

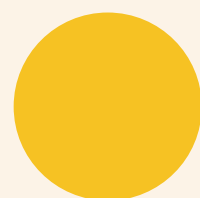


## MUHC Women's health Mission

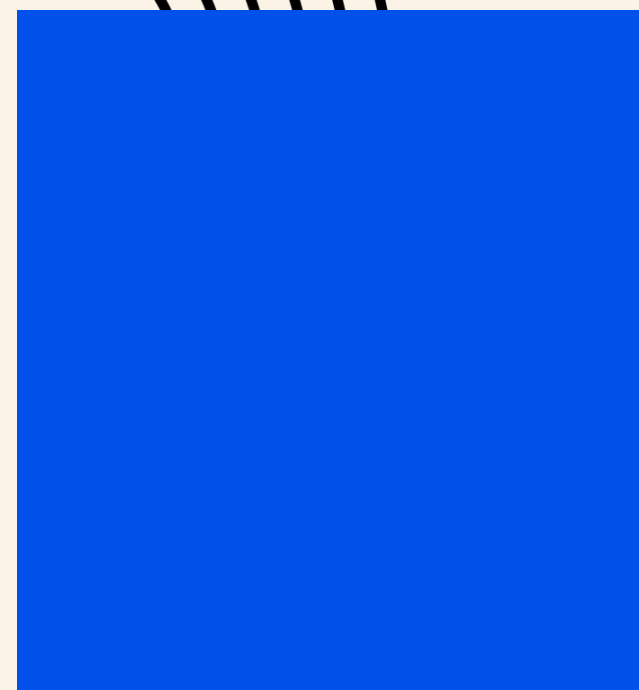
# WELCOME TO OUR TEAM

---

MoreOB, protocols...  
and More!



**Ruth-Lynn Fortuné**, RN, MScN, Nurse educator  
**Elisabeth Chailloux**, RN, MScN, Nurse educator  
**Sophia Kapellas**, RN, MScN, Advanced Practice Nurse





# AGENDA

## MoreOB

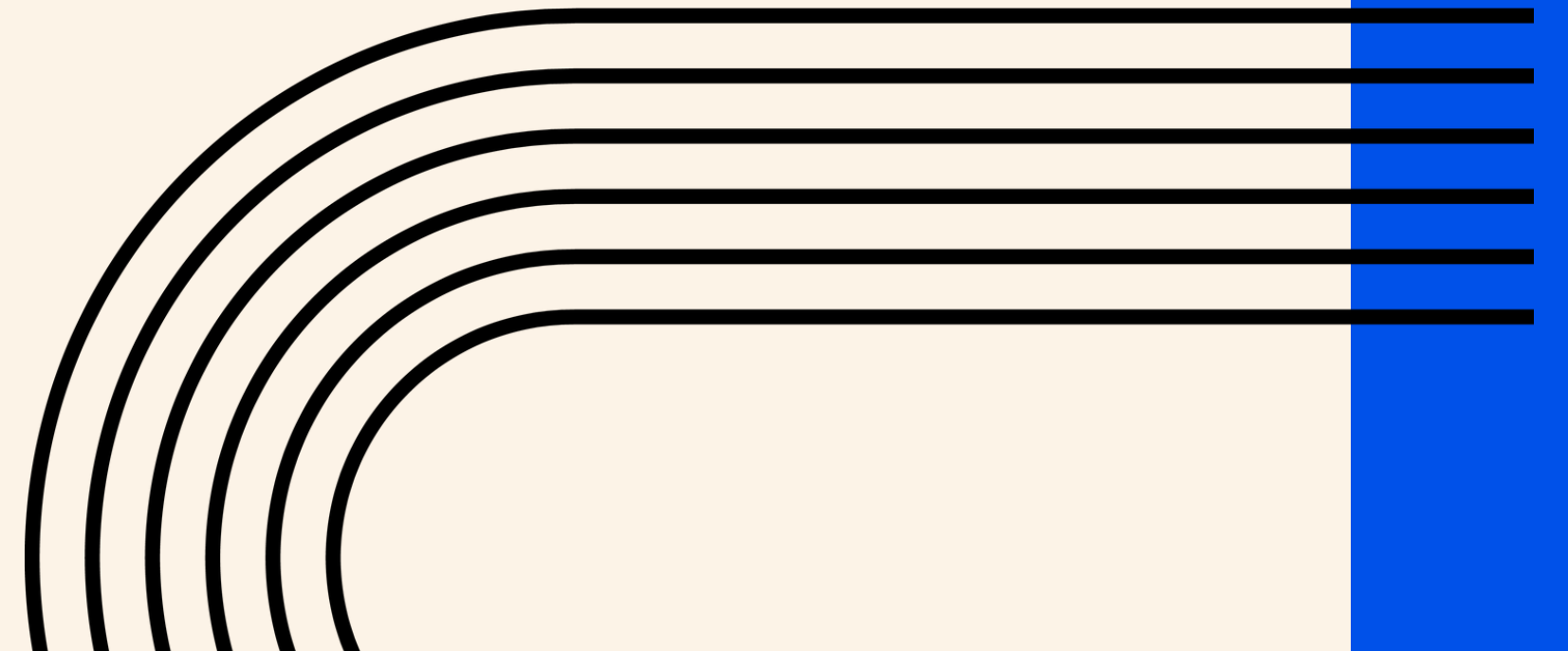
- What is moreOB
- Common goals (Yearly game plan)
- Common activities (Optimizing Birth Outcomes -OBO)

## Women's Health Mission (WHM) processes

- Required organizational practices (ROPs)
- Admission orders
- Documentation: Centricity PeriNatal (CPN)
- Oacis
- Consults

## Important resources and protocols

- Protocols
- C6-D6 bed management (code surge)
- Your allies
- Protocols: IOL, OHE





# WHAT IS MOREOB?

Managing **O**bstetrical-**O**rganizational **R**isk **E**fficiently in **O**bstetrics



- Canadian program deployed by Salus Global
  - SG is owned by SOGC, CMPA and HIROC
- Goal: To create a culture of **patient safety**
  - By improving performance and quality outcomes through increased **interprofessional collaboration**



# WHAT IS MOREOB?

## ORIGINAL ARTICLE

### Interprofessional Learning in Multidisciplinary Healthcare Teams Is Associated With Reduced Patient Mortality: A Quantitative Systematic Review and Meta-analysis

*Craig S. Webster, PhD,\* Ties Coomber, PhD,\* Sue Liu, BMedSci(Hons),†  
Kaitlin Allen, MHealthPsysc,\* and Tanisha Jowsey, PhD‡*

JOURNAL OF INTERPROFESSIONAL CARE  
2023, VOL. 37, NO. 2, 203–213  
<https://doi.org/10.1080/13561820.2022.2028746>



## REVIEW ARTICLES

### Interprofessional communication in the hospital setting : a systematic review of the qualitative literature

Laura L. Gleeson<sup>a</sup>, G L O'Brien<sup>a</sup>, D O'Mahony<sup>b,c</sup>, and S Byrne<sup>a</sup>

<sup>a</sup>Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland; <sup>b</sup>Department of Geriatric Medicine, Cork University Hospital, Cork, Ireland; <sup>c</sup>Department of Medicine, School of Medicine, University College Cork, Cork, Ireland

Hüner et al. *BMC Pregnancy and Childbirth* (2023) 23:55  
<https://doi.org/10.1186/s12884-022-05304-8>

BMC Pregnancy and Childbirth

## RESEARCH

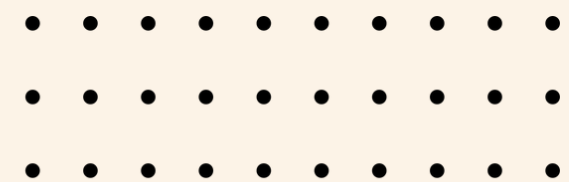
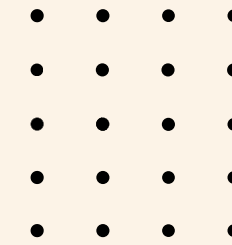
## Open Access

### Reducing preventable adverse events in obstetrics by improving interprofessional communication skills – Results of an intervention study

Beate Hüner<sup>1\*</sup>, Christina Derksen<sup>2</sup>, Martina Schmiedhofer<sup>2</sup>, Sonia Lippke<sup>2</sup>, Sandra Riedmüller<sup>1</sup>, Wolfgang Janni<sup>1</sup>, Frank Reister<sup>1</sup> and Christoph Scholz<sup>3</sup>



# THE OUTCOMES?





# THE OUTCOMES?

## IMPROVING CLINICAL OUTCOMES\*



## TEAMWORK, COMMUNICATION AND CULTURE CHANGE



## CATASTROPHIC INFANT CLAIMS

Average decrease of 2 infant claims per year (per 100,000 births).

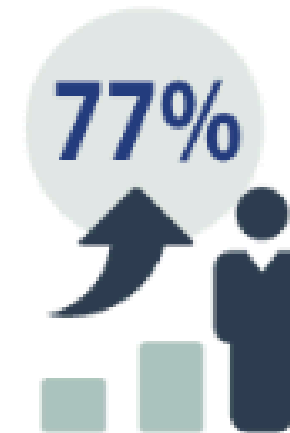
2

TWO CLAIMS SAVED PER YEAR

*Based on a review of 41 MORE<sup>08</sup> pilot site hospitals in Canada.*

## WORKPLACE SATISFACTION\*

MORE<sup>08</sup> hospitals see significant increases in workplace satisfaction over the program's 3 years.



*Hospitals estimate that the value of staff retention alone has paid for the MORE<sup>08</sup> Program.*





# HOW DO WE IMPROVE?

- Common knowledge
- Resources:
  - More than 40 chapters
    - From twin pregnancy to cord prolapse to PPH
    - Updated yearly
  - Tools: mnemonics, case studies and debrief
  - Common learning activities:
    - Skills drills and simulations





# COMMON GOALS

## Yearly Game Plan

### MODULE 12



**Optimiser le bien-être de  
l'équipe et l'engagement  
à assurer la sécurité des  
patients**

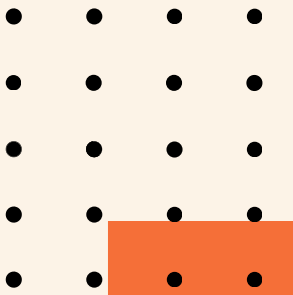
**Optimizing team well-being  
and commitment to  
ensuring patient safety**



# MOREOB TEAM

\*CO-CHAIRS

|                           |                                     |
|---------------------------|-------------------------------------|
| Ruth-Lynn Fortuné *       | nurse educator                      |
| Sophia Kapellas *         | advanced practice nurse             |
| Lina Huang *              | obstetrician                        |
| Elisabeth Chailloux       | nurse educator                      |
| Fady Mansour              | obstetrician                        |
| Anne-Elyse Deguire        | quality and risk management advisor |
| Malorie Pierre-Fecu       | assistant nurse manager C6          |
| Akari Sagawa              | assistant nurse manager C6          |
| Melyssa de Simone         | assistant nurse manager D6          |
| Sabrina Haas              | assistant nurse manager D6          |
| Malisa Khongkham          | nurse manager D6                    |
| Ingrid Merzbacher-Boucher | nurse manager C6                    |
| Ericka Iny                | OBGYN resident                      |
| Èvicka Veilleux           | OBGYN resident                      |
| Jenny Dimakos             | OBGYN resident                      |
| Brianna Ghali             | OBGYN resident                      |
| Nicolas Turin             | SG consultant                       |
| Stéphanie Vinet-Vallée    | SG consultant                       |





# MOREOB TEAM

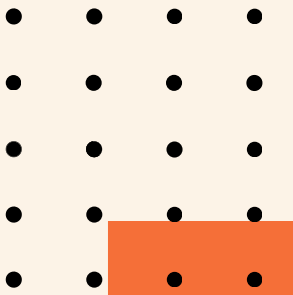
In collaboration with:

