

## Admission Guidelines for Pregnant Patients in CCTC

**Note:** the process for obstetrical response is currently in the process of development. The plan as outlined in this protocol is subject to modification. Any changes will be posted to this website to reflect the most recent protocol.

If you have any questions or concerns, please page Brenda Morgan at 19914. A checklist of steps to take is available on the "What's New Page" of the CCTC Website.

**As soon as a pregnant patient is admitted to CCTC, initiate the following:**

1. **Cohort** all pregnant patients in the same bay to facilitate sharing of emergency equipment and facilitate Birthing Centre support.

Whenever possible, avoid adjacent placement or doubling of ARO positive patients.

2. **Maintain Uterine Displacement at all Times:**

Nurse all pregnant patients in the left uterine displacement position (with wedge under the right hip, patient tilted toward left side).

Pregnant patients can become very hypotensive in the supine position due to IVC and aortic compression by the gravid uterus.

3. **Consult Obstetrics:**

- a. To confirm gestational age
- b. To assess maternal and fetal health and risk
- c. To direct prenatal and perinatal care
- d. To work in collaboration with the critical care team to provide quality care of the critically ill maternity patient

4. **Notify the Birthing Centre: Extension 58168:**

- a. In collaboration with Obstetrics and CCTC, Birthing Centre nurses will determine the support requirements. This could range from being available for consultation on an "as needed basis" for first trimester pregnancies, to invasive maternal and fetal monitoring. A plan for support will be developed at the time of admission and modified throughout the admission as required.

Nancy Watts, Clinical Nurse Specialist, OB/Gyn is available on pager (Pager #17056), Monday-Friday.

- b. Notification ensures the Birthing Centre is aware of the status of any admitted maternity patients.

5. **Consult OBSTETRICAL Anesthesia:**

- a. To assess maternal health and anesthetic risk
- b. To plan anesthetic care for labour and/or delivery
- c. To work in collaboration with the critical care team to provide quality care of the critically ill parturient

**6. Notify PCCU if gestational age is > 24 weeks:**

- a. Fetal loss before 20 weeks is considered a miscarriage (spontaneous abortion)
- b. All deliveries > 20 weeks must be registered with the province of Ontario as a live birth or stillbirth (Birthing Centre Staff will look after this)
- c. Age of viability is generally considered as > 24 weeks; multiple factors may influence actual viability and decisions regarding resuscitation

**7. Obtain Emergency Equipment and keep at bedside as follows:**

In the event of an emergency delivery or crash C-section, there may be insufficient time to obtain equipment, therefore, emergency equipment will be kept at the bedside for the duration of the patient's admission/pregnancy. Obstetrical and pediatric resuscitation teams will expect equipment to be available upon their arrival.

**a. Maternal Equipment:**

- i. **Vaginal Delivery Tray** (for all pregnant patients, contact Birthing Centre)
- ii. **C-Section Tray** (Nb: only if > 24 weeks; obtain from Birthing Centre)

**b. Neonatal Resuscitation Equipment (only if > 24 weeks gestation; < 24 week, ONLY if ordered by obstetrics)**

- i. **Warming Table** (also called "Infant Care Centre", this is an infant bed that allows easy access of the infant for resuscitation, and includes an overhead heater and skin sensing system):

Obtain warmer from PCCU. Keep in room where there is access to a wall plug. As soon as you are aware of a potential delivery, the warmer should be turned on.

Return to the "What's New Page" for quick instructions on the use of the warmer.

Silver dots are tied in a bag to the neonatal monitor for use with the warming sensor.

**ii. Infant Resuscitation Box (CCTC Charge Nurse Office):**

An emergency neonatal resuscitation box is located in the CN Office with the neonatal monitor and drug box. A list of supplies is identified on the laminated card tied to the handle. The box includes airway and IV equipment.

Neonates who require ventilatory support will be manually ventilated initially. If required, the neonatal ventilator/transport unit will be obtained by PCCU staff. The neonatal transport unit includes an isolette, ventilator, hemodynamic monitor and infusion pumps. Baby's will be transported to the NICU at St. Joseph's Hospital or the PCCU, depending upon gestational age.

**iii. Neonatal Medication Box (CCTC Charge Nurse Office):**

A neonatal medication box (2 small clear plastic boxes that are secured together) is kept in the Charge Nurse office, along with the Propac and Emergency Resuscitation Equipment Box. Laminated drug dosing cards are attached to the monitor handle.

iv. **Portable Neonatal Bedside Monitor and Supplies (CCTC Charge Nurse Office):**

There is a portable Propac monitor in the Charge Nurse Office to provide ECG, non-invasive SpO2 and non-invasive BP for neonatal use.

Hemodynamic monitors must be set using neonatal defaults and with cables suited to infant BP cuffs and SpO2 probes. Pediatric transducers (when invasive monitoring is used) have smaller volume flush devices (e.g., do not attempt to use adult supplies).

A plastic bag containing the following neonatal supplies is tied to the handle of the portable monitor and includes:

1. Neonatal BP cuffs for use on arms or thighs (Size 1 ~ age < 24 weeks; Size 2 ~ < 28 weeks; Size 3 ~ < 32 weeks; Size 4 ~ term; Size 5 ~ large term baby). Currently, we only have 3 of these sizes available; if different sizes are required the PCCOT or neonatal transport team needs to be contacted.
  2. Neonatal ECG electrodes: These have factory attached electrodes that are plugged into the ECG cable. Three lead (versus 5 lead) are used for neonates.
  3. Micro blood tubes
  4. A diaper (if neonate is not catheterized, a diaper is placed to identify evidence of output)
  5. Silver reflective dots for use with the warmer.
- c. **Document in the Physician Order Sheets that the patient is X weeks pregnant. This will be identified on the MAR.**
- d. **Ensure that all radiology and investigational test requisitions include pregnancy status.**