

LAC+USC MEDICAL CENTER
PERINATAL OBSTETRIC, GYNECOLOGY AND MEDICAL/SURGICAL
UNIT COMPLEX – 3C
SCOPE OF SERVICES

Department Purpose

The Perinatal Obstetrics, Gynecology AND Medical/Surgical Unit Complex is a component of the continuum of care for LAC+USC Medical Center. This unit complex provides care to the female and neonate population requiring hospitalization for perinatal obstetric, gynecological and medical-surgical problems. This unit provides an environment conducive to healing and learning through the prompt assessment of obstetrical, neonatal, and gynecological medical/surgical conditions. Through the prevention of postpartum/newborn complications associated with perinatal disease and disorders, and to provide individualized family/patient education and promotes the highest level of nursing and medical management using collaborative multidisciplinary approach, minimizing the negative physical and psychological effects of obstetrics/gynecology medical-surgical and neonatal recovery/adaptation process by providing knowledgeable observations and interventions with focus on patient education, resulting in restoration of patient to self and infant care.

Type & Ages of Patients Served

The Perinatal Obstetrics, Gynecology and Medical/Surgical unit complex, 3C provides nursing care to the obstetrical high risk antepartum, postpartum patients with their newborns, and gynecological medical-surgical patients who are in need of various obstetrical, medical-surgical, and neonatal interventions. It is a component of a teaching, tertiary care hospital-based facility serving the economically and culturally diverse community of Los Angeles County. The majority of are primarily from lower socio-economic class whom primarily speak Spanish including other non-English speaking groups. Age range for the antepartum and postpartum patients are childbearing age ranging from adolescent throughout adulthood. The most common candidate for admission is the obstetric patient with medical problems such as diabetes, placenta previa, hypertension, hyperemesis, pyelonephritis, and preterm labor. The common obstetrical diagnoses include normal vaginal delivery, post-operative cesarean delivery, complicated vaginal delivery with secondary diagnosis of PIH, gestational diabetes (class A1 and A2), amnionitis, endometritis, wound infection, thrombophlebitis and postpartum hemorrhage. The most common newborn diagnoses include AGA (normal newborn) with secondary diagnosis of hyperbilirubinemia, IDM, SGA/LGA, neonatal substance withdrawal and congenital anomalies.

Age appropriate and quality care is provided to adolescent, adult and geriatric patients who are acutely and chronically ill and/or in varying stages of recuperation from diagnostic therapeutic, or surgical intervention.

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, act collaboratively with other disciplines to plan appropriate care for the patient. Other disciplines exist with Respiratory Therapy, Radiology, Social Services, Food and Nutrition Services, Laboratory, Pastoral Care and Pharmacy Services.

Scope of Services & Complexity of Care

The Perinatal Obstetrics, Gynecology and Medical/Surgical unit complex, 3C is located on the 3rd floor of LAC+USC Medical Center Inpatient Tower. It is comprised of a bed capacity of 20 antepartum/postpartum beds and 12 medical-surgical beds. There is a total of two negative pressured air exchange rooms to provide respiratory isolation whenever indicated for adult patients.

Refreshed/Reviewed: March 2005; January 2011; January 2016, June 2020

Approved: August 2020

3C – Perinatal Obstetrical/Gynecology – Scope of Services

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Scope of Services & Complexity of Care conti.

There is one nursery that includes an admitting area with a capacity for 6 infants, one phototherapy/boarder area with a capacity for six infants, and one additional room with a capacity for six infants. There is a total of 16 bassinets to provide rooming in with mother of infant.

The Nursing staff provides an environment, which is conducive healing or death with dignity through detecting and coping with emergency situations and preventing complications associated with various disease states (pathologic and iatrogenic). Necessary instruments for comfort, pain control, diagnostic and/or therapeutic interventions, and measures to promote growth and development are incorporated in plan of care. The health care team provides a high level of medical and nursing management with a focus on a collaborative multidisciplinary appropriate, minimizing negative physical and psychological effects of obstetric/surgical and neonatal recovery/adaptation process by providing knowledgeable observations and interventions with focus on patient education, resulting in restoration of patient to self and infant care during their hospitalization.

The most common diagnoses for obstetrical/gynecological/gynecological oncology medical/surgical patients are: Medical; early intra-uterine pregnancy with complications, sexually transmitted pelvic inflammatory diseases, breast mastitis, postpartum endometriosis, post-operative patients with wound complications and complications from gynecological cancers. Surgical; elective hysterectomy with and with surgical removal of cancer and other elective gynecology surgical intervention for ectopic pregnancy. The care provided by nursing includes direct patient care, supervision of self-care, managing routine activities daily living, patient/family/significant other education and discharge planning.

Volume & Quality Control Indicators

1. Pain Management with PCA
2. Exclusive Breastfeeding – Postpartum Patients
3. Patient Falls Prevention
4. Phototherapy-Newborn Nursing Management
5. Blood Administration
6. Patient Education

Performance Improvement Indicators

1. Breastfeeding – promoting for successful & exclusive breastfeeding during postpartum period.
2. Patient Experience

Recognized Standards

Service and functions are developed and implemented in a manner consistent with applicable regulatory and advisory agency standards. These are inclusive of but not limited to: Centers for Medicare and Medicaid, The Joint Commission, California Department of Public Health, DHS, Title 22, The California Board of Registered Nursing, CAL-OSHA, AWHONN, ACOG, PAC-LAC and the American Academy of Pediatrics.

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Availability of Necessary Staff

The unit operates 24 hours a day, 7 days a week. The nursing staff reports to a Nurse Manager, who works collaboratively with the service chief of OB/GYN. The Nurse Manager is responsible for staffing according to standards appropriate to the patient population and the care that is required for those patients. She/he is responsible for the quality of nursing care provided and for the performance of assigned staff. Staff on the unit has specific competency assessments for their professional level/job descriptions. Patient care is provided by Registered Nurses, Licensed Vocational Nurses and Nursing Attendants. Support is provided by Clerical staff.