Form 4: Tallahassee Scheduling Process (Permission to use is granted)

Tallahassee Memorial Hospital Women's Pavilion
Title: Induction of Labor Scheduling Process

Policy:

Unless medically indicated, induction of labor prior to 39 completed weeks gestation will require approval of the OB/GYN Department chair.

Medical Indications for induction of labor include (ACOG & IHC):

- Abruptio placentae
- Chorioamnionitis
- Fetal Demise
- Pre-eclampsia or Gestational hypertension (BP ≥ 140/90 times two six hours apart or B/P >160/110)
- eclampsia
- Premature rupture of membranes
- Post Term Pregnancy (≥ 41 weeks)
- Maternal medical conditions (i.e.- Diabetes with insulin, renal disease, chronic hypertension, lupus, antiphospholipid syndrome, PUPPS, thromboembolism)
- Fetal compromise (i.e.- IUGR, oligohydramnios, severe congenital anomalies, abnormal antenatal testing, previous stillbirth)
- Logistic or psychosocial (*with documentation of fetal lung maturity)

Confirmation of Gestational Age (ACOG):

1. Fetal heart tones have been documented for 20 weeks by non-electronic fetoscope or for 30 weeks by Doppler.
2. It has been 36 weeks since a positive serum or urine human chorionic gonadotropin (HCG) pregnancy test was performed by a reliable laboratory.
3. An ultrasound measurement of the crown rump length, obtained at 6-12 weeks, supports a gestational age of at least 39 weeks.
4. An ultrasound obtained at 13-20 weeks confirms the gestational age of at least 39 weeks determined by clinical history and physical examination.
5. Amniocentesis and documentation of fetal lung maturity

Purpose: This policy will allow for the safe delivery of obstetric care and the efficient utilization of organizational resources when elective delivery of a pregnancy is being considered.

Scheduling:

1. Provider or designee will call L&D administrative coordinator @ 431-0057 or in her absence, the Labor & Delivery Unit Coordinator @ 431-0100.
2. Provider/designee will give indication for procedure and gestational age at day of scheduled induction.
3. L&D will accommodate no more than 5 scheduled inductions on any weekday and no more than three scheduled inductions on a weekend day. Scheduled inductions include induction of labor by any method.
4. When the need for cervical ripening is identified by the provider, two patients may be scheduled to be admitted the evening before the scheduled induction for cervical ripening.
5. Patient's with medical indications will have priority over elective inductions which may delay an elective scheduled induction at the discretion of the L&D unit coordinator.
6. Elective inductions will be scheduled no more than 7 days in advance and on a first-come first-served basis.
7. Inductions must have a **complete & updated** prenatal record (including ultrasound reports and prenatal flow sheets) faxed to 431-0065 at the time of scheduling.

Cancellation:

1. Each day the administrative coordinator or Unit Coordinator will review the next day's schedule for inductions. If there are inductions scheduled and no updated prenatal record obtained, a call will be made to the office to fax the updated prenatal record by 3pm that day. (**Calls will be made on Fridays for inductions scheduled for Saturday, Sunday, or Monday**).
2. When the prenatal record is not faxed to L&D by 3pm the day before the scheduled induction, the patient & MD will be called to let them know that her scheduled time for her induction has been delayed because her prenatal record has not been faxed to L&D and that as soon as the MD's office faxes her prenatal record to L&D (431-0065) she will be called in for her induction.
3. The night shift L&D Unit Coordinator will assess the available resources for upcoming day shift.
4. When resources are not available due to staffing shortage or high acuity/census, scheduled inductions will be evaluated and prioritized related to their indication and delayed as needed.
5. Patients will be notified of the postponement as soon as possible.
6. Providers will be notified by 8am.
7. When a request for a medically indicated induction is made and the maximum number of scheduled inductions has been met, the L&D Unit Coordinator will have the authority to delay a previously scheduled elective induction.
8. The L&D Unit Coordinator will notify the involved provider with options for accomplishing the elective induction that has been delayed.

Admission:

1. Inductions will be admitted on their scheduled day at 6am only if prenatal record and orders are on the chart.
2. If the MD/CNM has not examined the patient on admission or prior to initiation of pitocin, a nurse will examine the patient to document presentation and bishop score. The MD/CNM must confirm the nurse's exam within 2 hours of admission.
3. Initiation of pitocin for an elective induction will begin only after induction bundle criteria #1, #2 and #3 are met. (see below):

Bundle criteria:

Elective Induction:

1. Gestational age ≥ 39 weeks
2. Reassuring Fetal Heart Rate Pattern prior to initiation of Pitocin
3. Bishop score prior to initiation of Pitocin. (IHC recommendation is for bishop score ≥ 8 for multipara and bishop score ≥ 10 for primipara)
4. Identification and intervention(s) for hyperstimulation (see hyperstimulation algorithm)

References:
ACOG Practice Bulletin #10 (1999) Induction of Labor.
www.uptodate.com Oct. 4, 2006 "Induction of Labor: Indications, techniques, and complications.
IHI Impact.(2006): Idealized Design of Perinatal Care
Intermountain Healthcare (IHC) 2006. "Management of Elective Labor Induction".

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