The Nebraska Hospital Association (NHA) is responsible providing guidance to hospitals within the Nebraska Hospital Association on emergent delivery of an obstetrical patient in a non-delivery hospital. The NHA Quality Department will act as a steering committee in the release and dissemination of such guidance.

PURPOSE:

To define the role and responsibilities of the staff during an emergent vaginal delivery.

POLICY STATEMENT:

The hospital must provide safe obstetric care to any patient that presents where a transfer to a delivering healthcare system will not be possible before the delivery.

A. Triage of the patient will include assessment of the following. See Appendix A for the tool.

    1. Maternal vital signs
    2. Fetal heart rate
    3. Uterine contractions
    4. Chief concern
    5. Status of labor that includes presence of uterine contractions, vaginal bleeding, and status of membranes
    6. Maternal perception of fetal movement
    7. High-risk medical or obstetric conditions

B. Preparation for the delivery will be initiated as dictated by the patient's parity, status of labor, fetal presentation, and high-risk medical or obstetric conditions.

C. The physician on call will be notified of the imminent delivery. The patient's obstetrician or receiving hospital will be notified of the imminent delivery after it has been determined that a transfer will not happen until after the delivery.

D. A registered nurse will be in attendance to:

1. Provide all nursing care to mother/baby
2. Assure patient and newborn safety
3. Complete all legal records and identifying procedures
4. Assist the physician
5. Encourage bonding with mother/infant
6. Facilitate transfer of mother/baby

PROCEDURE:

A. Set up the room for delivery

1. Gather the equipment for delivery
    i. PPE to include protective eyewear, shoe coverings, gowns, and gloves
    ii. Sterile gloves in various sizes
    iii. Delivery instruments or OB delivery pack
    iv. Sutures
    v. Stirrups or footrests

vi. Portable lighting

vii. Anesthetic agents and equipment

viii. Resuscitation equipment

ix. Supplies to obtain lab specimens and for preserve placenta

2. Gather equipment for baby

i. Resuscitation equipment

ii. Emergency drugs for a pediatric patient

iii. Bulb syringe

iv. Identification bracelets

v. Eye prophylaxis

vi. Infant warmer and transport isolette

3. Critical Care equipment to be on hand

i. ECG Monitor

ii. Crash Cart for adult and pediatrics

iii. Defibrillator

4. All fluids (e.g., sterile water, etc.) out of original container to be labeled

5. An initial count of sponges will be performed concurrently, visually, and audibly by registered nurse and one other staff.

B. Verify infant warmer and resuscitation equipment is functioning.

C. Monitor and record fetal heart tones, mother vital signs, cervical dilation and effacement, fetal presentation, and status of membranes as ordered by physician and indicated by maternal status.

D. When delivery is imminent, position mother by placing her legs in the stirrups and positioning her buttocks over edge of table and prepare for delivery.

E. Notify second nurse to be present

F. Assist the physician in gowning

G. Prep the perineum with prep solution as ordered by physician starting with the pubic area, the outer labia, vaginal opening, and inner thighs.

H. Following delivery of baby, the physician will clamp the umbilical cord and cut the umbilical cord.

I. Allow bonding of mother and baby by placing baby skin to skin with the mother if baby's condition allows.

J. Monitor maternal vital signs, fundal status, and vaginal bleeding every 15 minutes or at the frequency determined by facility policy until mother is transferred to the appropriate level of care.

K. Monitor neonate Apgar scores, vital signs, color, tone, activity, and respiratory effort every 30 minutes or at a frequency determined by facility policy until neonate is transferred to the appropriate level of care. See appendix B for Apgar scoring tool.

L. Prepare mother, neonate, documents, and placenta for transfer and provide hand off communication to the transfer team and the receiving facility on the mother and neonate.

DOCUMENTATION:

A. Delivery summary of mother and delivery

B. Initial and ongoing assessment of baby

C. Label specimens and prepare to transfer with mother and baby:

1. Placenta
2. Cord Blood
3. Cord pH and/or blood gases

REFERENCES:

The American College of Obstetricians and Gynecologists, & American Academy of Pediatrics. (2015). Committee Opinion No. 644: the Apgar score. *Obstet. Gynecol., 126*(4), e52-55. https://doi.org/10.1097/AOG.0000000000001108

American Academy of Pediatrics, & The American College of Obstetricians and Gynecologists. (2017). *Guidelines for Perinatal Care* (8 ed.). AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice.