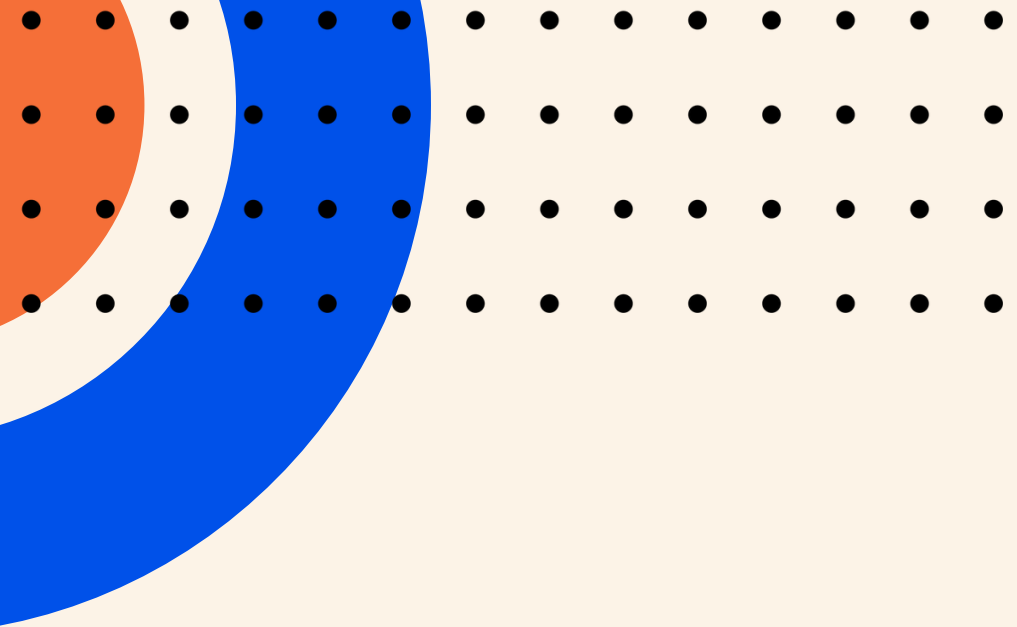
**OB medicine**

**MUHC Adult simulation centre**

**NICU**

**MUHC Adult Code blue team**

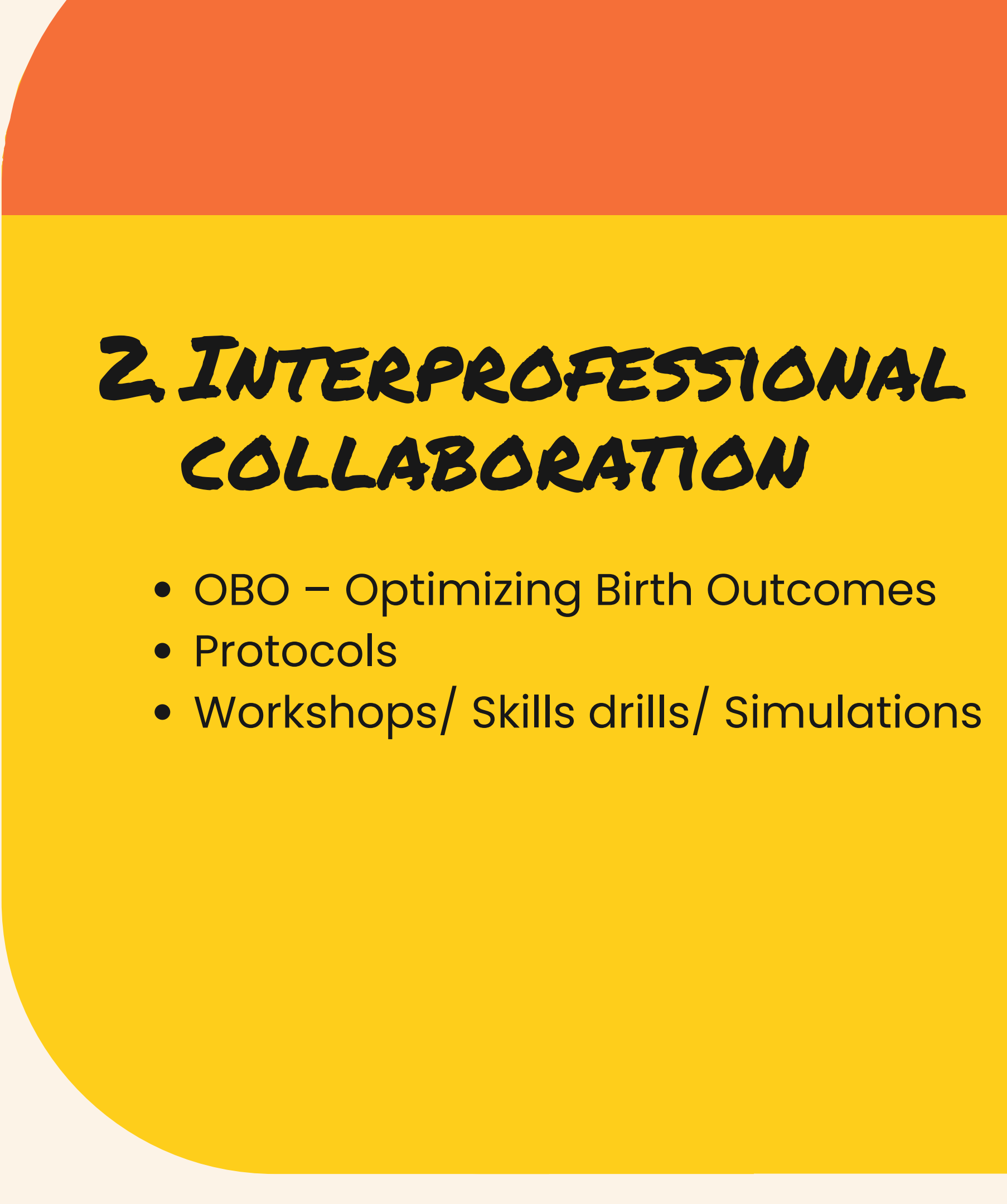




# 1. TEAM WELL-BEING

## Women's Health Mission values

- Collaboration
  - Team work – Engagement
  - Empathy
  - Professionalism
- 



# 2. INTERPROFESSIONAL COLLABORATION

- OBO – Optimizing Birth Outcomes
- Protocols
- Workshops/ Skills drills/ Simulations



# 3. BREASTFEEDING

## Manual expression as a priority

- Antepartum
- Birthing Centre
- Postpartum

## Skin-to-skin in the OR

- Accreditation Canada



# HUB AMPRO: HOW TO CONNECT?

<https://www.hubampro.ca/learn>

Username and password

R1 – let's do it live!



**Connexion**

Veuillez entrer votre nom d'utilisateur et votre mot de passe pour continuer

Nom d'utilisateur (obligatoire)

Mot de passe (obligatoire) 

**CONNEXION**

[Mot de passe oublié?](#)

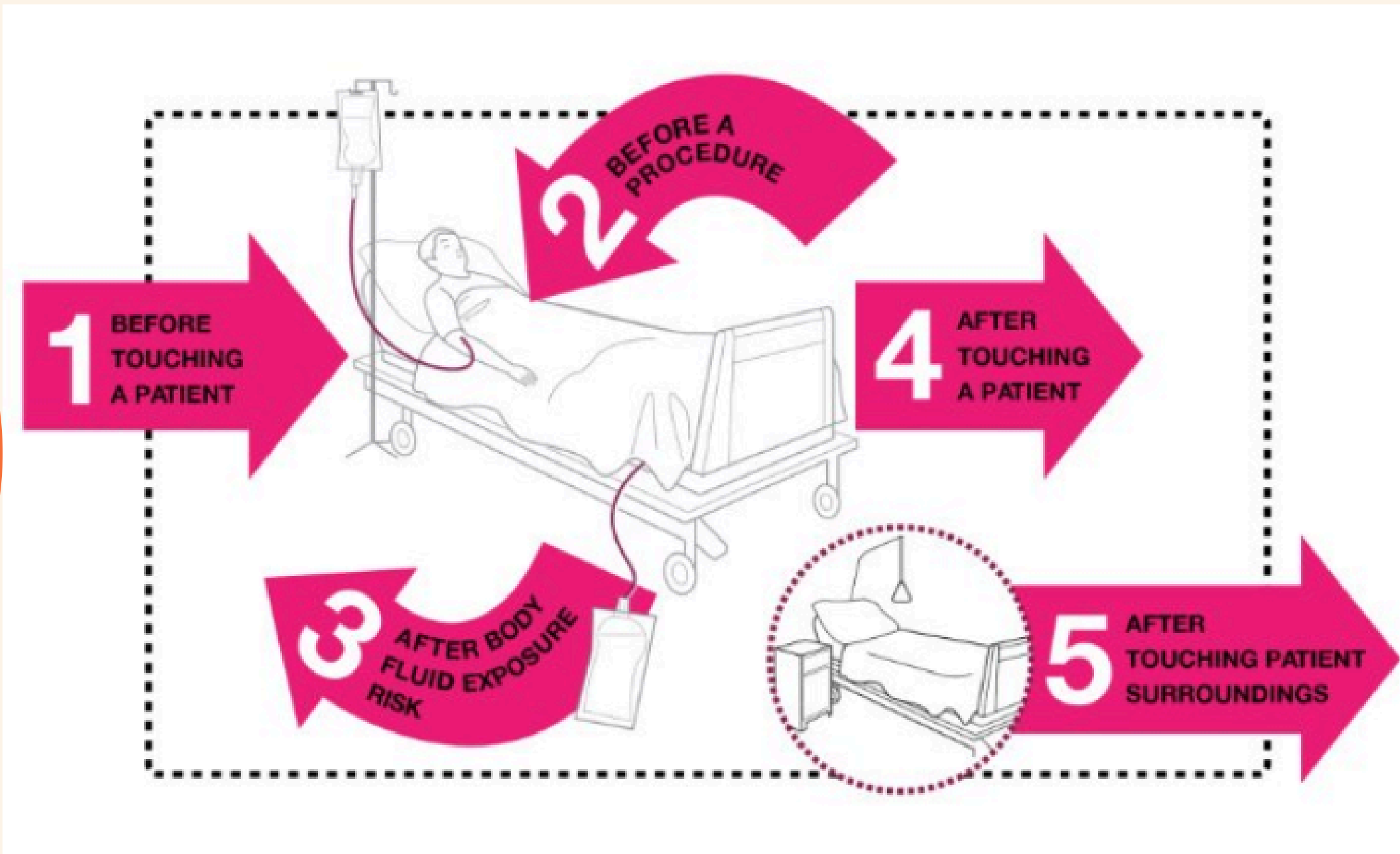
Nouveau participant? [S'inscrire](#)





# CRASH REVIEW OF WHM PROCESSES

Required  
Organizational  
Practices



**Your 5  
moments for  
hand hygiene**



**ACCREDITATION  
CANADA**

# CRASH REVIEW OF WHM PROCESSES

## Required Organizational Practices

| Abbreviation                        | Intended Meaning               | Problem                                                                                                                                                                                     | Correction                                                  |
|-------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>U</b>                            | unit                           | Mistaken for "0" (zero), "4" (four), or cc.                                                                                                                                                 | Use "unit"                                                  |
| <b>IU</b>                           | International unit             | Mistaken for "IV" (intravenous) or "10" (ten).                                                                                                                                              | Use "unit"                                                  |
| <b>Abbreviations for drug names</b> |                                | Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO <sub>4</sub> (morphine sulphate), MgSO <sub>4</sub> (magnesium sulphate) may be confused for one another. | Do not abbreviate drug names.                               |
| <b>QD QOD</b>                       | Every day Every other day      | QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).                                                                                 | Use "daily" and "every other day".                          |
| <b>OD</b>                           | Every day                      | Mistaken for "right eye" (OD = oculus dexter).                                                                                                                                              | Use "daily".                                                |
| <b>OS, OD, OU</b>                   | Left eye, right eye, both eyes | May be confused with one another                                                                                                                                                            | Use "left eye", "right eye", or "both eyes".                |
| <b>D/C</b>                          | Discharge                      | Interpreted as "discontinue whatever medications follow" (typically discharge medications).                                                                                                 | Use "discharge"                                             |
| <b>cc</b>                           | cubic centimeter               | Mistaken for "u" (units).                                                                                                                                                                   | Use "mL" or "millilitre".                                   |
| <b>µg</b>                           | microgram                      | Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.                                                                                                                      | Use "mcg".                                                  |
| Symbol                              | Intended Meaning               | Potential Problem                                                                                                                                                                           | Correction                                                  |
| <b>@</b>                            | at                             | Mistaken for "2" (two) or "5" (five)                                                                                                                                                        | Use "at".                                                   |
| <b>&gt;&lt;</b>                     | Greater than Less than         | Mistaken for "7" (seven) or the letter "L". Confused with each other.                                                                                                                       | Use "greater than"/"more than" or "less than"/"lower than". |
| Dose Designation                    | Intended Meaning               | Potential Problem                                                                                                                                                                           | Correction                                                  |
| <b>Trailing zero</b>                | X.0 mg                         | Decimal point is overlooked resulting in a 10-fold dose error.                                                                                                                              | Never use zero by itself after a decimal point. Use "X mg". |
| <b>Lack of leading zero</b>         | .Xmg                           | Decimal point is often overlooked resulting in 10-fold dose error.                                                                                                                          | Always use a zero before a decimal point. Use "0.X mg".     |

**Avoid Dangerous Abbreviations**



**ACCREDITATION**  
CANADA



# CRASH REVIEW OF WHM PROCESSES

Standard administration time policy

Required  
Organizational  
Practices

|      | "Around-the-clock" schedules                  |       | "Daytime" schedules           |                               |                                       |                               |
|------|-----------------------------------------------|-------|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|
|      | Standard times                                |       | Standard times                | Before meals (30 min)         | Before meals (1 hour) (empty stomach) | With meals                    |
| Q24H | 10:00                                         | DAILY | 09:00                         | 07:30                         | 07:00                                 | 08:00                         |
| Q12H | 10:00 - 22:00                                 | BID   | 09:00 - 18:00                 | 07:30 - 16:30                 | 07:00 - 16:00                         | 08:00 - 17:00                 |
| Q8H  | 06:00 - 14:00 - 22:00                         | TID   | 09:00 - 14:00 - 18:00         | 07:30 - 11:30 - 16:30         | 07:00 - 11:00 - 16:00                 | 08:00 - 12:00 - 17:00         |
| Q6H  | 00:00 - 06:00 - 12:00 - 18:00                 | QID   | 09:00 - 14:00 - 18:00 - 21:00 | 07:30 - 11:30 - 16:30 - 21:00 | 07:00 - 11:00 - 16:00 - 21:00         | 08:00 - 12:00 - 17:00 - 21:00 |
| Q4H  | 02:00 - 06:00 - 10:00 - 14:00 - 18:00 - 22:00 | QHS   | 21:00                         |                               |                                       |                               |



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# CRASH REVIEW OF WHM PROCESSES

Surgical Time-out (all 3 parts!)

