



WRHN

Waterloo Regional
Health Network

Origination 07/2015
Last N/A
Approved
Effective N/A
Last Revised N/A
Next Review N/A

Owner Patricia
Blancher
Area Childbirth
and
Children's
Program
Applicability WRHN - All
Sites

Pregnant Patients Requiring Medical Care - Clinical Guideline

GUIDELINE STATEMENT

The intent of this document is to provide appropriate and timely family-centered care to a pregnant patient (undelivered or delivered) who presents to Waterloo Regional Health Network (WRHN). This document will review care of patients and newborns who present to hospital independently or via Region of Waterloo Paramedic Services (ROWPS).

Emergency, Childbirth and Children's staff and providers will determine appropriate location of care for patients based on presenting concern, gestational age and birthing status. This document will review care for the following populations:

- Undelivered at gestational age 20 weeks and over with a pregnancy-related concern
- Undelivered at gestational age 20 weeks and over with a medical concern unrelated to pregnancy
- Undelivered with gestational age under 20 weeks
- Birth outside hospital
- Out-born newborn
 - Well-newborn
 - Compromised newborn

SCOPE:

This guideline applies to:

- Emergency Department - WRHN@Midtown and WRHN@Queen's Blvd
- Children's & Childbirth Program - WRHN@Midtown

INCLUSION CRITERIA:

- Patient under 20 weeks gestation
- Patients 20 weeks gestation and over who present in labour or with other obstetric related concern
- Patients 20 weeks gestation and over — not in labour — who present with a non-obstetric medical concern
- Patients who have given birth outside of hospital
- Newborn delivered outside of hospital

EXCLUSION CRITERIA:

- Patients who are not pregnant

DEFINITIONS

ED - Emergency Department

ROWPS - Region of Waterloo Paramedic Services

RSN - Resource nurse

ROLES & RESPONSIBILITIES

This guideline applies to all birthing and pediatric providers, emergency department providers, nursing and supporting teams involved in care of a pregnant or birthing patient and/or newborn who present for care.

PROCEDURE:

WRHN@Midtown: 20 weeks gestation and over

Patients who present to WRHN @ Midtown at 20 weeks' gestation and over will present directly to the Childbirth program on the 4th floor for assessment and care.

If uncertain about a patient's presenting concern, the default will be to direct the patient to the Childbirth program for initial assessment. Once cleared obstetrically, the patient may be transferred to the ED for ongoing assessment and care.

Patients presenting with a medical concern clearly unrelated to pregnancy (eg broken limb, respiratory distress, MVA with trauma, mental health crisis, etc.) will be assessed in the Emergency department with on-location support from the OB on call and obstetric team for uterine activity/ fetal health surveillance.

- i. For long waits and/or uncertain need for fetal assessment, the ED charge or triage nurse will

call the OB on call (in place of the Emergency Department physician) to determine if a consultation is warranted.

- ii. If the ED nurse cannot reach the OB on call, the ED nurse will call the Childbirth RSN/charge nurse to assist in obtaining direction from the OB on call. This will be documented in the patient's health record.
- iii. If the OB on call determines that obstetric assessments are warranted, there will be discussion to determine the best location for these examinations to take place — Emergency department or Childbirth triage located on the 4th floor.
- iv. Because the patient is the primary responsibility of the ED physician and team, the patient's registration encounter will remain with the ED while undergoing obstetric assessments, until such point that disposition of the patient is determined.
- v. If there are any urgent health concerns, the ED nurse will flag the patient as "See Next" or call a Code Obstetric for the most appropriate team response.

Registered midwives will continue to complete initial assessments on their patients who arrive at Childbirth triage (4D). Consultation will be made as appropriate with the OB on call for concerns outside the midwifery scope. If there is no obstetric concern, the patient will be transferred to the Emergency department for assessment. Any further referrals will be made between the ED provider and OB on call.

