Purpose
To ensure the consistent, efficient response of obstetrical team members in the event of an Obstetrical Emergency.

Policy Statement
Grey Nuns Women’s & Child Health staff are committed to patient safety initiatives that promote optimal response to obstetrical emergencies.

Applicability
All healthcare professionals working in Women’s & Child Health at the Grey Nuns hospital. An obstetrical emergency can be called in Labour & Delivery, Antepartum or Postpartum.

Continue to call Rapid Response for emergencies not of an obstetrical nature (See “Activation of the Rapid Response Team” policy, 2014).

Responsibility
A multidisciplinary team of obstetrical care providers committed to the safety of all patients was involved in the creation of this process.

Definitions
STAT: Condition of mother or fetus requiring immediate action by an Obstetrician.

- a. Bradycardia greater than 10 minutes
- b. Cord prolapse
- c. Uterine rupture
- d. Significant antepartum hemorrhage - with fetal heart rate abnormalities and/or change in maternal status
- e. Significant postpartum hemorrhage – greater than 1000 ml vaginal/1500 ml cesarean section
- f. Suspected amniotic fluid embolism
- g. Maternal seizure
- h. Acute change in maternal level of consciousness or vital signs

Debriefing
Following each incident of Stat 35 an inter-professional debriefing of staff involved will occur to identify system related issues and will be communicated with management, as well as to identify the appropriateness of the call.

Procedure
An Obstetrical Emergency can be called by the Attending Physician, Charge Nurse, Senior Obstetrical and Gynecology Resident, or Anesthesiologist. It is important to keep the Anesthesiologist informed of potential situations, especially if
the Anesthesiologist is off site.

**NOTIFICATION PROCESS – Labour & Delivery – Unit 35 (See Appendix A)**

The Obstetrical Emergency would be identified according to the criteria noted above and the initiation would be communicated to the nursing desk on the Labour & Delivery unit.

1. The Charge Nurse/Unit Clerk will dial “0” to call the hospital operator to activate the “Stat 35” overhead page. This will result in an overhead page Stat 35 – Unit 35 ___ (room number).
2. The Charge Nurse will then page using the individual pagers in the following order:
   a. In-house (Star) Obstetrician
   b. Anesthesiologist on-call.
   c. NICU Resuscitation team and In-house Neonatologist or designate on-call if newborn resuscitation is required.
   d. Responsible Attending Physician/General Practitioner, if applicable.
   e. Resident on-call/Student Intern.
3. Team working with patient will notify the Charge Nurse at the desk if any of above have not arrived within 3 minutes, so that the Charge Nurse can continue to try to notify them.
4. The Charge Nurse or designate should remain available at the nursing desk to facilitate communication and to coordinate the workload of the unit.
5. There should be ONE nurse with the patient who is designated 'in charge' of the emergency and to act as communication liaison to the Charge Nurse.

**NOTIFICATION PROCESS – Postpartum – Units 33&34 (See Appendix B)**

The Obstetrical Emergency would be identified according to the criteria noted in the definition and the initiation would be communicated to the nursing desk on the Postpartum unit.

1. The Charge Nurse/Unit Clerk will dial “0” to call the hospital operator to activate the “Stat 35” overhead page. This will result in an overhead page of Stat 35 – Unit 33 or 34 ____ (room number).
2. The Charge Nurse will then page:
   a. In-house (Star) Obstetrician.
   b. Anesthesiologist on-call.
   c. If there is a newborn resuscitation issue, staff will push Code Pink button at the ICC at the desk for NICU assistance.
3. Following this, the Charge Nurse/Unit Clerk will notify:
   a. Responsible Attending Obstetrician or General Practitioner.
   b. Resident/Medical Student on-call.
   c. Labour & Delivery Unit (5-7036) for assistance.
4. If there is no response within 3 minutes, a second page will be initiated on their personal pager.
5. The Charge Nurse or designate should remain available at the nursing desk to facilitate communication and to coordinate the workload of the unit.
6. An additional person should be assigned to stand by the elevators in front of the windows to direct the team to the appropriate area (for example, if the patient has been transferred to Unit 35 in the meantime).
7. If able, Labour & Delivery will send ONE nurse to the unit specified on the overhead page.
8. If able, the second Postpartum unit will send ONE nurse to assist with unit workload.
9. In review, a multidisciplinary team member can access the Take 5 Debriefing Tool from MORE OB.
NOTIFICATION PROCESS – Unit 32 – NICU Resuscitation Team

NICU Team Notification of Obstetrical Emergencies (STAT 35)

