

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Labor & Delivery (L&D)**

PATIENT CARE UNIT/AREA

Unit Description	:	Labor & Delivery (L&D)
No. Of Beds	:	5 Labor/Delivery
		1 Surgical Suite
		1 Recovery Room
		1 Perinatal Lab
Nurse Patient Ratio	:	1:1-2 (Days and Nights)
NHPPD	:	17.7

Scope of Service

L&D Unit consists of 5 LDR's - 1 Surgical Suite - 1 Recovery Room - 1 Perinatal Lab. Average monthly deliveries are 110-120 per month, with a 65% high-risk patient population.

Frequent Procedures/Services/Functions

- Fetal heart and maternal uterine contraction monitoring
- IV starts and maintenance
- Assistance with inductions, and augmentations
- Tocolysis of premature labor and magnesium sulfate infusions
- Caesarean sections/scrubbing/circulating
- Recovery of patients undergoing surgery under General and Regional Anesthesia
- Pain Management including epidural and patient controlled analgesia administration and management
- Non-stress testing
- Removal of cerclage
- Caring for and resuscitation of the new born at delivery.
- Assistance in the perinatal lab with amniocentesis, intrauterine transfusions, and cordocentesis
- Patient/Family Education
- Maintenance of skin integrity
- Wound Care

Hours of Operation

24 hours a day, 7 days a week

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CRITERIA FOR ADMISSION TO SERVICE

Patients who are 20 weeks gestation and above, and who fit into those high risk categories as per following guidelines, are accepted for admission:

- Chronic pulmonary disease with decrease pulmonary function (excluding asthma not requiring steroids)
- Chronic liver disease currently treated by hepatology at King Faisal Specialist Hospital and Research Center
- Epilepsy (on medication) currently treated at King Faisal Specialist Hospital and Research Center for fetal evaluation only
- Infertility where the current pregnancy has resulted from treatment at King Faisal Specialist Hospital and Research Center with other risk factor
- Previous preterm (less than 34 weeks) or IUGR delivered at King Faisal Specialist Hospital and Research Center or confirmed by medical report for fetal evaluation, may be discharged if normal
- Previous 3 or more C-Sections or treatment for uterine anomaly at King Faisal Specialist Hospital and Research Centre
- Multiple pregnancy - three or more fetuses
- Diabetes mellitus currently on insulin or oral hypoglycemic agent (impaired GIT is not included)
- Hypertension on medication treated at King Faisal Specialist Hospital and Research Center and previous complication treated at King Faisal Specialist Hospital and Research Center
- Severe cardiac disease (Class III or IV)
- Chronic renal disease under treatment at King Faisal Specialist Hospital and Research Center
- Congenital/Chromosomal anomalies - These patients will be evaluated during current pregnancy, if normal will be discharged
- Severe sickle cell anemia
- Rhesus Isoimmunization
- Recurrent abortions - 3 or more consecutive abortions presenting before 24 weeks prior to this pregnancy (excluding patients with subsequent successful pregnancy without any treatment)
- Prior fetal or neonatal death - Within 1 month after birth during the last pregnancy only
- All eligible employees/dependents
- Private patients
- Hospital exceptions

Patients at risk will not be admitted if they are more than 36 weeks pregnant.

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STAFFING PLAN

Number and Mix of Staff

- 18 SN-Is
- 2 WCs
- 1 PCA
- 1 Head Nurse (L&D, and D-1)
- 1 Clinical Instructor, shared with A-1, & Ob/Gyn (included in the budgeted MSR lines for NE & R).

Staffing is calculated using 17.7 NHPPD. L&D has multinational nurses from USA, Canada, Britain, Australia, New Zealand, South Africa, India, Malaysia, Philippines, Jamaica, and Ireland. All staff are registered nurses who have had specialized training and experience in the nursing care of women and their newborns.

Staffing Plan

A charge nurse is designated for each shift. In the absence of the Head Nurse, she is responsible for unit supervision on a 24-hour basis, with quality of care delivered by nursing personnel. The charge nurse is also required to provide care as needed to accommodate the fluctuating patient census and acuity.

Staffing assignments are made each shift by the charge nurse based on the following criteria:

- Acuity of patients' condition and required nursing care. Most patients require 1:1 care
- Degree of supervision required by each nursing staff member based on her previously assessed level of competence
- Infection control and safety issues

Method of Adjusting to Staffing Variances

- Back up systems include cross-trainers from A-1
- Additional staff are called in for periods of high acuity / census / short staffing

Labor & Delivery nurses generally float to the following units:

- A-1, Ante/Post Partum
- OB / Gyn Clinic
- D1, Gyne / Oncology

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Registered Nurse (with experience in the care of high risk mother and her baby)
- Registered Midwife (with experience in the care of high risk mother and her baby)
- NRP certificate

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- BCLS Certificate
- Electronic Fetal Monitoring

Ward Clerk and PCA

Bilingual - English & Arabic

How are In-Services/Continuing Education Programs provided to maintain staff competency?

- Bi-monthly in-services by staff and/or clinical instructor
- Annual staff in-services
- Hospital seminars and workshops
- Grand rounds
- Physician scientific seminars
- Annual staff competencies
- Continuing education is offered through staff development in NER and at the Unit level. Educational needs are identified through mandates, treatment protocols, perinatology guidelines, performance improvement activities, regulatory agencies, new technologies, new equipment, new products, and individual surveys.

Required Competencies

- GNO and Unit Orientation competencies
- IV certification
- BCLS
- NRP
- Epidural & PCAs
- Basic Adult Physical Assessment (BAPA)
- Neonatal Physical Assessment
- Annual competencies

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

- Monthly staff meetings with available minutes
- Communication book
- Nursing Affairs Committee Structure
- Memos
- Hospital Intranet
- Quarterly collaborative practice meetings with health care team
- Weekly patient care conferences
- Collaborative Hospital committee meetings
- Written policies, procedures and protocols

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Describe Collaborative Relationships with Other Departments

- Cross-training of staff between A1, L&D, & D-1
- Provision of instructors for life support training centre
- Weekly collaborative practice conference with neonatology
- Monthly collaborative practice conferences with the OBS/GYN department
- Performance Improvement Groups
- Participation in multidisciplinary committees

PLAN TO IMPROVE QUALITY OF SERVICE

- Review & revise standards of patient care & clinical practice.
- Ensure staff competency in required competency testing.
- Offer educational programs to increase staff's knowledge and skills.
- Review patient comments and follow-up as necessary.
- Explore the expansion of Home Health Care to include home visits for the post-partum patients.
- Renovation of the unit in order to accommodate the present patient population.
- Reinitiate the Cross-training Program of A-1 staff to increase flexibility and provide continuity of care.
- Implement patient education programs in obstetrics and foster staff participation in patient teaching.
- Cross training of staff to D-1 to increase flexibility and provide continuity of care.
- Staff participation in Hospital-wide and Unit-based performance improvement projects.