WRHN @Queen's Blvd: 20 wks gestation and over

The ED physician will consult with the OB on call @ Midtown regarding the patient's presentation and need for transfer. Once medically cleared, the patient will be transferred directly to the Childbirth program @ Midtown.

The Queen's Blvd. ED nurse will contact the Childbirth Resource/Charge nurse and advise on the pending patient transfer.

If the patient can not safely be transferred to the Midtown site (ie too advanced in labour, imminent birth), the team @ Queen's Blvd. will manage care of the patient in consultation with obstetric team @Midtown until such time that transfer can be arranged.

When a patient gives birth at WRHN@Queen's Blvd., both the parent and newborn will be transferred to WRHN@Midtown for ongoing care once physiologically stable.

If the patient is not appropriate for the Childbirth program @Midtown, the OB on call will advise the Queen's Blvd ED physician to arrange transfer to a tertiary center. The transfer will be completed via ROWPS with the appropriate personnel, including nursing, respiratory therapy, and/or physician based upon the patient's condition.

WRHN@Midtown & WRHN@Queen's Blvd: Under 20 week's gestation

Patients under 20 week's gestation (both campuses) will be assessed and cared for in the Emergency department. The exception would be a patient having a miscarriage between 14–20 week's gestation. In such situation, the ED provider, in consultation with the OB on call, may consider admission or transfer to

Childbirth for birthing care.

Delivered patients arriving with ROWPS (@ Midtown)

Out-born birth where both parent and newborn are deemed stable as per paramedic assessment:

- i. ROWPS will utilize current processes of communication via ED's direct line (patch) phone.
- ii. The patient and newborn will be taken directly to Childbirth for care by the obstetric and pediatric teams.

Out-born birth where patient and/or newborn are deemed NOT stable as per paramedic assessment:

- i. patient and/or newborn will be registered and assessed in the ED by the ED physician.
- ii. Urgent paediatric care for the newborn can be obtained by calling a Code Pink (only applicable at the Midtown site).
- iii. Urgent obstetric care for the birthing patient can be obtained by calling a Code Obstetric (only applicable at the Midtown site).

Safety Protocols

Risk assessment, emergency response, infection prevention and control.

DOCUMENTATION

The birth time for outborn newborns is automatically set to midnight within the electronic medical record. The estimated time of birth (as per the parent) is updated for the banner bar in the Cerner electronic record. The exception would be a newborn who requires admission to hospital after a midwife-supported home birth.

The Childbirth nurse will complete the admission documentation for both patient and newborn using the estimated time of birth as provided by the parent. As per Service Ontario policy, newborns may be assigned a health insurance number if all other eligibility requirements are met:

- i. births which take place outside a birthing facility but are attended by a physician, registered midwife, emergency medical technician, paramedic or ambulance technician; AND
- ii. Where the infant is admitted immediately after birth to an Ontario hospital that has a birthing facility

COMPETENCIES & EDUCATION

not applicable

QUALITY ASSURANCE

Any staff member identifying potential or actual adverse outcomes resulting from implementing this policy will follow the safety incident reporting process. This document will be reviewed per hospital policy framework or any updates to the standards related to this document.

RELATED DOCUMENTS

not applicable

APPENDICES

not applicable

REFERENCES:

Ministry of Public and Business Service Delivery. (Sept 2022). Infant registration program manual for birthing hospitals. Version 0.7

This is a controlled document. Printed, saved or electronic copies of this document found outside of the policy manual system are uncontrolled and subject to change. Users must view the electronic version located on the online policy manual system to ensure the most up to date document is consulted.

This document has been created specifically for Waterloo Regional Health Network (WRHN) and may not be applicable for other organizations. This document is the intellectual property of WRHN. It is not to be shared or duplicated without permission.

Approval Signatures

Step Description

Approver

Date

Applicability

WRHN@Midtown & Chicopee, WRHN@Queen's Blvd