Required  
Organizational  
Practices

| Patient Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Procedure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| <b>Before induction of anesthesia</b><br><b>SIGN IN</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Patient has confirmed:<ul style="list-style-type: none"><li>• Identity • Site</li><li>• Procedure • Consent</li></ul></li><li><input type="checkbox"/> Site marked <input type="checkbox"/> Not applicable</li><li><input type="checkbox"/> Anesthesia safety check completed</li><li><input type="checkbox"/> Pulse Oximeter on patient and functioning</li><li>Does patient have a Known allergy?<ul style="list-style-type: none"><li><input type="checkbox"/> NO <input type="checkbox"/> YES</li></ul></li><li>Difficult airway/aspiration risk?<ul style="list-style-type: none"><li><input type="checkbox"/> NO <input type="checkbox"/> YES, and equipment/assistance available</li></ul></li><li>Risk of &gt;500ml blood loss (7ml/kg in children)?<ul style="list-style-type: none"><li><input type="checkbox"/> NO <input type="checkbox"/> YES, and adequate intravenous access and fluids planned</li></ul></li></ul> |  | <b>Before skin incision</b><br><b>TIME OUT</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Confirm all team members have introduced themselves by name and role</li><li><input type="checkbox"/> Surgeon, Anesthesia Professional and Nurse verbally confirm:<ul style="list-style-type: none"><li>• Patient • Site • Procedure</li></ul></li><li>Anticipated critical events:<ul style="list-style-type: none"><li><input type="checkbox"/> Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?</li><li><input type="checkbox"/> Anesthesia team reviews: Are there any patient-specific concerns?</li><li><input type="checkbox"/> Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?</li></ul></li><li>Has antibiotic Prophylaxis been given within the last 60 minutes?<ul style="list-style-type: none"><li><input type="checkbox"/> YES <input type="checkbox"/> Not applicable</li></ul></li><li>Is essential imaging displayed?<ul style="list-style-type: none"><li><input type="checkbox"/> YES <input type="checkbox"/> Not applicable</li></ul></li></ul> | <b>Before patient leaves operating room</b><br><b>SIGN OUT</b> <p>Nurse verbally confirms with the team:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The name of the procedure recorded</li><li><input type="checkbox"/> That instrument, sponge, and needle counts are correct (or not applicable)</li><li><input type="checkbox"/> How the specimen is labelled (including patient name)</li><li><input type="checkbox"/> Whether there are any equipment problems to be addressed</li><li><input type="checkbox"/> Surgeon, Anesthesia Professional and Nurse review the key concerns for recovery and management of this patient</li></ul> |       |



ACCREDITATION  
CANADA



## A decorative graphic consisting of a grid of orange circles. The top row has four circles, and the bottom row has four circles. The circles are arranged in a 2x4 grid. The background is white, and the circles are orange. The circles in the top row are slightly offset to the right compared to the circles in the bottom row. The circles in the top row are slightly offset to the right compared to the circles in the bottom row.

# Required Organizational Practices



**ACCREDITATION**  
CANADA

# CRASH REVIEW OF WHM PROCESSES

## Thromboprophylaxis (FLIP the page!)



Page 2 de / of 2

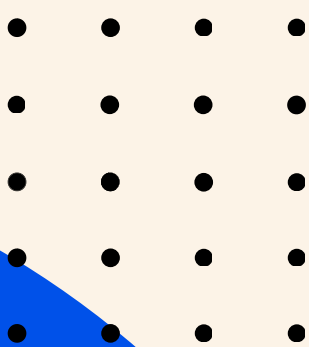
| POSTPARTUM VTE RISK ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>If the patient has one or more of the following risk factors PROPHYLAXIS INDICATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> History of unprovoked VTE<br><input type="checkbox"/> History of hormone-related VTE<br><input type="checkbox"/> History of other provoked VTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>If the patient had a cesarean section AND one or more of the following risk factors PROPHYLAXIS INDICATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Emergency/ unscheduled cesarean<br><input type="checkbox"/> Estimated blood loss greater than 1 L or transfusion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Peripartum infection (Triple I or active systemic infection)<br><input type="checkbox"/> Preterm birth (less than 37 weeks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>If the patient has 3 or more of the following risk factors PROPHYLAXIS INDICATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Maternal risk factors</b><br><input type="checkbox"/> Age greater than 40<br><input type="checkbox"/> BMI greater than 30 pre-pregnancy or greater than 40 postpartum<br><input type="checkbox"/> Tobacco smoking<br><input type="checkbox"/> Family history of VTE<br><br><b>Comorbidities:</b><br><input type="checkbox"/> Cardiac disease<br><input type="checkbox"/> Sickle cell disease<br><input type="checkbox"/> Type 1 Diabetes<br><input type="checkbox"/> Active malignancy*<br><input type="checkbox"/> Active Inflammatory Bowel Disease<br><input type="checkbox"/> Active Systemic Lupus Erythematosus<br><small>* Consult Hematology or Obstetric medicine to determine need for VTE prophylaxis</small> | <b>Pregnancy risk factors</b><br><input type="checkbox"/> Multiple pregnancy<br><input type="checkbox"/> Gestational diabetes<br><input type="checkbox"/> Preeclampsia<br><input type="checkbox"/> Fetal growth restriction<br><input type="checkbox"/> Placental Abruptio<br><input type="checkbox"/> Strict bed rest immediately prior to delivery (7 days or more)<br><br><b>Labor and delivery risk factors</b><br><input type="checkbox"/> Cesarean section delivery<br><input type="checkbox"/> Estimated blood loss greater than 1 L or transfusion<br><input type="checkbox"/> Peripartum infection (Triple I or active systemic infection)<br><input type="checkbox"/> Stillbirth |
| <b>IS PROPHYLAXIS INDICATED?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes – PLEASE COMPLETE ORDER ON REVERSE PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Required  
Organizational  
Practices



ACCREDITATION  
CANADA





# ADMISSION ORDERS

---

Antepartum

---

Labour and induction

---

Postpartum

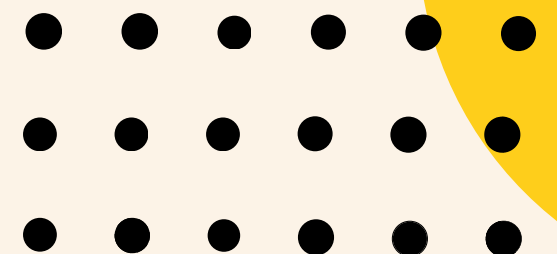
---

**VTE prophylaxis** on reverse of AP & PP

---

**WITH Medication reconciliation**

---



# DOCUMENTATION

Please Logon



*Centricity Perinatal*

*Bienvenue au système d'information obstétrical*

-The more you click the better it is!

-Can collect statistics on checked items only



# DOCUMENTATION

Triage - Assessment note + Plan

HOME Security Patient Administration Surveillance Admission Patient Progress Graphs I&O Labs Discharge Med Student Syst

**PRINT, TEMPLATE** ID#: 987654321 Unit/Bed: Tr

Visit#:

Admit H&P Progress Note Active Beds Stored Strip SVE Delivery IDN/Consults PF

**INTERDISCIPLINARY NOTES**

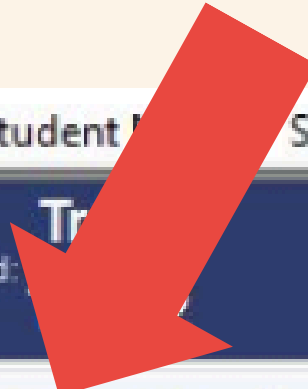
Previous Notes  
2024/07/18 14:52

**Enter New Note**

Discipline/Department  
Discipline/Department Other

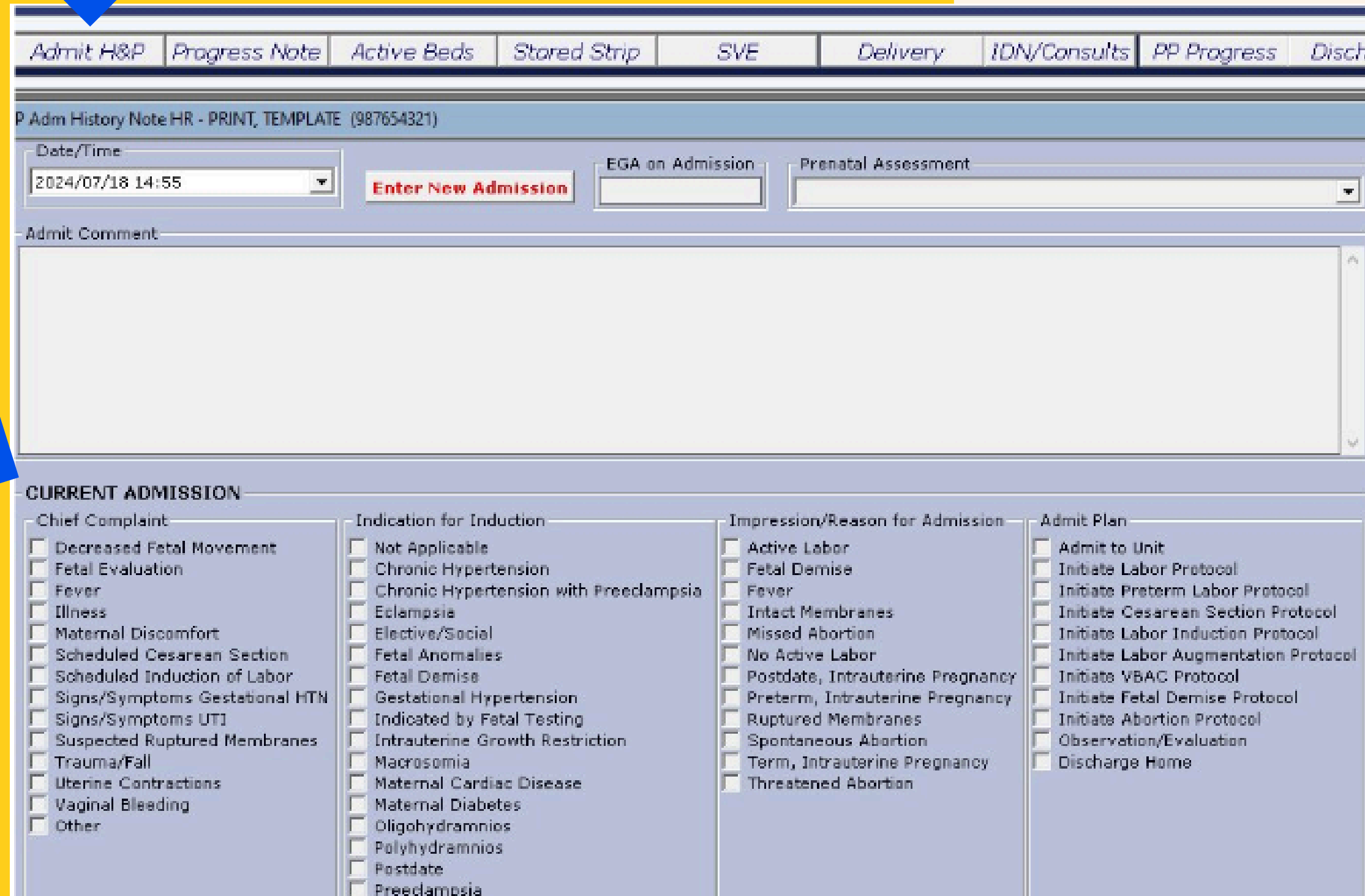
Assessment

Plan



# DOCUMENTATION

## Admission notes



Admit H&P | Progress Note | Active Beds | Stored Strip | SVE | Delivery | IDN/Consults | PP Progress | Disch

P Adm History Note HR - PRINT, TEMPLATE (987654321)

Date/Time: 2024/07/18 14:55 Enter New Admission EGA on Admission: Prenatal Assessment:

Admit Comment:

