



## OKLC INTERDIS Code Labor Alert Protocol Mercy Hospital Oklahoma City

<b>Approved by:</b>	Mercy Hospital Oklahoma City - Medical Executive Committee, Mercy Hospital Oklahoma City - Policy Oversight Committee, Emily Eriksson (Vice President-Patient Care Sv), Laura Beck (Exec Director-Nursing)	<b>Approval Date:</b>	05/30/2024
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### I. DEPARTMENT APPLIES TO

All inpatient and named outpatient units/departments/areas.

### II. POLICY

Emergent provisions for care and delivery of neonate(s) will be provided through an interprofessional team effort. The purpose of Code Medical Alert-LABOR ALERT is to support neonatal deliveries occurring unexpectedly and outside Labor & Delivery (L&D). A Code Medical Alert-LABOR ALERT does not replace Rapid Response Team (RRT) or Code Blue; RRT and Code Blue should be called first and separately if needed for a pregnant patient.

### III. PROCEDURE

A. Code Medical Alert-LABOR ALERT may be activated for any imminent delivery outside L&D.

1. Triggers for Activation of Code LABOR ALERT:

- a) Any staff/patient/family concern of imminent delivery.
- b) Presenting fetal body part.
- c) Prolapsed cord.
- d) Anytime a RRT or Code Blue is called on an obstetric patient.

2. Once Code Medical Alert-LABOR ALERT is activated and the Code Medical Alert-LABOR ALERT team has assessed the pregnant patient, delivery may occur in the following places:

- a) Current patient room
  - (1) Clear the room of other patients and unnecessary equipment.
  - (2) Attempt to have the following available: suction, warm blankets, oxygen supplies (e.g., flow meter, adult mask)
- b) Operating Room (OR)
  - (1) The charge RN will request anesthesia STAT.
  - (2) Prepare patient for transport.
- c) Labor & Delivery (L&D)
  - (1) Notify L&D to prepare C-section room in L&D for emergent delivery or L&D room for emergent vaginal delivery.
  - (2) The charge nurse will request anesthesia STAT, as needed.
  - (3) Prepare patient for transport.

3. There may be instances in which an obstetric (OB) assessment may be requested for a pregnant patient not experiencing imminent delivery.

- a) An OB assessment may be requested by a patient, provider, or nurse for a pregnant patient is unstable with potential fetal compromise (e.g., fetal heart rate decelerations or non-reassuring fetal



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heart tones, complaints of decreased fetal movement, vaginal bleeding, rigid abdomen, complaints of ruptured membranes).

4. A request for consult by an OB/GYN Hospitalist may be made by the primary provider of a pregnant patient of any gestation.

**B. Unit/Department/Area**

1. Emergency Department (ED) and Outpatient Areas

- a) OB Assessment Request
  - (1) Call Labor & Delivery (L&D) charge RN at 760-9827.
- b) Imminent Delivery
  - (1) Call Operator and request Code MEDICAL ALERT-LABOR ALERT to specific area to be called via overhead page.  
Operator: 2000

2. Inpatient Units

- a) OB Communication, Monitoring, and Assessment
  - (1) Communication of Pregnant Patient
    - (a) L&D should be made aware of pregnant patient location, status, and fetal monitoring orders. Call Labor & Delivery (L&D) charge nurse at 760-9827.
  - (2) Fetal Heart Monitoring
    - (a) Fetal monitoring will be performed by an L&D nurse according to OB Hospitalist-provider order.
  - (3) Assessment
    - (a) Additional assessments may be requested as patient condition warrants.
    - (b) Notify the pregnant patient's attending provider of OB Assessment request.
    - (c) If assessment warrants transfer to L&D for further monitoring or delivery, notify L&D charge nurse of patient transfer.
- b) Imminent Delivery
  - (1) Call Operator and request Code MEDICAL ALERT-LABOR ALERT to specific area to be called via overhead page.  
Operator: 2000

**C. Team and Responsibilities for Code MEDICAL ALERT-LABOR ALERT**

1. Pregnant Patient's Bedside Nurse

- a) This nurse is the primary nurse assigned to the pregnant patient at the time of the Code LABOR ALERT event.
- b) Responsibilities:
  - (1) Activate Code LABOR ALERT by calling 2000 (Operator) or notifying a designated person to activate Code LABOR ALERT.
  - (2) Initiate intrauterine resuscitation (i.e., position patient on a lateral side, apply oxygen mask to patient's face, establish IV access).
  - (3) Notify the pregnant patient's attending provider of Code LABOR ALERT activation.
  - (4) Stay present at the bedside throughout a Code event to provide report and answer questions that the Code LABOR ALERT Team may have regarding the pregnant patient.



