

LAC+USC MEDICAL CENTER

LABOR AND DELIVERY 3B

SCOPE OF SERVICES

Department Purpose

The Obstetrical Labor and Delivery Unit 3B is an important component of the continuum of care for antepartum, intrapartum and postpartum patients and newborns in the LAC + USC Medical Center. Care is delivered by personnel who are able to provide the necessary observation and to perform the necessary procedures required for the safe labor and delivery of mother and infant, including operative delivery. Operative procedures done on this unit will be limited to cesarean section deliveries, C-section hysterectomy, cerclage, bilateral tubal ligations and dilation and curettage, and will include secondary procedures related to these primary indications. The unit provides immediate care for the normal infant and the infant with abnormalities which usually do not impair functions or threaten life. The unit cares for mother and infant needing emergency or immediate life support measures to sustain life up to 12 hours or prevent major disability until such time an appropriate transfer can be affected.

Type & Ages of Patients Served

Patients served on 3B include women of childbearing age and their neonates. The unit cares for obstetrical patients with pregnancies greater than 20 weeks gestation in labor, delivery and the immediate postpartum period or who require evaluation/stabilization of an antepartum or postpartum complication and those less than 20 weeks when the condition of the patient requires close monitoring. Patients with intrauterine fetal demise > 13 weeks and undergoing pregnancy termination between 13 and 23 5/7 weeks are also cared for on 3B. The patient population on 3B is largely Hispanic and other foreign-born minorities of low socioeconomic status with a low educational level. Spanish and English are the predominant languages spoken by the patients.

Method Used to Access Patient Needs

An interdisciplinary approach to patient care management is used to assist the patient in making an educated decision about her care. Nursing, Nurse Midwives and the OB/GYN house staff, under the direction of an attending OB/GYN, act collaboratively to develop an appropriate plan of care for the patient. Additional collaboration exists with Respiratory Therapy, Radiology, Social Services, Food and Nutrition Services, Laboratory, Pastoral Care and Pharmacy Services.

Scope of Services & Complexity of Care

3B consists of 10 labor, delivery, and recovery rooms (1 to be used for isolation), two high risk rooms not intended for delivery, a 4 bed pre/post –operative care area (recovery area), and 2 operating suites. Nursing provides the following services on 3B: direct patient care; patient/family teaching; discharge planning; patient/family emotional support. The common diagnosis include: pre-eclampsia; postdates IUP; Spontaneous Rupture of Membranes; Pre-term Labor; Multiple gestations in labor or pre-term labor; S/P MVA; Gestational diabetes; R/O labor; Abnormal APT; Intra-uterine fetal demise; decreased AFI; Hypertensive/cardiac disease; Postoperative c-section/hysterectomy/BTL; Postpartum hemorrhage; Substance abuse, and HIV.

The unit provides an environment conducive to promoting maternal-fetal well-being during the antepartum, intrapartum and postpartum period by providing an optimal outcome through detection of emergency conditions and prevention of complications associated with the high risk pregnancy and by providing a normal birth experience and family centered care for those patients with moderate to low-risk pregnancies. For those patients whose outcomes result in maternal/fetal death the unit provides an environment conducive to grieving for mother/significant others. The negative physical and psychological effects of disease processes are minimized through patient/family education with the goal of enhancing the family unit.

Reviewed/Refreshed: January 2011; January 2016, June 2020

Approved: August 2020

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Volume & Quality Control Indicators

The following are tracked in order to determine patient care needs and improve patient care:

- Number of deliveries (cesarean section and vaginal deliveries)
- Cesarean section rate
- Wound infection rate for cesarean sections
- Vaginal birth after cesarean rate
- Nulliparous Term Singleton Vertex (NTSV) cesarean section rate
- Apgar scores (5-minute Apgar Scores less than 7 and birthweight greater than 2500 grams)
- Exclusive breastfeeding rate
- Skin to Skin contact between mother and infant at delivery
- Postpartum hemorrhage
- Patient experience

Performance Improvement Indicators

Unit based performance improvement indicators include:

- Exclusive Breastfeeding – Labor and Delivery: Aimed at increasing the number of mothers desiring to breast feed their newborns starting in the delivery room
- Hemorrhage Bundle- Aimed at identification and treatment of postpartum hemorrhage.

Recognized Standards

Services and functions shall be developed and implemented in a manner consistent with applicable regulatory and advisory agency standards inclusive of but not limited to: Centers for Medicare and Medicaid Services, the Joint Commission, CAL-OSHA, California Department of Public Health, Title 22, DHS, US Food and Drug Administration, California Board of Registered Nursing, American Nurses Association, AWHONN, ACOG and PAC-LAC.

Availability of Necessary Staff

The unit operates 24 hours a day, 7 days a week and admits patients from the Emergency Department, OB Clinic, Antepartum Testing, OB triage, 3C and directly from outside, The Manager works collaboratively with the service chief of OB/GYN.

The nursing staff report to the Nurse Manager, who is responsible for the quality of nursing care provided and for the performance of assigned staff. Staff on the unit have specific competency assessments for their professional level/job descriptions. Patient care is provided by Registered Nurses, Surgical Technicians and Nursing Attendants. Support is provided by Clerical staff. In addition, Anesthesiologists, Obstetrical Residents, Interns/Certified Midwives are available at all times on the unit.

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