

Name of Policy:	<u>Management of Obstetric Emergencies</u>	
Policy Number:	3364-100-53-20	
Department:	Hospital Administration Medical Staff	
Approving Officer:	Chief Executive Officer - UTMC Chief of Staff	
Responsible Agent:	Medical Director, Emergency Department	
Scope:	The University of Toledo Medical Center and its Medical Staff	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		Effective Date: 11/01/2021 Initial Effective Date: 3/11/1998
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

Obstetric patients at University of Toledo Medical Center (“UTMC”), including those who present to the Emergency Center, shall be managed using approved protocols.

(B) Purpose of Policy

To provide a mechanism for rendering the most appropriate and effective care and management of obstetrical patients at UTMC who present with or develop potential obstetric emergencies.

(C) Procedure

1. If the patient, based upon initial or follow up assessment of the triage or primary nurse and/or medical screening by the physician is found to have a potential obstetrical emergency, i.e., vaginal bleeding, premature labor, premature rupture of membranes, ectopic pregnancy, or acute abdominal pain, patient management should be based as follows:
 - a. For patients greater than 20 (twenty) weeks gestation; patient should be evaluated and initially stabilized in the Emergency Department at UTMC, and arrange transfer to the facility where the patient's OB practices or the facility with the appropriate level of care as quickly as possible. No further work up or evaluation should be pursued at UTMC due to the lack of readily available equipment and personnel for these obstetrical/neonatal emergencies. If delivery appears imminent or the patient is not stable, request the neonatal team from the receiving facility be sent to the Emergency Department to assist in stabilization of the patient prior to transport.
 - b. For patients less than 20 (twenty) weeks gestation, the patient should be evaluated and initially stabilized in the Emergency Department at UTMC. Further evaluation, disposition, management and possible transfer will be decided by the Emergency Department attending physician, in collaboration with the patient's OB attending or the OB attending on call at a facility with the appropriate level of care.
 - c. If the patient has a private OB physician, this physician must be notified as early as possible of the patient's condition. If the patient is greater than 20 (twenty) weeks gestation and of fetal viability, immediate transfer must be requested. If this transfer is refused by the patient's private OB physician, this must be documented on the ED record and the OB attending on call at a facility with the appropriate level of care should be notified of this obstetrical emergency and transfer to the receiving hospital should be expedited as rapidly as possible. If gestational dates as less than 20 (twenty) weeks (non-viable fetus), disposition and follow up should be arranged through the private OB attending or the UTMC on call Ob/Gyn physician.

