

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
RULES AND REGULATIONS

PREAMBLE:

The Southeast Missouri Hospital and its Obstetrics and Gynecology staff shall maintain obstetric and gynecology services conforming to established community standards. This shall be carried out administratively through the designation of the Chief of Obstetrics and Gynecology, and through departmental policies and procedures conforming to the standards established by the Southeast Missouri Hospital Board of Trustees and the Bylaws of the Medical Staff.

ARTICLE I: Purpose

The purpose of the Department of Obstetrics and Gynecology shall be:

1. To provide OB/GYN patients admitted to the Hospital or diagnosed or treated in the Emergency Department quality services.
2. To provide a chairman responsible for addressing problems of an obstetric/gynecologic or administrative nature involving patients, Medical Staff, Administration, or the governing body of the Hospital.
3. To initiate and maintain rules and regulations for the proper and efficient function of the Obstetrics and Gynecology Department.
4. To monitor the quality of care by providing ongoing monitoring of professional activities within the Department of Obstetrics and Gynecology.
5. To promote and maintain professional education standards.

ARTICLE II: Appointment to the Obstetrics and Gynecology Department

1. Qualifications

- A. The physician shall have completed an American Medical Association or American Osteopathic Association accredited obstetric and gynecologic residency. All physicians must be board certified or in the process of board certification by the American Board of Obstetrics and Gynecology or by the American Osteopathic Board of Obstetrics and Gynecology. Those

department members not board certified must obtain board certification within six years of appointment to the Medical Staff in order to continue appointment to the Department of Obstetrics and Gynecology. He/she must be approved for Staff appointment under standards set forth in the Medical Staff Bylaws.

2. Application

- A. Physicians possessing qualifications for Obstetric and Gynecology Department appointment as outlined in Section 1 above shall apply by making formal application in writing to the Administration of Southeast Missouri Hospital in accordance with its Medical Staff Bylaws. This application must include specific privileges requested.

3. Duties and Responsibilities

- A. Each physician will be expected to perform the duties assigned by the Chief of Obstetrics and Gynecology in accordance with departmental rules and regulations and the policies established by the Department of Obstetrics and Gynecology, the Medical Staff Bylaws and the Southeast Missouri Hospital Board of Trustees.
- B. Each physician will be expected to help perform the general services and teaching duties of the Department of Obstetrics and Gynecology.

4. Term of Appointment

- A. The term of appointment to the Obstetrics and Gynecology Department shall be in accordance with the Hospital and the Medical Staff Bylaws.

5. Temporary Privileges (including locum tenens)

- A. Temporary privileges in Obstetrics and Gynecology may be awarded following review by and approval of the chairman of the Department of Obstetrics and Gynecology and upon the recommendation of the President of the Medical Staff in conformity with the Medical Staff Bylaws.

ARTICLE III: Privileges

1. Privileges in the Department of Obstetrics and Gynecology are granted based on the recommendation of the Chief of Obstetrics and Gynecology in compliance with the established departmental guidelines, the recommendations of the Credentials Committee and the Medical Executive Committee and the subsequent approval of the Board of Trustees.

ARTICLE IV: Officers and Duties

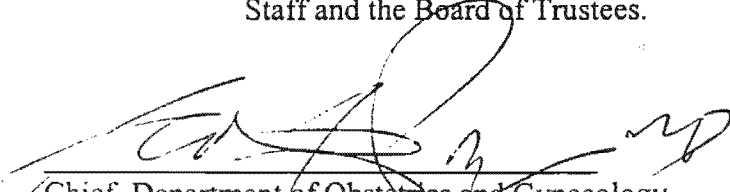
1. **Chief of the Department of Obstetrics and Gynecology**
 - A. The selection and tenure of the Chief of Obstetrics and Gynecology shall be in accordance with the Bylaws of the Medical Staff of Southeast Missouri Hospital. Only those physicians appointed to the Obstetrics and Gynecology Department shall be eligible to serve as the Chief of Obstetrics and Gynecology. Board certification is required.
2. **Functions of the Chief of Obstetrics and Gynecology**
 - A. He/she shall assume and discharge responsibility for the professional direction of the department as outlined in the Bylaws of the Medical Staff and for the administrative direction of the department in cooperation with the Hospital administration and its Board of Trustees.
 - B. He/she shall provide specific recommendations concerning the acceptable standards of obstetric/gynecologic care to be provided by the Obstetrics and Gynecology Department and recommendations for the initial approval or renewal of credentials to practice within the Department of Obstetrics and Gynecology.