STAT 35 generated from Unit 33, 34, or 35

- Is this an antepartum emergency?
  - Yes
    - Push Code Pink button
    - NICU Team mobilizes. If location not specified reports to Unit 35 desk
    - Where is the delivery occurring?
      - Unit 35 OR
        - RST RN: crash cart, checks heat source, prepares UVC tray and meds at discretion of resuscitation lead
        - RST RRT checks air/tanks, mask/T-piece, intubation equipment, prepares SpO2 probe
        - NICU Charge RN responds and calls for more NICU staff at the discretion of the resuscitation lead. Obtains <28 week gestation resuscitation equipment as indicated.
        - In-house Stat pager carrier (Neo designate: CA, NNP, Fellow, Peds R4) responds, and if evening/night determines if neonatologist to be called in
        - Neonatologist
          - Weekdays 0800-1600: Responds 1600-0800: Informed of event as appropriate and if needed on site
      - Main OR
        - RST RN takes crash cart. Prepares for UVC and meds at discretion of resuscitation lead
        - RST RRT takes radiant warmer. Checks air/tanks, mask/T-piece, intubation equipment, prepares SpO2 probe
        - NICU Charge RN responds and calls for more NICU staff at the discretion of the resuscitation lead. Obtains <28 week gestation resuscitation equipment as indicated.
        - In-house Stat pager carrier (Neo designate: CA, NNP, Fellow, Peds R4) responds, and if evening/night determines if neonatologist to be called in
        - Neonatologist
          - Weekdays 0800-1600: Responds 1600-0800: Informed of event as appropriate and if needed on site
  - No, it is a postpartum emergency.
    - Is temporary boarding of baby in NICU required?
      - Yes
        - Call 59540 to notify NICU charge nurse
      - No
        - Call 59544 to notify RRT to respond
COMMUNICATION – iSBAR

It is recommended that any verbal communication that occurs should utilize the principles of SBAR.

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<td>Who are you? What is your role?</td>
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<td>A concise statement of the problem</td>
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<td>Pertinent and brief information related to the situation</td>
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<td>Analysis and considerations of options</td>
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<td>What you found/think is going on</td>
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<td>Request/recommend action</td>
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<td>What you want done</td>
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**Revisions**  January 2016
Appendix A: Notification Process Algorithm
Labour & Delivery – Unit 35

Charge Nurse/Unit Clerk dials “0” to call hospital operator to activate “Stat 35” page.

Charge Nurse/Unit Clerk specifies “Stat 35 – Unit 35 ____ (room number)”.

Overhead page is activated by hospital operator “Stat 35 – Unit 35 ____ (room number)”.

Charge Nurse pages using individual pagers in the following order:
1. In-house (STAR) Obstetrician
2. Anesthesiologist on-call
3. NICU Resuscitation team AND in-house Neonatologist or designate on-call if newborn resuscitation is required
4. Responsible Attending Physician/General Practitioner, if applicable
5. Resident on-call/Student Intern

Team working with patient notifies Charge Nurse at the desk if any of the above practitioners have not arrived within 3 minutes; Charge Nurse will continue to try to notify them.

**NOTE: The Charge Nurse or designate should remain available at the nursing desk to facilitate communication and to coordinate the workload of the unit. There should be ONE nurse with the patient who is designated 'in charge' of the emergency and to act as communication liaison to the Charge Nurse.**
Appendix B: Notification Process Algorithm
Postpartum – Units 33 & 34

Charge Nurse/Unit Clerk dials “0” to call hospital operator to activate “Stat 35” page.

Charge Nurse/Unit Clerk specifies “Stat 35 – Unit 33/34 ____ (room number)”.

Overhead page is activated by hospital operator “Stat 35 – Unit 33/34 ____ (room number)”.

If able, L&D sends ONE nurse to the unit specified on the overhead page. If able, the second Postpartum unit will send ONE nurse to assist with unit workload.

Charge Nurse pages using individual pagers in the following order:
1. In-house (STAR) Obstetrician
2. Anesthesiologist on-call
3. NICU Resuscitation team AND in-house Neonatologist or designate on-call if newborn resuscitation is required (staff member pushes Code Pink button at the ICC near the desk)
4. Responsible Attending Physician/General Practitioner, if applicable
5. Resident on-call/Student Intern

Team working with patient notifies Charge Nurse at the desk if any of the above practitioners have not arrived within 3 minutes; Charge Nurse will continue to try to notify them.

**NOTE: The Charge Nurse or designate should remain available at the nursing desk to facilitate communication and to coordinate the workload of the unit. An additional person is assigned to stand by the elevators in front of the windows to direct the team to the appropriate area.**