fetus While in Emergency Department

A. Any fetus less than 20 weeks gestation following delivery shall be considered a miscarriage or abortion. Mother will be admitted to a Medical/Surgical floor.

B. Any fetus death at or above 20 weeks gestation shall be considered a stillborn. The mother and fetus will be transported to the Delivery Room for initiation of bereavement care.