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- (5) If necessary, provide supportive care to the pregnant patient and neonate until the Code LABOR ALERT team arrives.
- (6) Make plans for the transition of care. If transferring, call report to the receiving unit.
- (7) Notify patient's family/support person.

2. Operator

- a) This person is the hospital's PBX operator.
- b) Responsibilities:
  - (1) Verify location of Code MEDICAL ALERT-LABOR ALERT.
  - (2) Page Code MEDICAL ALERT-LABOR ALERT via overhead paging system and state the following: "Attention Please: MEDICAL ALERT- LABOR ALERT to \_\_\_\_\_"  
(unit/dept/area)

- (3) Operator via EVER BRIDGE will notify the following of Code MEDICAL ALERT-LABOR ALERT:

- 1. BRAT TEAM: (405) 486-8154
- 2. NICU Charge: (405) 486-8060
- 3. NICU NP: (405) 486-8080
- 4. NICU RT: (405) 486-8114
- 5. Labor Charge: (405) 760-9827
- 6. OB Hospitalist: (405) 213-6368
- 7. **House Supervisor:** (405) 766-2590

i. L&D Team

- 1. The L&D Team consists of, but may not be limited to, the following: OB/GYN Hospitalist on-call and/or patient's primary OB provider (if present and available), OBED Nurse, BRAT team members, L&D nurses as determined by the L&D leadership team (charge nurse and manager, as needed), and OB techs/Certified Scrub Techs as needed.
- 2. Responsibilities:
  - a. Respond immediately with appropriate team members.
  - b. Bring equipment for care of the pregnant patient and neonate (See section D. Supplies and Equipment for details).
  - c. Provide care related to safe and effective delivery, as determined by the provider leading the L&D Team.
  - d. Coordinate notification of other services (e.g., Anesthesia) as needed.
  - e. Collaborate with the pregnant patient's team (i.e., attending provider(s), nurses, RT) to provide supportive care as necessary to the pregnant patient.
  - f. Notify patient's primary OB provider as appropriate and necessary.
  - g. The OB/GYN Hospitalist or primary OB provider is responsible for assessment of maternal-fetal condition and determining the plan of care with other providers as appropriate and necessary.



4. Radiant warmer (NICU nursing to coordinate, as needed)

c. Documentation

- i. Documentation should be a collaborative effort among team members involved.

d. Follow-Up

- i. Follow-up care will be determined by the team members involved.

8. DEFINITIONS

- Intrauterine Resuscitation – Refers to a series of interventions to promote fetal well-being that include a change in maternal position, a decrease in uterine activity, or uterine contraction frequency, administration of IV fluids, and administration of oxygen.
- Imminent Delivery – Delivery is imminent when crowning occurs.
- Prolapsed cord – Umbilical cord prolapse happens when the umbilical cord precedes the fetus' exit from the uterus.
- Spontaneous rupture of membranes (SROM) – Rupture of membranes (ROM) is a term used during pregnancy to describe a rupture of the amniotic sac.

9. REFERENCES

American Academy of Pediatrics and American Heart Association, et al. (2021). *Textbook of neonatal resuscitation* (8<sup>th</sup> ed). Weiner, G. (Ed.).

Blake, C. (May 2012). “Did you just say... the baby’s coming!?!?”: A nurse’s guide to prepare for a safe precipitous delivery in the emergency department. *Pediatric Update in Journal of Emergency Nursing*, 38(3), 296-300.

10. KEYWORDS

delivery; imminent; OB assessment; code, LABOR ALERT, pregnant, neonate, fetus, fetal