**CURRENT ADMISSION**

| Chief Complaint                                         | Indication for Induction                                        | Impression/Reason for Admission                           | Admit Plan                                                    |
|---------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Decreased Fetal Movement       | <input type="checkbox"/> Not Applicable                         | <input type="checkbox"/> Active Labor                     | <input type="checkbox"/> Admit to Unit                        |
| <input type="checkbox"/> Fetal Evaluation               | <input type="checkbox"/> Chronic Hypertension                   | <input type="checkbox"/> Fetal Demise                     | <input type="checkbox"/> Initiate Labor Protocol              |
| <input type="checkbox"/> Fever                          | <input type="checkbox"/> Chronic Hypertension with Preeclampsia | <input type="checkbox"/> Fever                            | <input type="checkbox"/> Initiate Preterm Labor Protocol      |
| <input type="checkbox"/> Illness                        | <input type="checkbox"/> Eclampsia                              | <input type="checkbox"/> Intact Membranes                 | <input type="checkbox"/> Initiate Cesarean Section Protocol   |
| <input type="checkbox"/> Maternal Discomfort            | <input type="checkbox"/> Elective/Social                        | <input type="checkbox"/> Missed Abortion                  | <input type="checkbox"/> Initiate Labor Induction Protocol    |
| <input type="checkbox"/> Scheduled Cesarean Section     | <input type="checkbox"/> Fetal Anomalies                        | <input type="checkbox"/> No Active Labor                  | <input type="checkbox"/> Initiate Labor Augmentation Protocol |
| <input type="checkbox"/> Scheduled Induction of Labor   | <input type="checkbox"/> Fetal Demise                           | <input type="checkbox"/> Postdate, Intrauterine Pregnancy | <input type="checkbox"/> Initiate VBAC Protocol               |
| <input type="checkbox"/> Signs/Symptoms Gestational HTN | <input type="checkbox"/> Gestational Hypertension               | <input type="checkbox"/> Preterm, Intrauterine Pregnancy  | <input type="checkbox"/> Initiate Fetal Demise Protocol       |
| <input type="checkbox"/> Signs/Symptoms UTI             | <input type="checkbox"/> Indicated by Fetal Testing             | <input type="checkbox"/> Ruptured Membranes               | <input type="checkbox"/> Initiate Abortion Protocol           |
| <input type="checkbox"/> Suspected Ruptured Membranes   | <input type="checkbox"/> Intrauterine Growth Restriction        | <input type="checkbox"/> Spontaneous Abortion             | <input type="checkbox"/> Observation/Evaluation               |
| <input type="checkbox"/> Trauma/Fall                    | <input type="checkbox"/> Macrosomia                             | <input type="checkbox"/> Term, Intrauterine Pregnancy     | <input type="checkbox"/> Discharge Home                       |
| <input type="checkbox"/> Uterine Contractions           | <input type="checkbox"/> Maternal Cardiac Disease               | <input type="checkbox"/> Threatened Abortion              |                                                               |
| <input type="checkbox"/> Vaginal Bleeding               | <input type="checkbox"/> Maternal Diabetes                      |                                                           |                                                               |
| <input type="checkbox"/> Other                          | <input type="checkbox"/> Oligohydramnios                        |                                                           |                                                               |
|                                                         | <input type="checkbox"/> Polyhydramnios                         |                                                           |                                                               |
|                                                         | <input type="checkbox"/> Postdate                               |                                                           |                                                               |
|                                                         | <input type="checkbox"/> Preeclampsia                           |                                                           |                                                               |

### Should include:

- If high risk pregnancy
- Modified Bishop score
- Fetal presentation
- Assessment of pelvis and fetal size
- Membranes status
- Discussion with patient regarding
  - Indication for induction
  - Disclosure of risk factors



# DOCUMENTATION

## Progress notes L&D

Admit H&P Progress Note Active Beds Stored Strip SVE Delivery IDN/Consults PP Progress Discharge

No data exists for the selected bed.

IP Progress Note HR - PRINT, TEMPLATE (987654321)

Entry Date/Time: 2024/07/18 15:02

New Progress Note Progress Note Review

Progress Note

**PROGRESS NOTE**

| IMPRESSION                                                | PROCEDURE                                               | PLAN                                                 | INFORMED CONSENT                                                    |
|-----------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Normal Progression of Labor      | <input type="checkbox"/> Artificial ROM                 | <input type="checkbox"/> Continue Present Management | <input type="checkbox"/> Anesthesia                                 |
| <input type="checkbox"/> Arrest of Dilatation/Descent     | <input type="checkbox"/> Intrauterine Pressure Catheter | <input type="checkbox"/> Augmentation                | <input type="checkbox"/> Vaginal Delivery                           |
| <input type="checkbox"/> Reassuring Fetal Heart Rate      | <input type="checkbox"/> Fetal Scalp Electrode          | <input type="checkbox"/> Induction                   | <input type="checkbox"/> Cesarean Section Delivery                  |
| <input type="checkbox"/> Non-reassuring Fetal Heart Rate  | <input type="checkbox"/> Sterile Vag Exam               | <input type="checkbox"/> Cervical Ripening           | <input type="checkbox"/> Induction of Labor                         |
| <input type="checkbox"/> Suspected Chorioamnionitis       | <input type="checkbox"/> Sterile Speculum Exam          | <input type="checkbox"/> Anesthesia Consult          | <input type="checkbox"/> Vaginal Birth After Cesarean               |
| <input type="checkbox"/> Reactive Non Stress Test         | <input type="checkbox"/> Epidural Placement             | <input type="checkbox"/> Antibiotic Therapy          | <input type="checkbox"/> Sterilization                              |
| <input type="checkbox"/> Rupture of Membranes             | <input type="checkbox"/> Amnio Infusion                 | <input type="checkbox"/> Tocolysis                   | <input type="checkbox"/> Vacuum/Forceps Assist                      |
| <input type="checkbox"/> Preterm Labor                    | <input type="checkbox"/> Ultrasound                     | <input type="checkbox"/> MFM Consult                 | <input type="checkbox"/> Dilatation and Curettage                   |
| <input type="checkbox"/> Premature Rupture of Membranes   | <input type="checkbox"/> Biophysical Profile            | <input type="checkbox"/> Neonatal Consult            | <input type="checkbox"/> Risks, Benefits and Alternatives Discussed |
| <input type="checkbox"/> Gest. HTN/PreEclampsia/Eclampsia | <input type="checkbox"/> External Version               | <input type="checkbox"/> Anticipate Vaginal Delivery |                                                                     |
| <input type="checkbox"/> Maternal Fever                   |                                                         | <input type="checkbox"/> Deliver-Cesarean Section    |                                                                     |
|                                                           |                                                         | <input type="checkbox"/> Discharge                   |                                                                     |
|                                                           |                                                         | <input type="checkbox"/> Transfer                    |                                                                     |

Comment/Other

### Should include:

- Modified Bishop score
- Fetal presentation
- Assessment of pelvis and fetal size
- Membranes status
- Discussion with patient regarding
  - Indication for augmentation
  - Disclosure of risk factors

# DOCUMENTATION

## Delivery Summary

| Admit H&P | Progress Note | Active Beds | Stored Strip | SVE | Delivery | IDM/Consults | PP Progress | Discharge |
|-----------|---------------|-------------|--------------|-----|----------|--------------|-------------|-----------|
|-----------|---------------|-------------|--------------|-----|----------|--------------|-------------|-----------|

LD Delivery Summary DT Prev HR - PRINT, TEMPLATE (987654321)

Entry Date/Time: 2024/07/18 15:06

### LABOR AND DELIVERY SUMMARY - BABY A

|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Group Beta Strip:</b> Done, Result Unknown<br><b>INDICATION FOR INDUCTION</b><br><b>MEMBRANES</b><br>ROM Method: Spontaneous<br>Amniotic Fluid Amount: None<br>Amniotic Fluid Color: Clear<br>Amniotic Fluid Odor: Normal<br><b>CERVICAL RIPENING</b><br>Cervical Ripening Agents: Cytotec IP | <b>Membranes</b><br>- Membrane Rupture Method:<br>- ROM Date/Time: yyyy/MM/dd H:mm<br>- Length of ROM Baby A:<br>- Amniotic Fluid Amount:<br>- Amniotic Fluid Color:<br>- Amniotic Fluid Odor:<br>- Estimated Blood Loss (ml): | <b>Labor</b><br>Reason for Induction:<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Chronic Hypertension<br><input type="checkbox"/> Chronic Hypertension with Preeclampsia<br><input type="checkbox"/> Eclampsia<br><input type="checkbox"/> Elective/Social<br><input type="checkbox"/> Fetal Anomalies<br><input type="checkbox"/> Fetal Demise<br><input type="checkbox"/> Gestational Hypertension<br><input type="checkbox"/> Indicated by Fetal Testing<br><input type="checkbox"/> Intrauterine Growth Restriction<br><input type="checkbox"/> Macrosomia<br><input type="checkbox"/> Maternal Cardiac Diseases<br><input type="checkbox"/> Maternal Diabetes<br><input type="checkbox"/> Oligohydramnios<br><input type="checkbox"/> Polyhydramnios<br><input type="checkbox"/> Postdate<br><input type="checkbox"/> Preeclampsia<br><input type="checkbox"/> Premature Rupture of Membranes<br><input type="checkbox"/> Successful External Version<br><input type="checkbox"/> Suspected Chorioamnionitis<br><input type="checkbox"/> Other<br>Reason for Induction Other: | <b>Intrapartum Maternal Complications</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Abruptio Placenta<br><input type="checkbox"/> Chorioamnionitis<br><input type="checkbox"/> Embolus<br><input type="checkbox"/> Gestational Hypertension<br><input type="checkbox"/> HELLP<br><input type="checkbox"/> Hemorrhage<br><input type="checkbox"/> Maternal Fever<br><input type="checkbox"/> Placenta Previa<br><input type="checkbox"/> Placental Infarction<br><input type="checkbox"/> Precipitous Labor (< 3hrs)<br><input type="checkbox"/> Preeclampsia<br><input type="checkbox"/> Premature Rupture of Membranes<br><input type="checkbox"/> Protracted Labor<br><input type="checkbox"/> Seizures<br><input type="checkbox"/> Uterine Inversion<br><input type="checkbox"/> Uterine Rupture<br><input type="checkbox"/> Uterine Tachysystole<br><input type="checkbox"/> Other<br>Other Intrapartum Complications: | <b>Delivery/Baby A</b><br>- VBAC:<br>- Placenta Cultured:<br>- Shoulder Dystocia:<br>Presentation:<br>Cephalic Presentation:<br>Vertex Presentation:<br>Face Position:<br>Breech Presentation:<br>Breech Position:<br><b>Enter Shoulder Dystocia Details</b><br>Delayed Cord Clamping:<br><input type="checkbox"/> N/A <input type="checkbox"/> <= 30 seconds <input type="checkbox"/> 31-60 seconds <input type="checkbox"/> Other<br>Other Delayed Cord Clamping: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assisted/Operative Delivery</b><br>- Forceps:<br>- Vacuum:<br>Indication for Assisted Delivery:<br>Catheter Prior to Procedure:<br>Station Vacuum/Forceps Applied:<br>Fetal Position Vacuum/Forceps Applied:<br><b>Vacuum Extraction</b><br>Number of Pulls:<br>Number of Pop Offs:<br>Maximum Pressure Obtained:<br>Reduction of Pressure Between Contractions:<br>Total Time Vacuum Applied:<br>Vacuum Manufacturer:<br><b>Forceps</b><br>Type of Forceps:<br>Vacuum/Forceps Comments: | <b>Episiotomy/Laceration/Repair</b><br>Episiotomy:<br>Extension of Episiotomy or Laceration:<br><input type="radio"/> N/A <input type="radio"/> Third Degree <input type="radio"/> Fourth Degree<br>Laceration Repair:<br><input type="radio"/> Not Applicable <input type="radio"/> Yes <input type="radio"/> No<br>Laceration:<br><input type="checkbox"/> None<br><input type="checkbox"/> Mucosal Abrasion<br><input type="checkbox"/> 1st Degree<br><input type="checkbox"/> 2nd Degree<br><input type="checkbox"/> 3rd Degree<br><input type="checkbox"/> 4th Degree<br><input type="checkbox"/> Sulcus<br><input type="checkbox"/> Perineal<br><input type="checkbox"/> Cervical<br><input type="checkbox"/> Labial<br><input type="checkbox"/> Vaginal Wall<br>Other Laceration:<br>Provider Repair Note: | <b>Cesarean Delivery</b><br>- Labor: <input type="radio"/> Labor <input type="radio"/> No Labor<br>- Performed As:<br><input type="radio"/> N/A<br><input type="radio"/> Elective<br><input type="radio"/> Emergency P1<br><input type="radio"/> Urgent P2<br><input type="radio"/> Urgent P3<br><input type="radio"/> Urgent P4<br>- Incidence:<br><input type="radio"/> Primary <input type="radio"/> Repeat<br>- Booked As:<br><input type="radio"/> N/A<br><input type="radio"/> Elective<br><input type="radio"/> Emergency P1<br><input type="radio"/> Urgent P2<br><input type="radio"/> Urgent P3<br><input type="radio"/> Urgent P4<br>- C/Section Indision:<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Lower Uterine Transverse<br><input type="checkbox"/> Classical<br><input type="checkbox"/> Lower Vertical<br><input type="checkbox"/> J Extension of Incision<br><input type="checkbox"/> T Extension of Incision<br>Other Incision:<br>Uterine Closure:<br>Sterilization Procedure:<br><input type="checkbox"/> Pomeroy<br><input type="checkbox"/> Papanand<br><input type="checkbox"/> Irving<br><input type="checkbox"/> Uchida<br><input type="checkbox"/> Ring and Clip<br>Other Sterilization: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# DOCUMENTATION

