



South Eastman Health/Santé Sud-Est Inc.

	Ref. MC-M002
Approved By: Facility Managers	Source: Regional Client Care Manual Category: Maternal Child
Date Approved: May, 2002 Reviewed: April 9, 2003 Revised: 27 November 2007	Subject: Guidelines for Obstetrical Care

POLICY

Nurses in South Eastman Health/Santé Sud-Est Inc. will refer to the following guidelines when providing care to obstetrical clients.

GUIDELINES

ANTEPARTUM

1. Maternal Child Admission – Refer to policy MC-A001
 - Reuse of Obstetrical Nursing History – Refer to policy MC-A012
 - Non-stress testing policy # MC-A011
2. Routine vaginal examination – refer to policy MC-A002
3. Labour client care – refer to policy MC-A003
4. Fetal Heart Surveillance – refer to policy MC-A004
 - If non-reassuring FHR patterns are verified by fetal monitoring and / or fetal blood sampling, immediate delivery should be considered after consultation with the obstetrical back-up physician.
5. Artificial Rupture of membranes refer to policy MC-A005
6. A written consultation from another physician will be required for the following:
 - Cervical ripening with prostaglandin MC-A007
 - Induction of labour MC-A007
 - Trial of Labour/Vaginal Birth after Cesarean Section refer to policy MC-A009

 - A prolonged active labor – more than 12 hours in primipara
- more than 10 hours in multipara
 - Failure to progress after intervention or 2nd alert line on labour partograph
 - Emergency Cesarean Sections – refer to policy MC-D003

- New active medical conditions in labour
 - Hypertension in Pregnancy policy MC-A010
7. A consultation with another physician is recommended for meconium staining. **Note:** All meconium-stained deliveries will be attended by two currently registered NRP providers (i.e. Physician / Midwife and Registered Nurse) of which one must be able to perform neonatal endotracheal intubation.
8. Pain control during labour
- Entonox Administration – refer to policy MC-A008
 - Intradermal Sterile Water Injections – refer to policy MC-A013
 - Continuous Epidural Infusion – refer to MC-A006
 - Hydrotherapy – refer to Policy MC-A014
9. Fetal scalp sampling:
- The physician will be responsible for fetal scalp sampling.
 - Bethesda can provide pH testing in **EMERGENCY** situations, not available in Ste. Anne.
 - Should the pH results require immediate action, **EMERGENCY** cesarean sections can be performed.
10. Intravenous therapy:
- Clients with continuous fetal monitoring will have a #18 cathlon inserted in forearm with a saline lock for administration of I.V. Normal Saline as ordered by Physician/midwife.
 - Saline locks may be inserted as necessary per physician's request.
11. Nursing care:
- Clients who require continuous fetal monitoring will be provided with 1:1 nursing care.
 - Pertinent data includes relating to client and nursing care will be recorded on the monitor graph and Labor Record and partograph.
12. Following the delivery, complete delivery record:
Note: The fetal monitor recording is a legal document and is a part of the permanent record.
13. Services of the **NEONATAL TRANSPORT TEAM:**
- are available and will be called at the discretion of attending physician.
 SERHA does NOT have a respiratory technologist, pediatrician or specialized nursery staff – refer to policy MC-N002

MIDWIFERY CARE

- A consult to a physician by a midwife shall be communicated to nursing for their involvement. Refer to College of Midwifery Handbook
- If the primary care provider is a midwife, they will give verbal reports regarding labor progress to the nurse that is assigned to obstetrics. If the midwife requires a break a verbal update is given to the nurse.

- The midwife/nurse may receive and transcribe verbal orders from a physician for narcotic analgesics.
- Privileges may vary between midwives

REFERENCES:

College of Physicians & Surgeons Guidelines, Intrapartum Fetal Surveillance, June 2000

Family Centered Maternity & Newborn Care National Guidelines Canada, 2000