ARTICLE V: Departmental Meetings

1. Regular meetings shall be held in accordance with the Medical Staff Bylaws.

ARTICLE VI: Approval

1. These rules and regulations will be adopted and may be from time to time amended by a vote of the majority of the members of the Department of Obstetrics and Gynecology, with subsequent approval of the Executive Committee of the Medical Staff and the Board of Trustees.


Chief, Department of Obstetrics and Gynecology

1/21/00
Date

Adopted by the Medical Executive Committee
January 25, 2000

Adopted by Board of Trustees
February 8, 2000

OBSTETRICAL DEPARTMENT POLICIES AND PROCEDURES

Admission

Patients presenting in active or suspected labor will be admitted to the OB Unit immediately for evaluation and observation. The obstetrician or alternate must be notified after initial patient evaluation.

Patients greater than 20 weeks' gestation suspected to be in labor, having ruptured membranes or bleeding shall be evaluated on the OB Unit.

Patients less than 20 weeks' gestation threatening to abort or patients in any stage of gestation with a non-obstetrical problem should be evaluated first by the Emergency Department physician.

Antepartum Patients

Antepartum patients may be evaluated on the OB Unit. Certain high-risk antepartal conditions may warrant consultation as specified under "consultation". Patient care on the OB Unit will be based upon physician preference and obstetric standards of care.

Consultation

Consultations are required to be obtained in the following instances when the physician does not have full medical or obstetrical privileges.

1. Abnormal presentation other than cephalic.
2. Severe pre-eclampsia, eclampsia, and severe maternal hypertension.
3. Treatment of suspected abnormal placenta and/or placenta previa.
4. Multiple pregnancy, non-emergency and emergency.
5. Treatment of septic AB.
6. Management of fetal death in utero greater than 12 weeks.
7. Treatment of abruptio placenta.
8. Treatment of GYN cancer in pregnancy.
9. Premature labor, 34 weeks or less.
10. Prolonged abnormal monitor tracing.
11. Insulin dependent diabetes in pregnancy.
12. Prolapse of cord.
13. Treatment of inversion of uterus.
14. Severe postpartum hemorrhage, greater than 1000 cc.
15. Premature ROM in pregnancy, 34 weeks or less.
16. Herpes-active on admission if C-section is required.
17. Previous C-section.
18. Attempted VBAC.

Notification of Pediatrician

The Pediatrician or Family Physician expected to care for the newborn should be notified if any of the following risk factors are present.

Antepartum

1. Gestation age < 36 weeks or > 42 weeks
2. Maternal hypertension, infection or bleeding
3. Multiple gestation
4. Known fetal malformation
5. Decreased fetal activity
6. No prenatal care
7. Maternal substance abuse
8. Polyhydramnios or Oligohydramnios

Intrapartum

1. Emergency cesarean section
2. Breech
3. Prolonged rupture of membranes (>18 hours)
4. Fetal bradycardia
5. Non-reassuring fetal heart patterns
6. General anesthesia
7. Narcotic administration
8. Meconium stained fluid (other than light)
9. Prolapsed cord
10. Abruptio placentae
11. Placental previa

Pediatrician Attendance at Delivery

The Pediatrician, an Associate, or the Pediatric Hospitalist (at Private Physician's request) should be in attendance for the delivery of infants at the Obstetrician's request or:

Vaginal delivery

1. Gestation age < 35 weeks
2. Systemic, maternal infection (excludes Group B Streptococcus colonization)
3. Multiple gestation
4. Fetal malformation
5. Thick Meconium stained fluid
6. Prolapsed cord
7. Placenta abruptio
8. Placenta previa
9. Breech presentation

Cesarean Delivery

Attendance is expected at all c-sections other than:

1. Those for breech presentation
2. Those scheduled without above-noted risk factors
3. Those for failure to progress without above-noted risk factors

If mother has spent greater than 2 hours in the secondary stage of labor or if forceps/vacuum extraction was attempted prior to cesarean section, then physician attendance is warranted.

Nursing Care

Policies and procedures regarding nursing care duties may be referred to in the departmental nursing policy and procedure books.

NICU nurses trained in intubation will attend meconium deliveries and C-sections to care for the infant.

Permits

1. Signed permission is required for:
 - a. Anesthesia
 - b. Dilatation and Curettage
 - c. Cervical cerclage
 - d. Cesarean section
 - e. Amniocentesis
 - f. Oxytocin challenge test
 - g. Bilateral tubal ligation
 - h. Vaginal delivery
 - i. Insertion of Cytotec
 - j. VBAC delivery
 - k. Balloon induction
 - l. Blood or blood products

Coverage

An alternate physician of equal privilege of the obstetrician's choice shall be available at all times, should the primary physician be unavailable for delivery. It is the responsibility of the obstetrician to notify the department of his/her impending absence and designated relief person. Physician on-call should be readily available. Availability is based upon Medical Staff Guidelines for distance and/or time.