## Postpartum progress notes

Admit H&P Progress Note Active Beds Stored Strip SVE Delivery IDN/Consults PP Progress Discharge

UHC Provider PP Progress - Test, Print (TestPrint)

Entry Date/Time: 2026/06/22 11:29 **Enter New Note** **Review Progress Notes** **POSTPARTUM PROGRESS**

**SUBJECTIVE**

Pain: ☐ Within Normal Limits ☐ Abnormal Nausea/Vomiting:  Flatus:  Bowel Movement:

Other:

**POSTPARTUM EXAM**

**Vital Signs**  
☐ Reviewed ☐ Within Normal Limits

Assess as needed **Exam Deferred**

|                               |                                                                                                  |                       |                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------|
| <b>Cardiovascular</b>         | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done       | <b>Vulva/Perineum</b> | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done |
| <b>Respiratory</b>            | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done       | <b>Breasts</b>        | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done |
| <b>Abdomen/Uterus</b>         | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done       | <b>CVA Tenderness</b> | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done |
| <b>Lochia</b>                 | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done       | <b>Extremities</b>    | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Done |
| <b>Surgical Incision</b>      | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Applicable |                       |                                                                                            |
| <b>Breastfeeding Progress</b> | <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Applicable |                       |                                                                                            |

**IMPRESSION/PLAN/PROCEDURES**

Provider Progress Note:

**Impression**

- ☐ Normal Postpartum Progression
- ☐ Anemia
- ☐ Breastfeeding Difficulties
- ☐ Endometritis
- ☐ Uncontrolled Pain
- ☐ Hypertensive Disorder
- ☐ Increased Temperature
- ☐ Venous Thromboembolism

Other:

**Plan**

- ☐ Continue Present Management
- ☐ Antibiotic Therapy
- ☐ Breastfeeding Consult
- ☐ Remove Staples
- ☐ Discharge
- ☐ Other Consults:

Other:

**Procedures**

- ☐ None
- ☐ Iron Infusion
- ☐ Transfusion:
- ☐ Curettage
- ☐ Imaging
- ☐ Rhogam
- ☐ Rubella

Other Procedure:

**Sign**

Electronic Signature:



# DOCUMENTATION

## Discharge summary

| Admit H&P | Progress Note | Active Beds | Stored Strip | SVE | Delivery | IDN/Consults | PP Progress | Discharge |
|-----------|---------------|-------------|--------------|-----|----------|--------------|-------------|-----------|
|-----------|---------------|-------------|--------------|-----|----------|--------------|-------------|-----------|

FMU-9615 - Test, Print (TestPrint)

### Discharge Summary Sheet

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADMISSION</b><br>Admission Date: <input type="text" value="yyyy/MM/dd"/><br>Discharge Date: <input type="text" value="yyyy/MM/dd"/><br>Days Hospitalized: <input type="text"/><br><b>Admitting/Provisional Diagnosis</b><br><input type="radio"/> Pregnancy - Undelivered<br><input type="radio"/> Pregnancy - Delivered<br><input type="radio"/> Postpartum - Observation<br>Specify Admitting Diagnosis: <input type="text"/><br><b>Admission was</b><br><input type="radio"/> Emergency<br><input type="radio"/> Elective | <b>FINAL DIAGNOSIS</b><br><input type="checkbox"/> Same as admitting diagnosis<br><input type="checkbox"/> Pregnancy - Delivered<br><input type="checkbox"/> Pregnancy - Term<br><input type="checkbox"/> Pregnancy - Preterm<br><input type="checkbox"/> Pregnancy - Postterm<br><input type="checkbox"/> Multiple Gestation<br><input type="checkbox"/> Fetal Anomaly<br><input type="checkbox"/> Threatened Preterm Labor<br><input type="checkbox"/> Cervical Insufficiency<br><input type="checkbox"/> Supervision High-risk<br><input type="checkbox"/> Postpartum - Observation<br>Other/Specify FINAL Diagnosis: <input type="text"/><br><input type="checkbox"/> Intrauterine Fetal Demise<br><input type="checkbox"/> Pregnancy - Termination | <b>ADMISSION INFORMATION</b><br><input type="text"/><br><b>PRENATAL LABS</b><br>DRUG/ALCOHOL USE<br>MEDICAL HISTORY<br>INFECTIOUS HISTORY<br>GENETICS HISTORY<br><b>MEMBRANES</b><br>DELIVERY INFORMATION<br>BABY B INFORMATION<br>BABY C INFORMATION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### SECONDARY DIAGNOSES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Labor/Delivery</b><br><input type="checkbox"/> Chorioamnionitis<br><input type="checkbox"/> Gestational Diabetes<br><input type="checkbox"/> Gestational Hypertension<br><input type="checkbox"/> HELLP<br><input type="checkbox"/> Intrauterine Growth Restriction<br><input type="checkbox"/> Maternal Fever<br><input type="checkbox"/> Preeclampsia<br><input type="checkbox"/> Precipitous Labor/Delivery (<3 hrs)<br><input type="checkbox"/> Premature Rupture of Membranes<br><input type="checkbox"/> Preterm Labor<br><input type="checkbox"/> Protracted Labor<br><input type="checkbox"/> Abruptio Placenta<br><input type="checkbox"/> Placenta Infarction<br><input type="checkbox"/> Placenta Previa<br><input type="checkbox"/> Placenta Accreta Spectrum<br><input type="checkbox"/> Malpresentation - Breech<br><input type="checkbox"/> Malpresentation - Other<br><input type="checkbox"/> Shoulder Dystocia<br><input type="checkbox"/> Umbilical Cord Prolapse<br>Other L/D Diagnoses: <input type="text"/><br><b>Fetal Information:</b> PH, Apgars, Anomalies: <input type="text"/><br><b>If Applicable:</b><br><input type="checkbox"/> No Complications<br><input type="checkbox"/> Postpartum Hemorrhage<br><input type="checkbox"/> Sepsis<br><input type="checkbox"/> Uterine Inversion<br><input type="checkbox"/> Uterine Rupture<br><input type="checkbox"/> 3rd Degree<br><input type="checkbox"/> 4th Degree<br><input type="checkbox"/> Vulvar Hematoma<br>Other complications: <input type="text"/> | <b>Pregnancy</b><br><b>Endocrine</b><br><input type="checkbox"/> Diabetes Mellitus<br><input type="checkbox"/> HyperT4<br><input type="checkbox"/> Hypoglycemia<br><input type="checkbox"/> Hypothyroidism<br><input type="checkbox"/> Obesity<br><input type="checkbox"/> Polycystic Ovarian Syndrome<br><b>Infectious/parasitic</b><br><input type="checkbox"/> Chlamydia<br><input type="checkbox"/> Gonorrhea<br><input type="checkbox"/> Viral Hepatitis<br><input type="checkbox"/> HIV<br><input type="checkbox"/> Syphilis<br><input type="checkbox"/> Tuberculosis<br><b>Mental/Nervous system</b><br><input type="checkbox"/> Anxiety disorder<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Migraine<br><input type="checkbox"/> Seizures<br><input type="checkbox"/> Sleep apnea<br><b>Blood</b><br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Coagulopathy<br><input type="checkbox"/> Hemoglobinopathy<br><input type="checkbox"/> Thrombophilia<br><b>Digestive system</b><br><input type="checkbox"/> Celiac disease<br><input type="checkbox"/> Crohn's disease<br><input type="checkbox"/> Gastro-esophageal reflux<br><input type="checkbox"/> Ulcerative Colitis<br><b>Skin/Subcutaneous tissue</b><br><input type="checkbox"/> Dermatitis<br><input type="checkbox"/> Hypertrophic scar<br><input type="checkbox"/> Pruritus<br><input type="checkbox"/> Psoriasis<br><b>Circulatory system</b><br><input type="checkbox"/> Cardiac arrhythmias<br><input type="checkbox"/> Cardiac disease<br><input type="checkbox"/> Hypertension<br><input type="checkbox"/> Valve disorders<br><input type="checkbox"/> Venous Thromboembolism<br><b>Respiratory system</b><br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Influenza<br><input type="checkbox"/> Pneumonia<br><input type="checkbox"/> Pulmonary Edema<br><b>Other Specified Diseases</b><br><input type="checkbox"/> Autoimmune Disorder<br><input type="checkbox"/> Congenital Mullerian Anomalies<br><input type="checkbox"/> Paraplegia<br><input type="checkbox"/> Renal System Diseases<br>Other/Specify (ex: AKS, Dialysis, Glomerulonephritis...): <input type="text"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### MEDICAL/SURGICAL TREATMENTS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vaginal Delivery<br><input type="checkbox"/> VBAC<br><input type="checkbox"/> C-Section - Elective<br><input type="checkbox"/> C-Section - Emergency<br><input type="checkbox"/> Assisted - Forceps<br><input type="checkbox"/> Assisted - Vacuum<br><input type="checkbox"/> Spontaneous labor<br><input type="checkbox"/> Induction of labor<br><input type="checkbox"/> Augmentation of labor<br><input type="checkbox"/> Laceration Repair<br><input type="checkbox"/> Episiotomy<br><input type="checkbox"/> Spontaneous ROM<br><input type="checkbox"/> Artificial ROM<br><input type="checkbox"/> Epidural Anesthesia<br><input type="checkbox"/> Spinal Anesthesia<br><input type="checkbox"/> Transfusion<br><input type="checkbox"/> Rh Immunoglobulin<br><input type="checkbox"/> Immunization<br><input type="checkbox"/> Cerdage<br><input type="checkbox"/> Dilatation & Curettage<br><input type="checkbox"/> Sterilization<br><input type="checkbox"/> Hysterectomy<br>Other Interventions: <input type="text"/><br>Please enter DATE for each procedure: <input type="text"/> | <b>CONSULTING PHYSICIANS AND SPECIALTY</b><br>Consultant Name: <input type="text"/><br>Specialty: <input type="text"/><br><b>Discharge Summary PREPARED BY:</b><br>Medical Student (Name): <input type="text"/><br>Resident (Name & License): <input type="text"/><br>Date/Time: <input type="text" value="2026/06/22 11:32"/><br><b>Electronic Signature (Physician Only)</b><br><input type="text"/><br><b>SIGN</b><br><b>PATIENT CONDITION UPON DISCHARGE</b><br>Condition: <input type="radio"/> Stable <input type="radio"/> Deteriorated <input type="radio"/> Improved <input type="radio"/> Unimproved<br>Outcome was: <input type="radio"/> Expected <input type="radio"/> Unexpected<br>Transferred to: <input type="text"/><br><b>Tant que le médecin n'a pas signé, ce document est préliminaire et peut être modifié. Après la signature du médecin, ce document est FINAL et les corrections doivent être effectuées VIA addendum dans OACIS.</b><br><b>Until the physician has signed, this document is preliminary and can be modified. After the Physician has Signed, this document is FINAL and corrections must be made VIA addendum in OACIS.</b><br>*NEW HOSPITALIZATION ONLY*<br><input type="button" value="COPY"/> <input type="button" value="CONFIRM COPY"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# OACIS WHM CRASH COURSE

- **ALERTS**

- Blood bank (maternal antibodies)
- Case management

- **Entering orders**

- Diet (NPO, Diabetic, regular)
- Diagnostic tests
- OB U/S, other U/S, leg Dopplers
- Laboratory tests

- **Procedures**

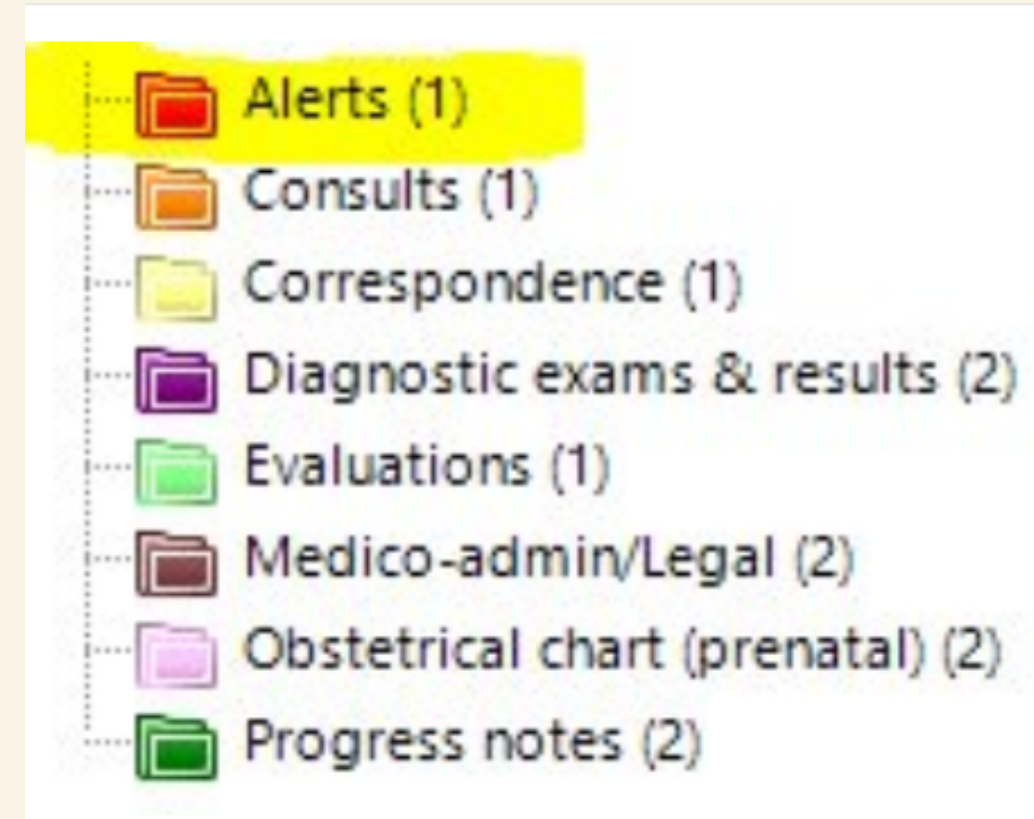
- PICC insertion (mention 2 lumen)





