

WASHINGTON ADVENTIST HOSPITAL
WOMEN'S SERVICES
COLLABORATIVE PRACTICES STANDARDS

Effective Date: 11/02
Comments:
Reviewed: 10/02
Revised: 11/12

Policy No: WWS.9518
Origin: L & D
Approved: 11/02
Page: 1 of 4

Scheduled Procedures in Labor & Delivery

Scope: Labor & Delivery

I PURPOSE:

To establish guidelines regarding the number of elective procedures scheduled each day in the Labor & Delivery department in order to maintain a safe environment and provide for non-scheduled presenting patients and emergent situations.
To monitor scheduled procedures done <39weeks without medical indication

II POLICY:

- A. Antepartum testing, Induction of Labor, and elective Cesarean Sections should be scheduled with the Labor & Delivery department at least one day prior to the procedure date.
- B. There should be no more than 4 scheduled procedures during the day, with a max of 3 per procedure
- C. Cesarean Sections should be limited to 3 per day and scheduled at 8am, 10am, 12pm, and 2pm.
- D. Cervical ripening should be limited to 3 per day and scheduled in the evening, times being 5:30pm, 7:30pm, and 8:30pm.
- E. **No Cesarean Sections, Induction of labor or cervical ripening will be scheduled for a patient under 39 weeks of gestation, unless there is a documented medical indication.**
 - 1. **Scheduled procedure form should be received from physician's office along with prenatal record and supporting documentation at the time of scheduling.**

III BY WHOM

The Unit Support Coordinator will be responsible for scheduling procedures. In the event that the Unit Support Coordinator is unavailable the charge nurse will be responsible for scheduling the procedure.

Daily procedure schedule form (from scheduled procedure book) should be faxed to HIM every morning.

IV PROCEDURE

- A. The following information should be obtained when scheduling the procedure
 - 1. Date and time of procedure
 - 2. Name of Patient
 - 3. Due date
 - 4. Procedure to be done
 - 5. Date of birth of Patient

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6. Phone number of Patient
 7. Physician's name
 8. Indication for the procedure, regardless of gestation
 9. Indication for performing the procedure at <39 weeks of gestation if applicable with supporting documentation.
- B. The physician should instruct the patient to:
1. Pre-register with the admitting office during prenatal care.
 2. Call at least 4 hours prior to procedure time to ensure there is adequate room on the unit.
 3. Remain NPO for at least 8 hours prior to Cesarean Sections
 4. Arrive at the hospital at least 2 hours prior to their scheduled procedure
- C. The prenatal records should be available at the time the procedure is scheduled with an update sent prior to the patient's admission to the unit. To ensure the patient's safety, an elective procedure will not proceed without the prenatal records being on the chart.
- D. In the event that the procedure will need to be rescheduled due to high patient volume on the Labor & Delivery unit:
1. Prior to the patient arriving to the unit.
 - a. The Charge nurse will call and inform the physician of the status of the unit. The primary physician along with the house Obstetrician will determine the priority of the procedure.
 - b. If the procedure is to be rescheduled the Charge nurse will call the patient to inform her of the rescheduled date and time.
 2. If the patient has already arrived on the Labor & Delivery unit
 - a. She will be evaluated by a nurse as per physician orders.
 - b. The procedure will be rescheduled
 - c. The patient will be sent home with instructions.
- E. High Risk Patients
1. Patients with maternal and/or neonatal high risk factors should be discussed with the perinatal team prior to day of delivery in order to ensure that all necessary resources are readily available including potential transport to higher level of care, as appropriate.
 2. The Perinatal Team is as follows:
 - a. Obstetrical LIP
 - b. Neonatologist
 - c. Anesthesiologist
 - d. Nursing Team
 - e. Case manager/Social Worker, as needed
 3. The Perinatal team will be notified of the date and time the procedure is scheduled for and/or when the patient arrives on the

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unit.

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Procedure Scheduling Form

Provider _____ Today's date _____
 Patient Name _____ DOB _____ Age _____
 Phone number _____ LMP _____ EDC _____ G _____ P _____
 Requested date _____ time _____
 Delivery Plan: Cesarean delivery: Primary or Repeat Induction: Cervidil Cytotec Pitocin
 Fetal presentation _____ EFW _____ gms Bishop Score _____

Reasons for Scheduled Delivery: *Check all appropriate indications below*

<p>Level 1</p> <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Preeclampsia / HELLP <input type="checkbox"/> Uncontrolled Gestation Diabetes <input type="checkbox"/> Bleeding D/T marginal placenta previa <input type="checkbox"/> Non-reassuring fetal testing <input type="checkbox"/> PROM <input type="checkbox"/> Fetal hydrops / isoimmunization <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Blood group sensitization <input type="checkbox"/> Fetal compromise (severe IUGR) <input type="checkbox"/> Fetal anomaly <input type="checkbox"/> Maternal medical conditions <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Multifetal gestation <input type="checkbox"/> Cholestasis of pregnancy	<p>Level 2</p> <input type="checkbox"/> ≥ 41 weeks gestation/Postterm pregnancy <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> IUGR – reassuring testing <input type="checkbox"/> Fetal demise <input type="checkbox"/> Maternal HIV <p>Level 3</p> <input type="checkbox"/> Fetal malpresentation / Unstable lie <input type="checkbox"/> History of HSV <input type="checkbox"/> Prior myomectomy <input type="checkbox"/> Prior vertical or T-incision C/S <input type="checkbox"/> Prior C/S <input type="checkbox"/> Macrosomia (EFW > 4000 gms) AND Gestational age ≥ 39 weeks*	<p>Level 4</p> <input type="checkbox"/> History of rapid labor <input type="checkbox"/> Distance from hospital <input type="checkbox"/> Term with favorable cervix <input type="checkbox"/> Psychological factors <input type="checkbox"/> Maternal request <input type="checkbox"/> Prior C/S • Patient declines VBAC AND Gestational age ≥ 39 weeks*
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Other indication _____
 Special concerns (eg, allergies, medical problems, and special needs): _____

Preferred date _____ time _____ Request Completed by _____

****Prenatal records including sonos, lab reports, and all consultations must accompany request. Please provide documentation supporting delivery <39wks (if applicable).**

To be completed by reviewer:

- Level 1 or Level 2 indication scheduled as requested
 Medically indicated procedure necessitates delivery prior to 39 weeks gestation (supporting documentation presents)
- Level 3 or Level 4 procedure scheduled as requested
 Gestational age ≥ 39 weeks on scheduled procedure date per ACOG recommendation
- Level 3 or Level 4 procedure scheduling request requires further review
 - Gestational age < 39 weeks on scheduled date of procedure
 - Gestational age or fetal maturity not determined using established criteria

Reviewed by _____

Approved - Procedure Scheduled for _____

HARD STOP – gestational age, indication, consent, or other issues prevent initiating induction without further information or consultation with department chair.