


<p><b>Name of Policy:</b> <u><a href="#">Child Birth in the Emergency Department</a></u></p> <p><b>Policy Number:</b> 3364-87-34</p> <p><b>Approving Officer:</b> Chief of Staff Medical Director</p> <p><b>Responsible Agent:</b> Medical Director</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective date:</b> 07/09/03</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

Patients presenting to the Emergency Department at the University of Toledo Medical Center who are pregnant, and delivery is imminent, will be cared for by qualified staff. After delivery in the Emergency Department and stabilization of mother and infant(s), mother and infant(s) will be transported to another institution for admission and continuing care. Transport for mother and infant(s) will be by the Mercy/UTMC Critical Care Transport Network or the Toledo Hospital Neonatal Intensive Care Unit.

(B) Purpose of policy

To provide guidelines to the Emergency Department staff on the care and management of obstetrical patients in whom delivery is imminent, while in the Emergency Department.

(C) Procedure

(1) Pregnancy in Labor

- (a) Initial examination immediately by the ED attending physician
- (b) OB on call at Mercy Health Care Systems or the Toledo Hospital will be notified immediately of the patient and the delivery status
- (c) If the patient has an established OB physician, he/she will be notified
- (d) If it is determined after consultation with the OB attending, and if applicable the patient's private physician, the patient is not in active labor and delivery is not imminent, the patient will be transferred to another facility which provides OB services

- (i) The transfer policy will be followed and consent to transfer completed
  - (e) Discretion will be used in transferring the patient by ambulance, critical care transport unit, or private car
  - (f) If delivery is imminent, delivery will occur in the Emergency Department, unless a cesarean section is necessary, in which case the patient will be taken to surgery
- (2) Delivery
- (a) The patient will be placed in a treatment area with a door, preferably room 6
  - (b) Vital signs and fetal heart tones will be taken and documented
  - (c) An IV will be started and oxygen will be readily available
  - (d) Explain all that will be taking place to the patient, prior to treatments, procedures, etc.
  - (e) Place the patient in stirrups
  - (f) Cleanse the perineum with betadine and rinse with normal saline
  - (g) Prep as directed by the physician, as time permits
  - (h) Open OB pack
  - (i) Obtain infant warmer
  - (j) Note time of delivery, presentation of baby (LOA, LOP, etc)
  - (k) Perform and document APGAR score at time of delivery and 5 minutes post delivery
  - (l) Obtain and record baby's length and weight
  - (m) Document delivery of placenta
  - (n) Document any medications given to either mother or baby (ies)
  - (o) Send placenta, properly labeled and in an appropriate container to Pathology

- (3) Disposition of Mother and Baby (ies)
  - (a) If mother and baby (ies) are transferred to another institution which provides obstetrical services, they will be transported by the Mercy/UTMC Critical Care Transport Network (ground or air) or by the Toledo Hospital Neonatal Transport Unit.
  - (b) The baby (ies) will be registered using the time of delivery as the time admitted to the Emergency Department
  - (c) An Emergency Department medical record will then be completed on each baby (ies)
- (4) Birth Certificate
  - (a) Obtain a hospital worksheet #1 and #2 from the Admitting Department
  - (b) These papers must be completed prior to transfer to another institution
  - (c) The birth certificate will be completed and signed by the Emergency Department attending or the physician who actually delivers the baby (ies) and then sent to the Lucas County Bureau of Vital Statistics
- (5) Emergency Department Medical Record – Mother
  - (a) An Emergency Department medical record will be generated for the mother upon her arrival to the Emergency Department
  - (b) All records, laboratory reports, initial radiological interpretations, and any other information obtained in the ED will be sent with the patient to the hospital she is being transferred to
- (6) Identification
  - (a) Mother and baby (ies) identification bands will be made using the arm bands currently used in the Emergency Department
  - (b) Two (2) bands containing the mother's name, 6 digit number, date and time of delivery, sex of baby will be made
  - (c) One of the bands will be attached to the baby's ankle and the other band to the mother's wrist

<p>Approved by:</p> <p>_____</p> <p>Christopher K. Lynn, M.D. Chief of Staff</p> <p>_____</p> <p>Ronald McGinnis, M.D. Medical Director</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Nursing Director, Emergency Services</i> <i>Medical Director, Emergency Services</i> <i>Medical Executive Committee</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>MS-034 Child Birth in the Emergency Department</i></li></ul> <p><b>Review/Revision Date: 12/13/06</b></p> <p><b>Next review date: 12/13/09</b></p>
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