# OACIS WHM -ALERTS

- **2 types of Documents:**
- Case Management
  - Maternal Medical Issues
  - Fetal Medical Issues
  - Psychosocial Issues
- Blood Bank Report for patients with maternal antibodies
  - Sentinel Event
  - Bilirubin, CBC, Type & Screen, Coombs on cord blood





# OACIS WHM

## -ENTERING LABS



- [-]  Women's Health - Inpatient
  -  (MEWS) Maternal Early Warning Signs - CARDIOpulmonary
  -  (MEWS) Maternal Early Warning Signs - HEMOrrhage (Ante / Postpartum)
  -  (MEWS) Maternal Early Warning Signs - INFection / Sepsis
  -  (MEWS) Maternal Early Warning Signs - SEIZure (Eclampsia / Stroke)
  -  Admission- Cesearian
  -  Admission -Birthing Centre
  -  Admission -Newborn
  -  Admission -Vaginal birth
  -  Gynecology
  -  Hyperemesis Gravidarum
  -  Nutrition



# OACIS WHM

## -ENTERING ULTRASOUNDS

Ultrasounds:

Make sure they are ordered using GYN or OBS



| gyn                                                                                   |                                         |
|---------------------------------------------------------------------------------------|-----------------------------------------|
|   | US GYN PELVIS TVS + TAS                 |
|  | US GYN CYST PUNCTURE                    |
|  | US OBS OR GYN PELVIC DOPPLER            |
|  | US GYN PELVIS TVS + TAS Stat Ambulatory |
|  | US GYN PELVIS TVS + TAS Stat Ambulatory |



# OACIS WHM

## -ENTERING IMAGING TESTS

MRI – 2 consent forms :

- General MRI consent
- Pregnancy MRI consent

Doppler-vascular lab



|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| VASC -NEW - LOWER EXTREMITY - VENOUS DUPLEX - LT Stat Stretch DEEP VEIN THROMBOSIS (DVT) R/O (done in vascular lab)     |
| VASC - NEW - LOWER EXTREMITY - VENOUS DUPLEX - RT Stat Stretch DEEP VEIN THROMBOSIS (DVT) R/O (done in vascular lab)    |
| VASC - NEW LOWER EXTREMITY - VENOUS DUPLEX - BIL Stat Stretch DEEP VEIN THROMBOSIS (DVT) R/O (done in vascular lab)     |
| VASC -NEW - LOWER EXTREMITY - VENOUS DUPLEX - LT Stat Stretch - DEEP VEIN THROMBOSIS (DVT) R/O                          |
| VASC - NEW LOWER EXTREMITY - VENOUS DUPLEX - BIL Stat Stretch - DEEP VEIN THROMBOSIS (DVT) R/O                          |
| VASC - NEW - LOWER EXTREMITY - VENOUS DUPLEX - RT Stat Stretch - DEEP VEIN THROMBOSIS (DVT) R/O                         |
| VASC - UPPER EXT VENOUS DUPLEX SCAN - RT Urgent Ambulatory - ACCUEIL CLINIQUE - DEEP VEIN TROMBOSIS (DVT) R/O           |
| VASC - UPPER EXT VENOUS DUPLEX SCAN - LT Urgent Ambulatory - ACCUEIL CLINIQUE - DEEP VEIN TROMBOSIS (DVT) R/O           |
| VASC-LOWER EXT VENOUS DUPLEX COMMON FEM TO POP -RT Urgent Ambulatory - ACCUEIL CLINIQUE - DEEP VEIN TROMBOSIS (DVT) R/O |
| VASC-LOWER EXT VENOUS DUPLEX COMMON FEM TO POP -LT Urgent Ambulatory - ACCUEIL CLINIQUE - DEEP VEIN TROMBOSIS (DVT) R/O |



# CONSULTING OTHER SERVICES

- Fill out Consult sheet
- Determine if
  - Inpatient vs outpatient
  - Urgency
- Communicate with nurse





# MUHC WOMEN'S HEALTH WEBSITE

## Guest Area

Please enter the password below.

\*\*\*\*\*

Go

**Password: RVHBABY**



**Updated protocols,  
memos (nursing)**

# IMPORTANT PROTOCOLS

## Emergencies

MEWS (AHD Fall 2026)  
Massive transfusion  
protocol

## Vaginal examinations

Notion of consent

## Hypertensive disorders of pregnancy

Magnesium  
Severe hypertension in  
perinatal population

## Induction of labour

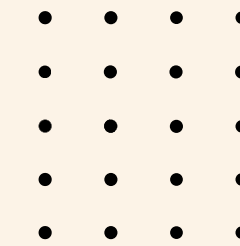
Planning principles  
Cervidil, Misoprostol,  
Oxytocin, Mecanical

## VTE prophylaxis

Procedure  
PPO



# INDUCTION PROTOCOLS



It is the Society of Obstetricians and Gynaecologists of Canada (SOGC) policy to review the content 5 years after the time the document may be revised to reflect new evidence or the document may be archived.

No. 432a, January 2023 (Replaces No. 29)

## Guideline No. 432a: Cervical Ripening and Induction of Labour — General Information

(En français : Directive clinique n° 432a : Maturation cervicale et d'Information générale)

The English document is the original version. In the event of any discrepancy between the English and French content, the English document is the original version.

This clinical practice guideline was prepared by the authors and

It is the Society of Obstetricians and Gynaecologists of Canada (SOGC) policy to review the content 5 years after the time the document may be revised to reflect new evidence or the document may be archived.

No. 432b, January 2023 (Replaces No. 29)

## Guideline No. 432b: Cervical Ripening

(En français : Directive clinique n° 432b : Maturation cervicale)

The English document is the original version. In the event of any discrepancy between the English and French content, the English document is the original version.

Disclosures: Statements were received from

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No. 432c, January 2023 (Replaces No. 29)

## Guideline No. 432c: Induction

(En français : Directive clinique n° 432c : Déclenchement)

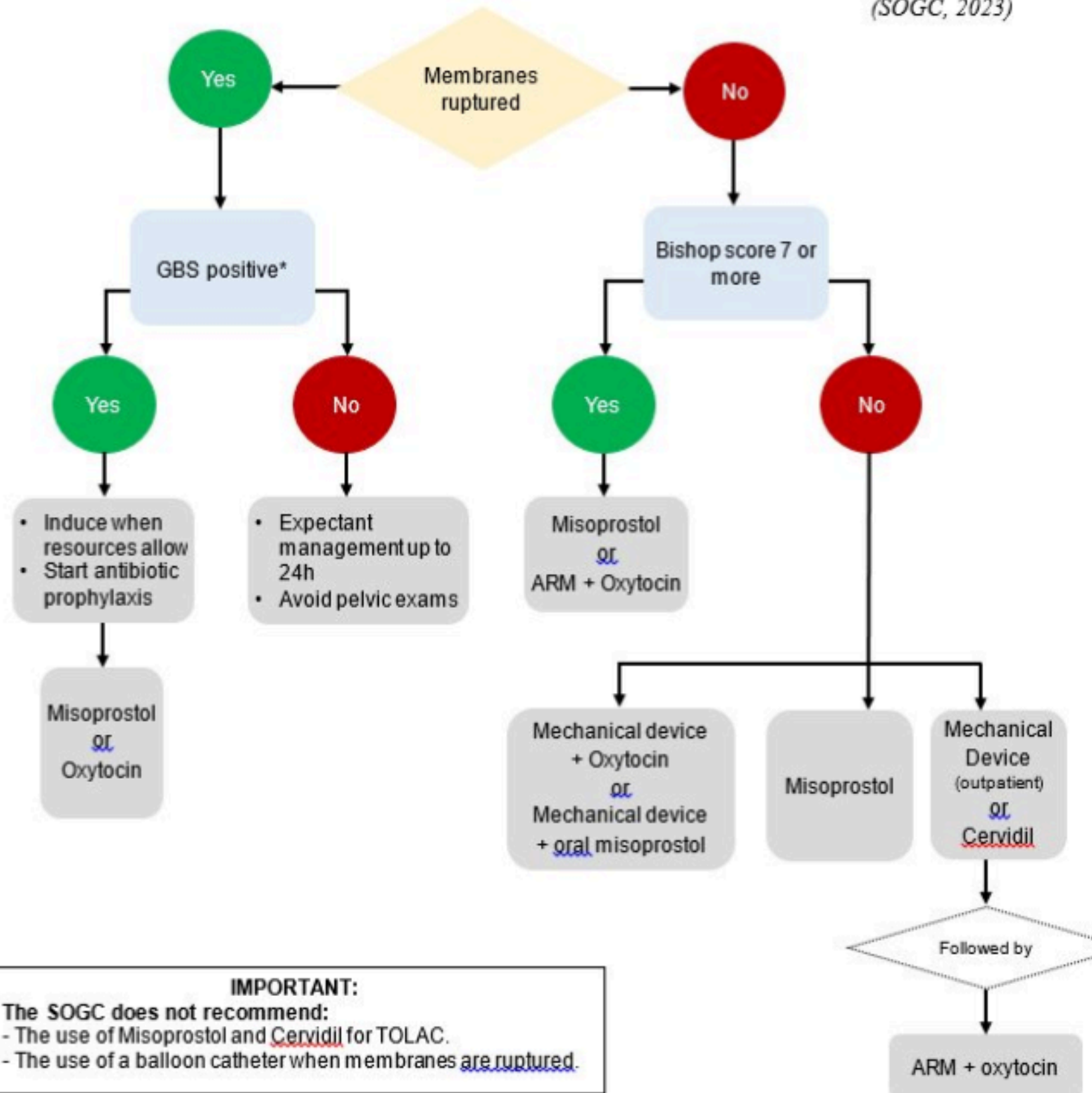


THE SOCIETY OF  
OBSTETRICIANS  
GYNAECOLOGISTS  
OF CANADA



# INDUCTION PROTOCOLS

(SOGC, 2023)





# INDUCTION PROTOCOLS

## MISOPROSTOL



Can be used  
until delivery

No need to switch  
to Oxytocin

PO only

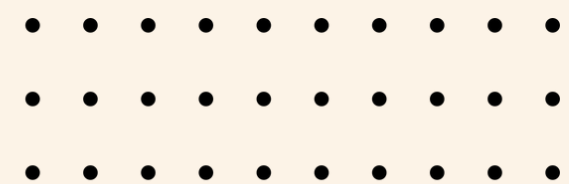
Titrated dose q 2h  
in BC ONLY

Misoprostol  
checklist

Prior to each  
dose

No MD  
assess/VE  
prior to dose

No VE until  
active labour



# INDUCTION PROTOCOLS

OXYTOCIN



Bishop score  
greater than  
7

Documented in  
the chart

Expedited  
Rate

For patients with  
BMI 40 and above

Reduced max.  
dose

For TOLACs

|                        |           |          |
|------------------------|-----------|----------|
| Membrane Comments      |           |          |
| Bishop's Score         |           |          |
| Dilatation (cm)        | 1_to_2    |          |
| Effacement             | 40_to_50  |          |
| Station                | minus_2   |          |
| Consistency            | Medium    |          |
| Position               | Midposit  |          |
| Total Bishop's Score   | 5         |          |
|                        | Text...   |          |
| Maternal Assessment    |           |          |
| Level of Consciousness |           |          |
| DTR's/Clonus           |           |          |
| Headache               |           |          |
| Breath Sounds. Left    |           |          |
| Breath Sounds. Right   |           |          |
| Nausea/Vomiting        |           |          |
| RUO Epigastric Pain    |           |          |
| Maternal Comments      |           |          |
| <                      |           |          |
| Flowsheet ALL          | VS/Pain   | FHR/UA   |
|                        | VE/Assess | All Meds |



# INDUCTION PROTOCOLS

OXYTOCIN:  
LOW RATE  
INFUSION



- Dose**
- ❑ **Start dose:** Oxytocin 15 units in 250 mL NaCl 0.9% at initial rate of **2 milliUnits/min**
  - ❑ **Increase interval:** Every 20-30 minutes
  - ❑ **Adjustment:** Increase oxytocin by 2 mU/min until satisfactory uterine activity is achieved and without fetal compromise (atypical or abnormal fetal heart tracing).

