

## TeamBirth Scenario-Based Learning: Admission Discussion Guide

### In Practice: Admission Discussion Guide

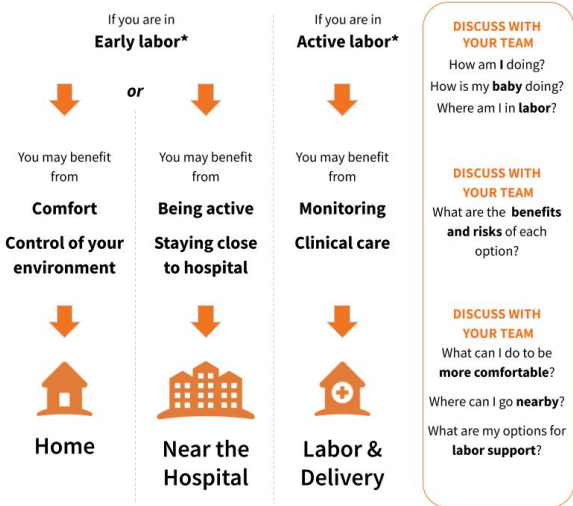
Lucinda, a 39-year-old woman having her second baby, arrives in triage at 10:00 AM with her support person, Jennifer, and her doula, Amy. Diane, a triage nurse, helps Lucinda to a triage bed and starts assessing her.

Lucinda reports that her pregnancy has been uncomplicated and she is currently 40 weeks. Her baby is well grown, and her GBS status is negative. She has been contracting for several hours and has been trying to cope at home with distraction techniques, taking baths, and walking. Lucinda isn't sure if she is in active labor and came to triage to have her cervix examined.

Diane puts the fetal monitor on Lucinda and checks her cervix - she is 2 cm dilated. Diane says, “Our unit uses an **Admission Discussion Guide** to help admit women at the appropriate time to give them the best chance possible at a vaginal delivery. You are in early labor since you are 2 cm. We prefer not to admit women in early labor to reduce their risk for unnecessary interventions but let’s review the **Admission Discussion Guide** together so we can make a decision as a team.” Diane starts reviewing the discussion guide aloud to share her thinking and to review options with Lucinda, Jennifer, and Amy.

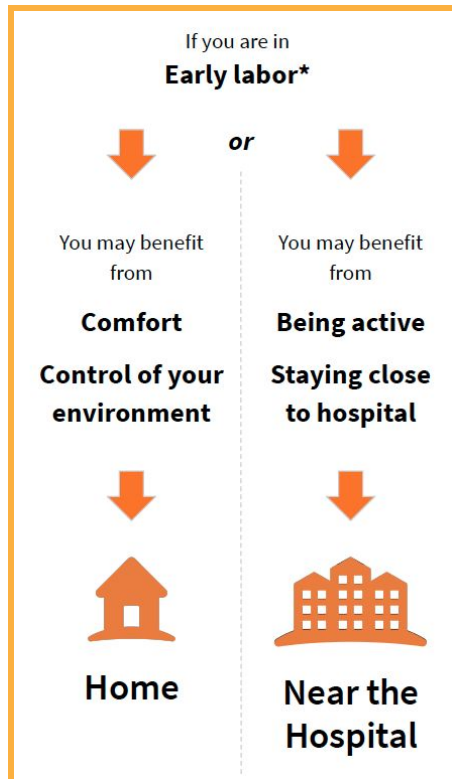
### Admission Discussion Guide

Discuss the best next steps with your support person, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.



\* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation.

“You and baby have stable vital signs and you stated your contractions are painful but manageable with breathing and movement,” explains Diane. “This means you can benefit from either being at home or near the hospital. Some patients prefer to be at home where they can be more comfortable and in control of their environment. Others prefer to stay near the hospital and want to remain active. Do you have a preference, Lucinda?”



Lucinda says, “I was feeling anxious earlier and I’m not sure if I feel comfortable going back home. What if my labor progresses rapidly?” She then asks Jennifer and Amy their opinions. Both reaffirm how well Lucinda and her baby are doing and ask for more information about staying near the hospital.

Diane explains this feeling is very normal and many patients prefer to stay near the hospital. Diane suggests they use a walking path in the hospital and provides them a map. She also points out where they can get nourishment. Diane says, “You can return to triage anytime you want to. However, for most patients, we like to recheck their cervix in 1-2 hours. Should we plan to meet back here in 2 hours?” Lucinda and her care team agree to this plan, and they leave to go walking.

Lucinda returns to triage 2 hours later when her contractions get stronger. Diane checks Lucinda’s cervix and she is now 5 cm. Diane says, “You are now in active labor and, according to the **Admission Discussion Guide**, we can now recommend admission to the labor unit.” Lucinda, Jennifer and Amy agree with the plan for admission. Diane walks them to the labor unit and introduces them to their labor nurse, Francis, and the **Shared Labor and Delivery Planning Board (“Shared Planning Board”)**, where they can update the care team’s plan and preferences.