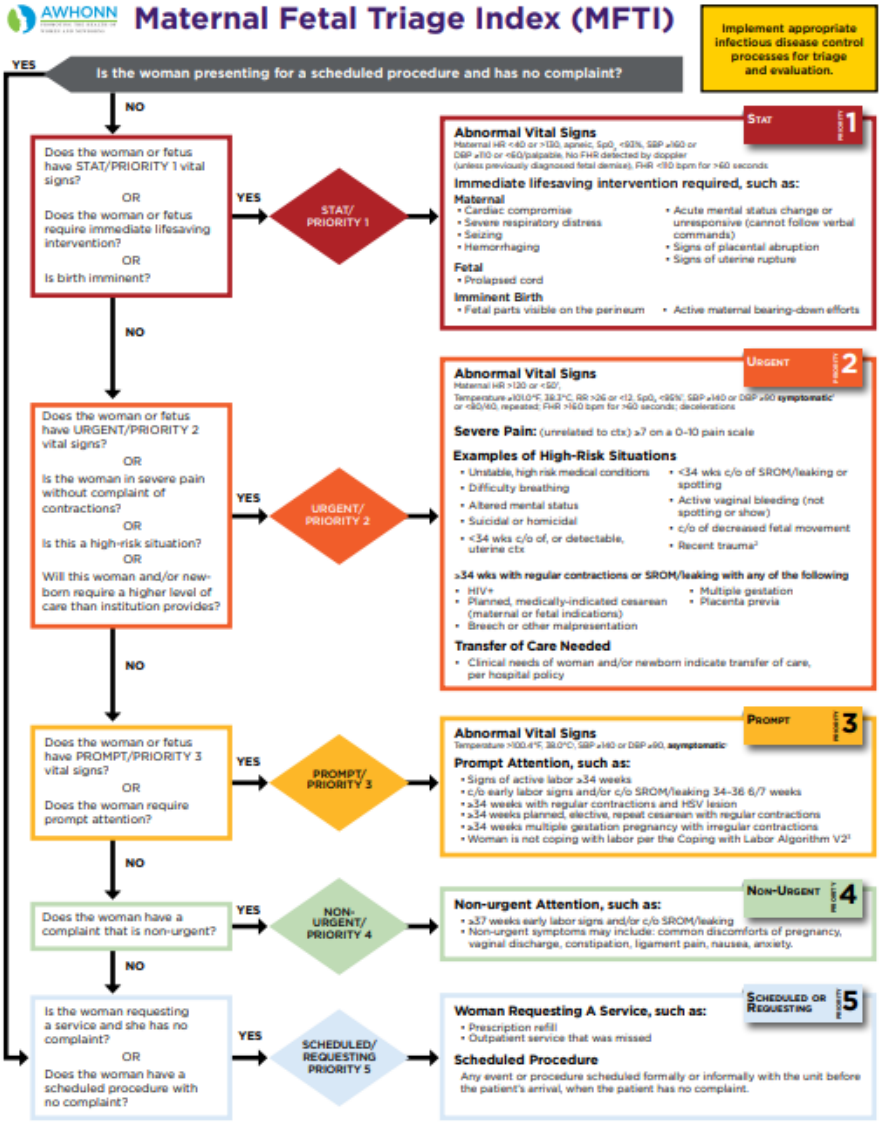
Bock, S. F., & Brengman, S. L. (1986). A delivery room you can set up anywhere. *RN, 49*(4), 28-30.

Chi Health. (2020, May). Vaginal delivery--Staff roles and responsibilities.

Lippincott. (2020, February). Emergency delivery. Retrieved from

https://www.procedures.lww.com/lnp/view.do?pId=5977737&disciplineId=12460

Appendix A



Note: American Academy of Pediatrics, & The American College of Obstetricians and Gynecologists. (2017). *Guidelines for Perinatal Care* (8 ed.). AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice.

Appendix B

Apgar Score

Gestational age_____weeks

Sign	0	1	2	1 minute	5 minute	10 minute	15 minute	20 minute
Color	Blue or Pale	Acrocyanotic	Completely Pink					
Heart rate	Absent	<100 minute	>100 minute					
Reflex irritability	No Response	Grimace	Cry or Active Withdrawal					
Muscle tone	Limp	Some Flexion	Active Motion					
Respiration	Absent	Weak Cry; Hypoventilation	Good, Crying					
			Total					

Comments:

Resuscitation

Minutes	1	5	10	15	20
Oxygen					
PPV/NCPAP					
ETT					
Chest Compressions					
Epinephrine					

Note: The American College of Obstetricians and Gynecologists, & American Academy of Pediatrics. (2015). Committee Opinion No. 644: the Apgar score. *Obstet. Gynecol., 126*(4), e52-55. https://doi.org/10.1097/AOG.0000000000001108