\* During the second stage of labor, the dose of oxytocin may be increased more frequently, up to 1 mU/min every 5 minutes until delivery, based on physician's orders.

| Oxytocin infusion protocol                                                             |             |
|----------------------------------------------------------------------------------------|-------------|
| 15 units/ 250 mL (1 milliUnits/min = 1 mL/h)                                           |             |
| Dose (milliUnits/min)                                                                  | Rate (mL/h) |
| 2                                                                                      | 2           |
| 4                                                                                      | 4           |
| 6                                                                                      | 6           |
| 8                                                                                      | 8           |
| 10                                                                                     | 10          |
| 12                                                                                     | 12          |
| 14                                                                                     | 14          |
| 16                                                                                     | 16          |
| 18                                                                                     | 18          |
| 20                                                                                     | 20          |
| Advise physician / NP when 20 milliUnits/min dose has been reached for TOLAC           |             |
| 22                                                                                     | 22          |
| 24                                                                                     | 24          |
| 26                                                                                     | 26          |
| 28                                                                                     | 28          |
| 30                                                                                     | 30          |
| For non-TOLAC only, advise physician / NP when 30 milliUnits/min dose has been reached |             |

# INDUCTION PROTOCOLS

**OXYTOCIN:  
EXPEDITED  
RATE INFUSION**

**Dose**

- ☐ **Start dose:** Oxytocin 15 units in 250 mL NaCl 0.9% at initial rate of 4 milliUnits/min
- ☐ **Increase interval:** Every 30 minutes
- ☐ **Adjustment:** Increase oxytocin by 4 milliUnits/min until satisfactory uterine activity is achieved and without fetal compromise (atypical or abnormal fetal heart tracing).

**\* NOT APPLICABLE FOR  
TOLAC PATIENTS**

| Oxytocin infusion protocol<br>15 units/ 250 mL<br>(1 milliUnits/min = 1 mL/h) |             |
|-------------------------------------------------------------------------------|-------------|
| Dose (milliUnits/min)                                                         | Rate (mL/h) |
| 4                                                                             | 4           |
| 8                                                                             | 8           |
| 12                                                                            | 12          |
| 16                                                                            | 16          |
| 20                                                                            | 20          |
| Advise physician when 20 mU/min dose has been reached                         |             |
| 24                                                                            | 24          |
| 28                                                                            | 28          |
| 32                                                                            | 32          |
| Advise physician before increasing oxytocin above 32 mU/min                   |             |
| 36                                                                            | 36          |
| 40                                                                            | 40          |





# INDUCTION PROTOCOLS

## OXYTOCIN: CAUTIONS

- ✱ **Before starting oxytocin:**
  - Cervidil: wait 30 minutes
  - Cytotec: wait 2 hours
- ✱ **For Trial of Labor After Cesarean (TOLAC)**
  - Use WHO TOLAC partogram in active labor (printed copy in the Birthing Centre)
  - Oxytocin may increase risk of uterine rupture



# INDUCTION PROTOCOLS

RESOURCES  
FOR PATIENTS

Poster can be found  
in Triage area

**HRV CENTRE DES  
NAISSANCES**  
**BIENVENUE AU GLEN !**

**RVH BIRTHING CENTRE**  
**WELCOME TO THE GLEN!**

POUR OBTENIR PLUS D'INFORMATIONS SUR CE À QUOI VOUS  
ATTENDRE LORS DE VOTRE ACCOUCHEMENT AU GLEN.  
TO ACCESS MORE INFORMATION ABOUT WHAT TO EXPECT WHEN  
DELIVERING AT THE GLEN.

**SCANNEZ LES  
CODES QR CI-  
DESSOUS.**  
SCAN THE QR  
CODES BELOW.

**VOTRE GUIDE DE GROSSESSE ET D'ACCOUCHEMENT**  
YOUR PREGNANCY AND BIRTH GUIDE

**À QUOI VOUS ATTENDRE LE JOUR DE VOTRE INDUCTION**  
WHAT TO EXPECT THE DAY OF YOUR INDUCTION

**VOS QUESTIONS SUR LE DÉCLENCHEMENT DU TRAVAIL**  
YOUR QUESTIONS ABOUT INDUCTION OF LABOUR

**RETOUR À LA MAISON AVEC UN CATHÉTER CERVICAL**  
GOING HOME WITH A BALLOON CATHETER

Centre universitaire  
de santé McGill McGill University  
Health Centre





# INDUCTION PROTOCOLS

GBS

✱ **For ALL patients, regardless of induction method:**

Start antibiotics when in active labor or at rupture of membranes.





# MANAGEMENT OF HYPERTENSIVE DISORDERS

## Management of Severe Hypertension

1

Severe hypertension:  
Systolic BP  $\geq 160$  OR diastolic BP  $\geq 110$

2

Severe hypertension: systolic BP  $\geq 160$  OR  
diastolic BP  $\geq 110$

- Assess fetal heart rate
- Measure heart rate and  $O_2\text{Sat}$
- Repeat BP measurement in 15 minutes

3

If second reading, 15 minutes apart, with:

- Systolic BP  $\geq 160$  OR
  - Diastolic BP  $\geq 110$
- HYPERTENSIVE EMERGENCY

4

Advise Obstetric team on call

- Assess for dyspnea and orthopnea
- Install peripheral IV
- Consider administration of IV Magnesium Sulfate
- Follow the Obstetric Hypertensive Emergency Treatment algorithm\*