Emergency Equipment

A crash cart shall be available on OB. This will be maintained by the Obstetric and Pharmacy staff.

Neonatal and adult resuscitation equipment (suction apparatus, oxygen apparatus, and ambu bag) is available in each delivery area and is maintained by the nursing staff.

Isolation

Patients with known or suspected infections shall labor, recover, and extend post-partum stay in their rooms following the procedure of Infection Control. Delivery rooms used for a known or suspected infectious case shall be closed and cleaned according to recommended procedures.

Photographic Equipment

Recording devices of any kind (i.e. cameras, video equipment, recorders) for the purpose of recording the delivery process are prohibited without prior approval of the physician. Photographs of the baby after delivery are acceptable.

Cutting of the cord by the significant other in the delivery room following delivery will be at the discretion of the delivering physician.

Physician's Orders

Each obstetrician shall provide the hospital with written copies of routine orders as per hospital practice. A copy of these orders shall be placed in the patient's chart and must be signed by the physician. PRN orders will be administered at the discretion of the nursing staff. Routine orders, which appear inappropriate to the individual's care, must be brought to the attention of the attending physician. Other orders are to be given and signed by the physician in accordance with hospital practice.

Physician Pre-Printed Orders are available for:

- | | |
|------------------------|-----------------------------------|
| a. Admission | j. MGSO ₄ Hypertension |
| b. Post Partum Vaginal | k. MGSO ₄ PTL |
| c. C-section Pre-op | l. Post Partum |
| d. C-section Post-op | m. Pre Eclampsia |
| e. D & C Pre-op | n. Prostaglandin Cervidil |
| f. D & C Post-op | o. Ritodrine Protocol |
| g. Cytotec | p. Terbutylene Drip |
| h. OB Epidural Sheet | q. Tubal Post-op |
| i. Labor/Delivery | r. Tubal Pre-op |

Additional pre-printed orders are at the discretion of the delivering physician.

Policies

General OB/GYN policies will be reviewed periodically and amended at the discretion of the majority of the Department.

The policies and procedures shall be available at all times in the Department, in the Labor area, and in the manager's office (HIS).

Records

A detailed, social family, medical and obstetrical history and findings of the initial physical examination shall be recorded at the patient's initial office visit on prenatal forms supplied by the Hospital. Within one month of the initial visit, a copy should be sent to the file on the Obstetrical floor.

A copy of the prenatal flow sheet shall be sent to Southeast Missouri Hospital at 34 weeks.

Any subsequent abnormal findings shall be transferred to Southeast Missouri Hospital records before delivery.

If ultrasound is performed, a copy of at least one ultrasound report should be forwarded to Southeast Missouri Hospital OB Unit.

Prenatal labs should include a urinalysis, hematocrit, hemoglobin, serology, blood type, Rh and rubella test, GC Chlamydia, hepatitis B, HIV, and Group B Strep at 36 weeks. Results should be listed on the prenatal flow sheet.

All medical records including birth and death registrations shall be completed in a timely fashion according to hospital policy.

Room Utilization

1. LDRP: Uncomplicated vaginal deliveries (forceps deliveries acceptable), vaginal recoveries, C-section recoveries, antepartum, post-partum patients, post-partum patients with complications being readmitted.
2. Delivery Rooms
 - a. Room #1: reserved for Cesarean section, tubals. D&C, and vaginal deliveries may be performed here as necessary.
 - b. Room #2:
 - 1) May be used as a Cesarean room, complicated vaginal deliveries or overflow from LDRP.
 - 2) D&Cs
 - 3) Bilateral tubal ligation
 - 4) Cervical cerclage
 - 5) For Cesarean sections in emergency situations
3. Triage Room: Triage, non-stress test, OCTs, overflow of labor patients, recovery and post partum and antepartum patients.
4. Post-op gynecologic overflow patients may use LDRP.

Sterile Area Policy

1. Food and drink are not allowed in sterile areas or at nurse's stations.
2. Cover gowns, scrubs, caps, shoe covers and masks are required. Protective equipment for blood borne pathogens is available and required.
3. Standard surgical scrub is required.

Visitors/Support Persons in Labor

Only two visitors at any one time are allowed during the labor process. The husband or significant other may be in the LDRP solely at the discretion of the attending obstetrician and only for the purpose of providing emotional support and comfort. It is recommended by the department that at least one support person have attended the prenatal classes provided by the hospital.

