ARTICLE IX

OBSTETRICAL DEPARTMENT

9.1 Admissions

(a) Obstetrical patients shall be admitted on a twenty-four (24)-hour basis and Nursing personnel shall notify the attending Physician when the patient is admitted.

(b) Admitting Of Non-Infectious Gynecologic and Obstetrical Patients:

Non-infectious gynecologic and obstetrical patients may be admitted to the Family Birth Center under the following conditions:

(1) Prior to admission, each patient shall be screened by the attending Physician to determine if a condition exists which would prevent her admission to the Family Birth Center.

(2) Obstetrical and gynecological patients shall not occupy the same patient room.

(3) No gynecologic patient shall be admitted to or retained in the Family Birth Center if such admission or retention would exclude an obstetrical patient, and a sufficient reserve of the obstetrical beds shall be unoccupied at the time of her admission.

(4) Visitation privileges for gynecologic patients admitted to the Family Birth Center shall be consistent with those visitation privileges extended to the obstetrical patients.

(5) A gynecologic patient shall be transferred from the Family Birth Center immediately if a transmissible infection is detected or any conditions prohibiting admission to the Family Birth Center are identified.

(6) Non-infectious gynecological patients may be admitted to the Family Birth Center.

(c) The following gynecologic patients shall not be admitted to the Family Birth Center:

(1) Any patient with a known or suspected infectious or septic condition, or who has had a recent personal history of a communicable disease;

(2) Any patient who requires radium or radiation therapy including isotope therapy; or

(3) Any patient who has a gynecologic condition and another significant medical or surgical condition which requires medical or surgical care in addition to gynecologic care;

9.2 Required Laboratory Procedures

Hematocrit, Type, and Rh procedures must be done prior to admission and the results recorded on the attending Physician's prenatal history and physical record, which shall be forwarded to Labor and Delivery prior to the patient's admission. Hemoglobin and Hematocrit shall be drawn on admission and the results sent to Labor and Delivery from the laboratory. Blood drawn for labor patients should be held for Type and Screen or further testing. Specimens removed during a surgical procedure shall be labeled and sent to the laboratory for examination by the pathologist according to current JCAHO Standards. If the baby is RH-, one tube shall go to the laboratory and one to the Nursery and Rhogam given to the patient, if indicated. Cesarean sections and D & C's must have laboratory work drawn prior to surgery.

9.3 Vaginal Examinations

(a) Vaginal examination shall be performed by labor room nurses in the following cases:

(1) Upon admission of all patients to the labor area and prior to the notification of the Physician, unless contraindicated as noted below.

(2) When indicated to determine the patient's progress in labor or concern regarding possible complications (e.g., change in fetal heart rate).

(b) Vaginal examinations shall not be performed by labor room nurses unless specifically directed by the attending Physician in incidents of questionable excessive bleeding, with or without pain, and only according to the department protocol for premature infants with ruptured membranes.

9.4 Delivery

(a) The Physician(s) providing prenatal care is responsible for the care of the patient and baby before, during and after delivery and until patient and baby are transferred to the care of another Practitioner.

(b) When the obstetrician has been informed that a patient is in active labor, it is his responsibility to be present for the delivery.

(c) All elective cesarean sections shall be scheduled in Labor and Delivery. An emergency cesarean section or D & C shall take precedence over elective cases not in progress.

(d) The Physician providing pediatric care should be present on all high risk deliveries.

9.5 Medical Records

Complete medical records must accompany the patient to the Labor and Delivery Room. Obstetrical records should include all pre-natal information. A durable, legible original or reproduction of the office or clinic prenatal record is acceptable. Where not feasible, a note of the emergency situation should be written and signed by the Physician on the progress sheet explaining the reason why the procedure was done.

9.6 Identification

Hospital means of patient identification shall be attached to the mother and newborn infant before they are removed from the Labor and Delivery Room or Operating Room.

9.7 Recovery Room

The Physician in charge is to remain in the delivery area until the patient begins her recovery time and is stable. Post-operative orders must be written before the patient leaves the delivery area. Release of the patient from the recovery area shall be based upon discharge criteria approved by the Section of Obstetrics.

9.8 Physicians Attendance at High Risk Deliveries for Care of Newborn (Reference Obstetrics Department Policy and Procedure Manual)

The Physician to be in charge of the infant shall be notified when the delivery of a potentially high risk infant is expected. The term "high risk infant" means any infant who, on the basis of socioeconomic, genetic or patho-physiologic history prior to delivery or on the basis of findings in the newborn period, manifests or is likely to manifest persistent and significant signs of distress.

The Physician in charge of the infant will make every effort to attend any delivery that is not named above if the obstetrician requests his presence. If the infant's Physician is not available or if the infant requires immediate care, the Physician's covering physician will be contacted and assume care of the infant. If both Physicians are unavailable, the Pediatric Section head shall be contacted to assume care of the infant.

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