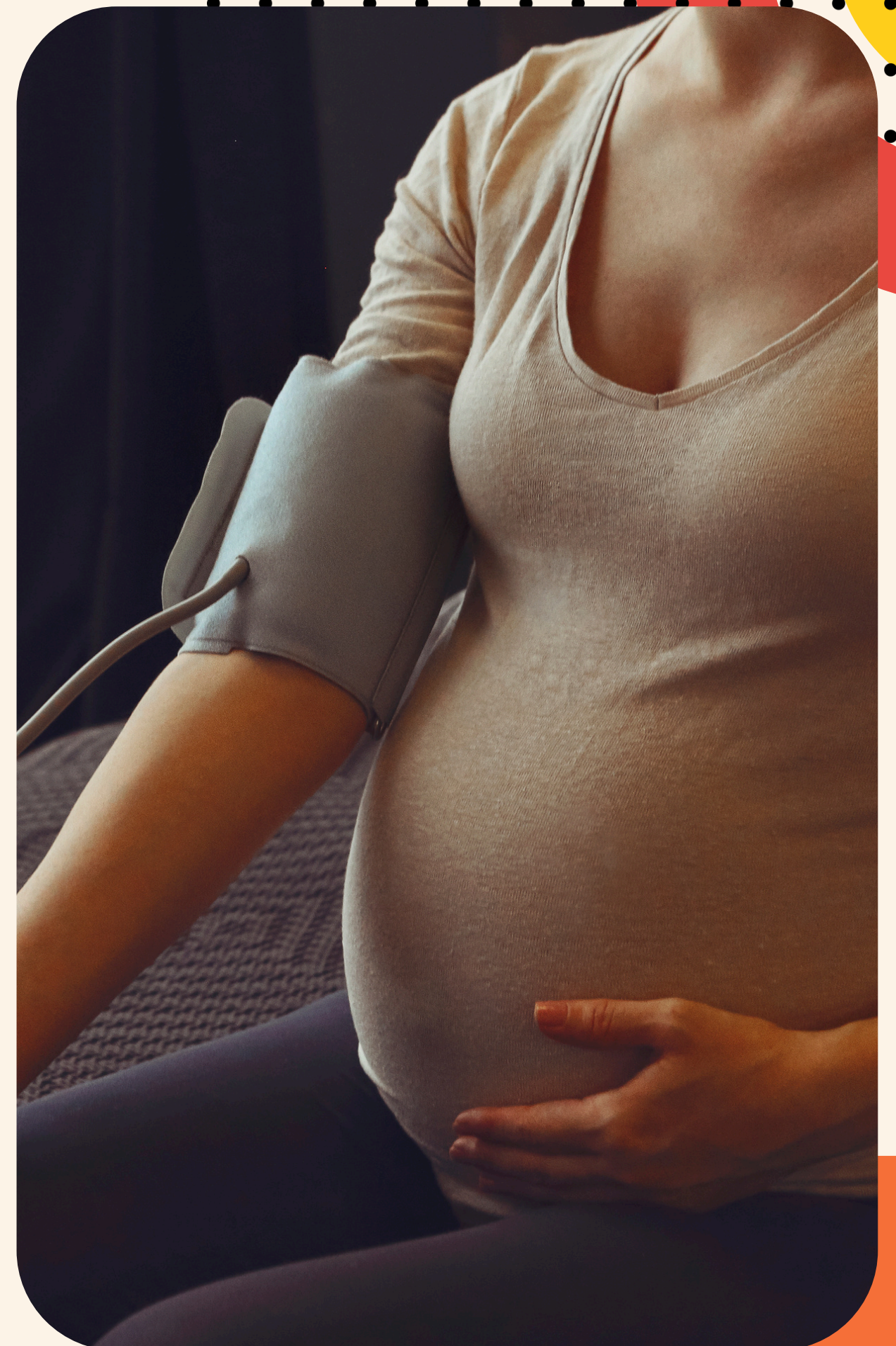


# MANAGEMENT OF HYPERTENSIVE EMERGENCY

MONITORING  
POST-OHE

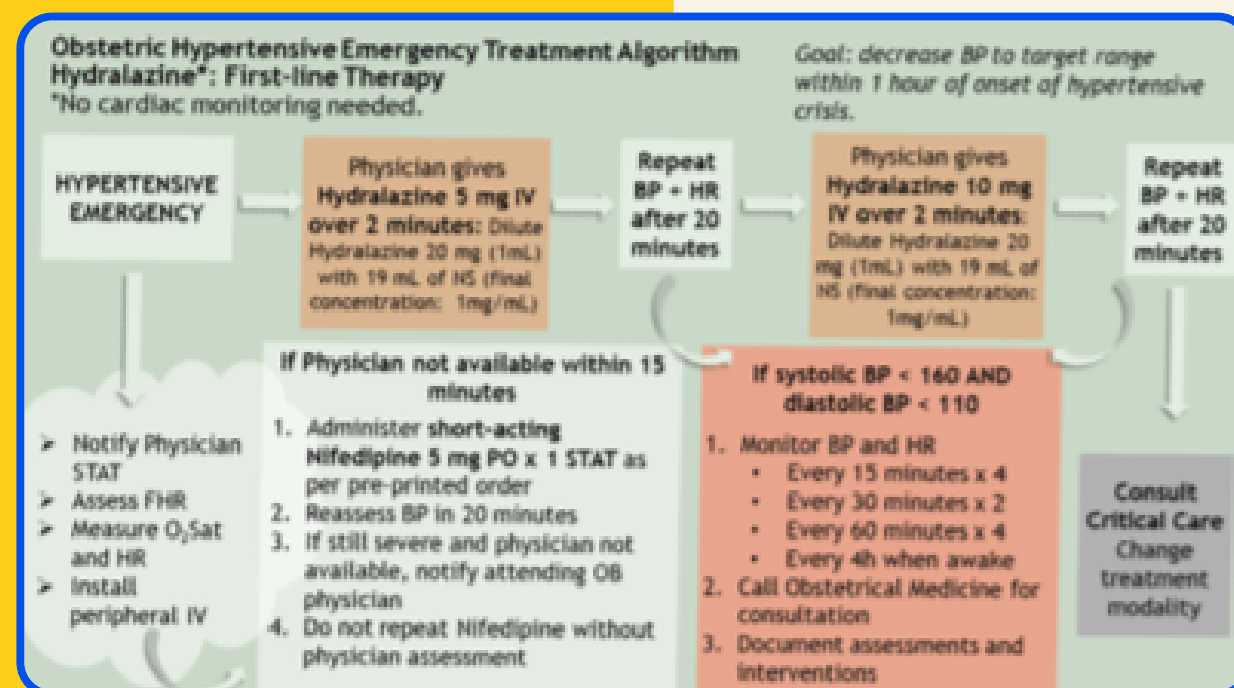
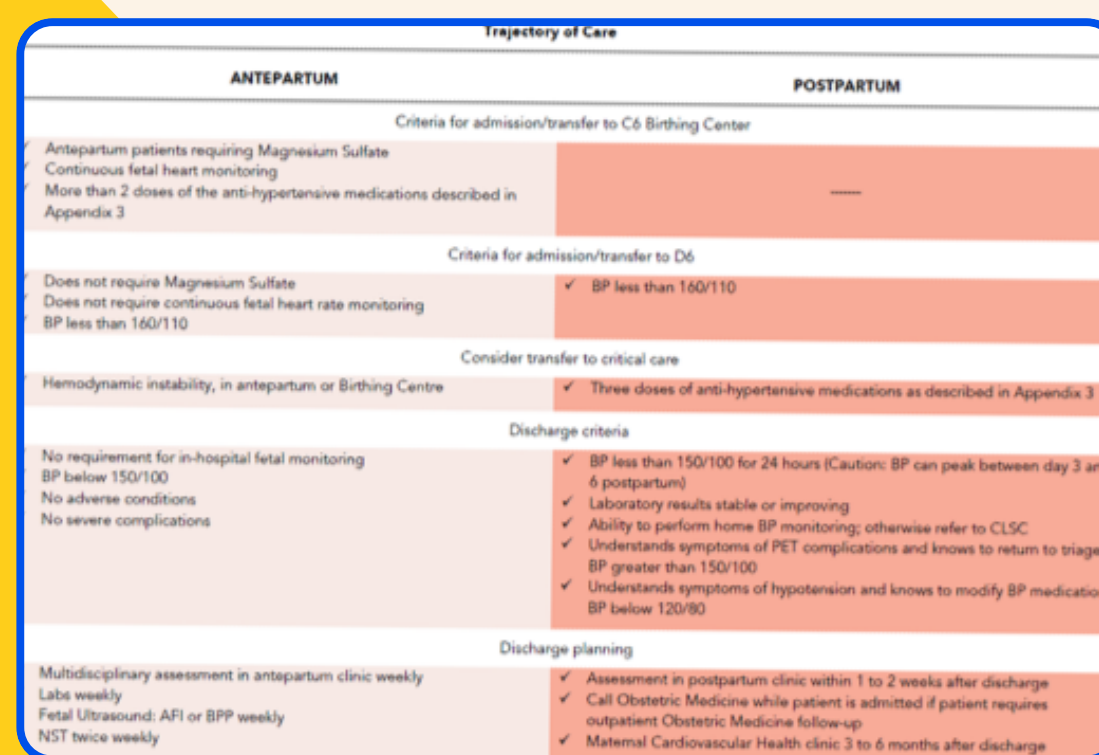
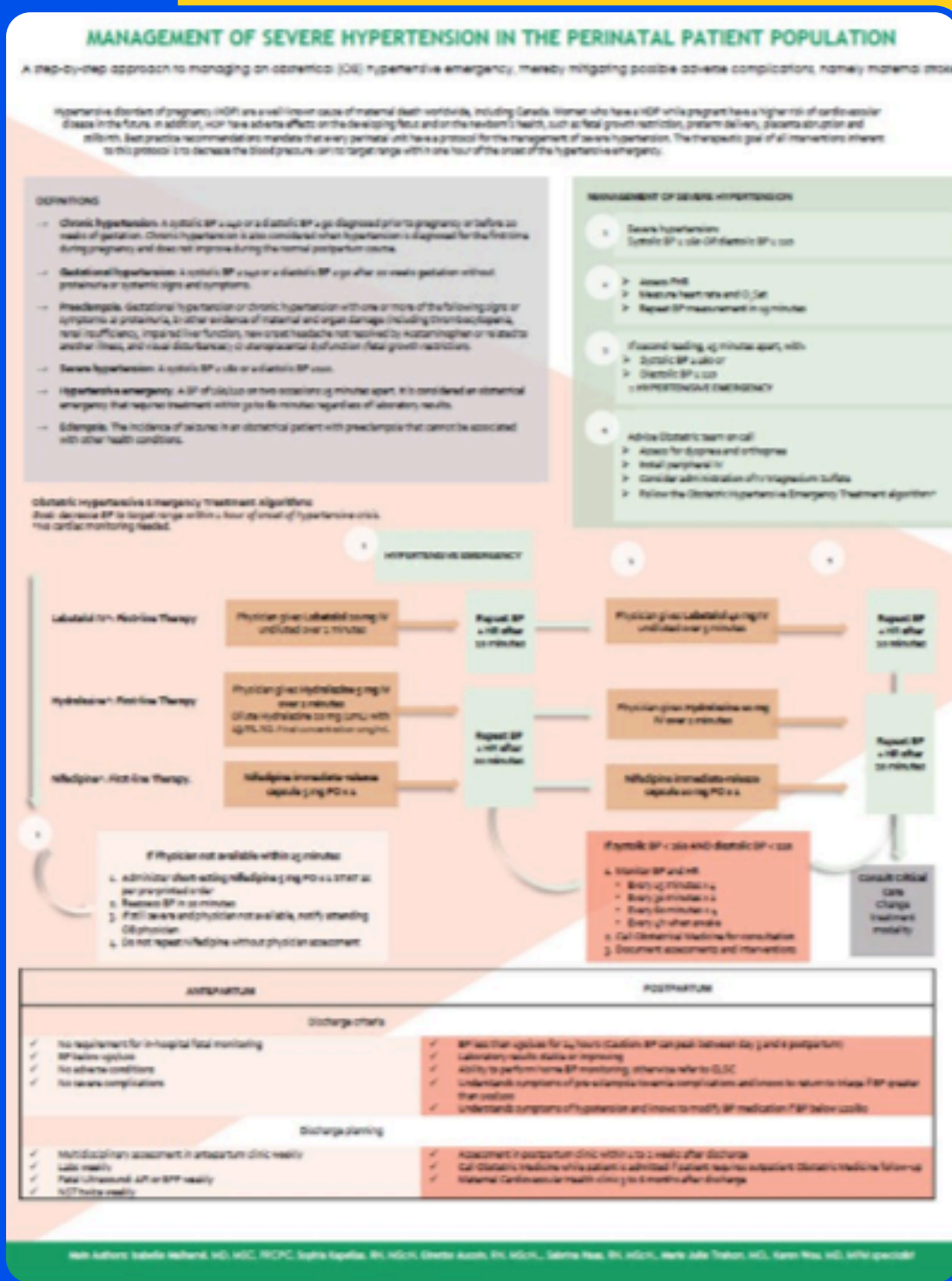
→ If systolic BP < 160 AND diastolic BP < 110

1. Monitor BP and HR
    - Every 15 minutes x 4
    - Every 30 minutes x 2
    - Every 60 minutes x 4
    - Every 4h when awake
  2. Call Obstetrical Medicine for consultation
  3. Document assessments and interventions
- 





# HYPERTENSIVE EMERGENCY TOOLS





# OTHER PROTOCOLS

## **Mental health referrals**

Fill psychiatry consult  
Order Garde préventive

## **Foetal-Maternal HIV**

Intrapartum orders

## **Rhlg – Prevention of Hemolytic disease of newborn**

Blood group report  
Oacis ALERTS

## **Urinary retention**

Inpatient and  
outpatient orders

## **Wound care tool**

When and how to  
consult Wound care  
service

## **Sickle cell disease in pregnancy**

Protocol  
Collective and pre-  
printed orders

# BREASTFEEDING CLINIC

## Who's leading it:

- Magda Arciszewska (BScN, IBCLC)
- Gillian Kumka

## How to refer:

- Special Consult in Triage, D6, clinics

## Who to refer:

- Triage: Mastitis
- Clinics: Induce lactation (surrogacy, same sex couple), history of low milk production, postpartum mother struggling with breastfeeding.
- Postpartum: Latching issues
- All women: complex medical issues and unsure of impact on breastfeeding





# BREASTFEEDING REMINDERS

## **Lactation Consultants on the units:**

- OB clinic, C6, D6

## **CT scans and MRIs:**

- Safe! – No need to pump and dump

## **Resources for Lactation and Medication:**

- Lactmed
- Centre Image
- MUHC Women's Health website







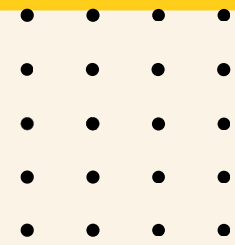
# COMMUNICATE WITH YOUR ALLIES

## C6-D6 Nursing leadership

- **Ingrid, Malisa** (NM)
- **Akari, Malorie, Melyssa** (ANM)
- **Sophia, Elisabeth and Ruth-Lynn** (APN/ NPDE)
- Feedback to improve interprofessional collaboration/communication
- Ask questions, bring comments/suggestions about protocols/guidelines, quality improvement
- Debrief difficult situations, both as a team and personally (Sophia)







- Round at beginning of your call – C6 and D6
- Check with NIC what are the priorities
- Discuss with NIC if you want to hold D/C for non-medical reasons

- To validate choices
- To discuss atypical cases
- As soon as anything is abnormal (e.g. tracing, MEWS)





# INFORMED CONSENT

## RESPONSIBILITIES AROUND CONSENTING PATIENTS

### Before surgeries, transfusions and procedures:

- Ask for family presence and/or nursing support
- Provide all information, all choices
- Validate understanding
- Leave time for questions





# INFORMED CONSENT

## RESPONSIBILITIES AROUND CONSENTING

### PATIENTS

#### Be curious

- Ask questions genuinely
- Discuss options openly, without judgment

**Healthcare professionals are not the sole source of knowledge**

- The patient/family KNOW what is valid for THEM in THEIR situation

**Informed choice - The 5 finger model**

**PROVIDING  
INFORMED  
CHOICE**





# PAIN + TRAUMA

## TRAUMA-INFORMED CARE

- Power imbalances (never questioning MDs)
- Vaginal examinations – READ section on consent
- Indigenous patients – Systemic racism and obstetrical violence
- Black and other racialized patients
- Cultural differences
- Pain management





# RESOURCES RECAP

## Fetal Health Surveillance

- UBC FHS – Register

## MoreOB

- <https://www.hubampro.ca/learn>

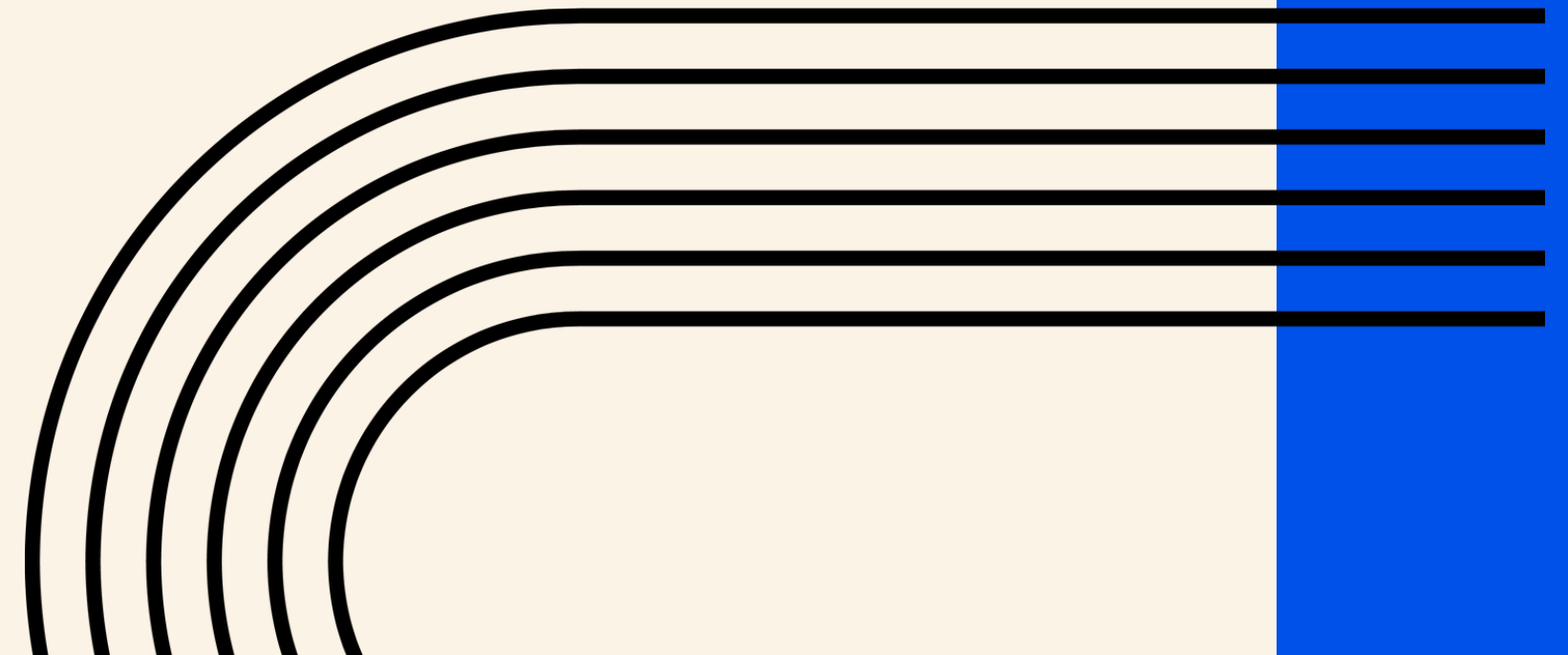
## Women's Health Mission

- <https://muhcwomenshealth.wixsite.com/womenshealth/>

## Your colleagues

## Peer support

- <https://www.pamq.org/en/>







**THANK YOU**  
**QUESTIONS ?**