Visitors/Support Persons in Delivery

Two visitors/support persons will be allowed to attend vaginal deliveries. The physician is not free to increase this number. Visitors may be asked to leave at any time for any reason at the discretion of the physician or the nurse. Visitors attending the delivery must be at least 14 years of age. It is recommended by the department that the two persons attending the delivery have attended the prenatal classes provided by the hospital. In situations where general anesthesia is required visitors will be asked to leave the LDRP/OR Suite.

Visitors/Support Person in Cesarean section

One visitor/support person will be allowed to attend the Cesarean-section delivery with regional anesthesia only. It is recommended by the department that the visitor/support person attend prenatal classes provided by the hospital, and view the C-section movie. Visitor/support person must be at least 14 years of age.

Visitors in Postpartum/Antepartum

Visitors on the postpartum unit will be allowed in the patient's room during visiting hours between 11:00 AM and 8:00 PM. The significant other may visit at any time. Sibling visitation is encouraged.

Therapeutic Abortions

Therapeutic abortions may be performed at Southeast Missouri Hospital for medical or obstetrical complications that contraindicate full term pregnancy. Consultation is required from a physician member of the Department of Obstetrics and Gynecology prior to the procedure. A permit should be signed by the patient. Nursing personnel involved with said abortions may or may not participate depending upon their personal conviction.

The Chief of the OB/GYN Department and Maternal/Child nurse manager or her designee shall be notified prior to such procedure. This should be done prior to the procedure so all personnel are aware of the situation.

Transfer

Any obstetric patient requiring transfer to another facility must be evaluated and stabilized by the transferring physician. An appropriate facility and physician must approve the transfer. Physician and hospital must provide written informed consent by the patient to be transferred.

The on-call obstetrician is responsible for any unassigned transfer from another facility.

Scheduling Procedures

- * All procedures on OB are to be scheduled through OB staff who will then contact Anesthesia and Admitting.
- * Obstetrician office will be responsible for notification of pediatricians when C-section is scheduled. Elective add-on surgeries will be performed depending on availability of physician, facilities and Anesthesia/Nursing coverage.
- * Elective C-sections scheduled on holidays must be cleared through Anesthesia.
- * Only one elective procedure may be scheduled at a time. Scheduled procedures and emergency procedures will be given priority over add-on elective surgeries.

Walk-Ins

As per the on-call roster, any walk-in patient assessed by and if determined by nursing to be in active labor or with obstetric complications then the on-call doctor will be notified and he/she will assume care of the patient.

If a family practitioner has evaluated and seen a walk-in patient and that patient required treatment for which the family practitioner does not have privileges, the family practitioner should consult with the next OB/GYN on the walk-in call list.

On-call physician will be determined by the on-call roster sent out by the Cape Girardeau County Area Medical Society.

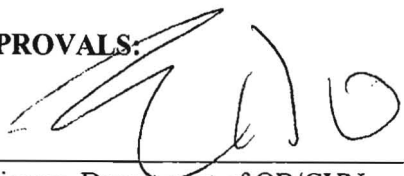
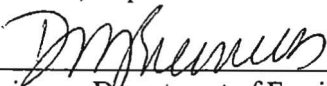
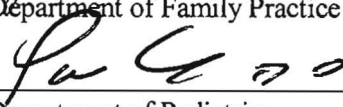
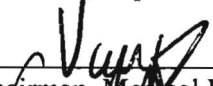
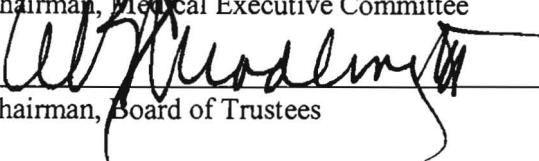
NOTE: The "OB on-call" roster is not the same as the emergency OB/GYN call roster.

VBAC Deliveries

The following rules shall apply for VBAC deliveries:

1. A Cesarean section setup and room is to be available for immediate use while the patient is in labor.
2. The physician must be immediately available (based on ACOG standards).
3. Must have blood typed and screened.
4. Oxytocin may be given with the use of an intrauterine pressure monitor.
5. Epidural anesthesia will be permitted.
6. Only physicians with Cesarean section privileges may offer VBAC deliveries to their patients.
7. Cervidil may be used at the discretion of the physician.
8. The patient must sign a VBAC consent form.

APPROVALS:

	09/18/09
Chairman, Department of OB/GYN	Date
	1-7-10
Chairman, Department of Family Practice	Date
	10/13/09
Chairman, Department of Pediatrics	Date
	10-13-09
Chairman, Medical Executive Committee	Date
	10/13/09
Chairman, Board of Trustees	Date