

## Obstetric Areas

Obstetrical patients will include those who are currently pregnant, or those who delivered or aborted in the previous 6 weeks. Patients with ectopic pregnancies or any pre-abortive process are considered obstetric patients

The delivery room functions to provide a controlled environment for the safe performance of obstetrical procedures. Obstetrical procedures include, but are not limited to:

- Vaginal deliveries
- Caesarian sections
- Episiotomy and laceration repairs
- Management of postpartum hemorrhage such as uterine packing, uterine artery ligation or hypogastric artery ligation
- Caesarian hysterectomy
- Cervical cerclage
- Suction dilatation cerclage and curettage of any abortive process.
- Postpartum tubal ligations.

Delivery room/operating room procedures are designed to provide maximum reduction of exogenous microorganisms, which could contaminate the perineum or operative area. Personnel and their compliance with surgically acceptable procedures are a critical component in the prevention of postpartum infections.

OB personnel function in a unique situation within the hospital, in that while providing postpartum and intra-partum care, they must consider not only the health and well being of the mother, but also of the fetus and neonate. Therefore, it is important to remember to inform nursery and pediatric personnel about potential problems or complications, including infectious complications, as far in advance of the birth of an infant as possible.

### **Infection Control Practices.**

- Staff
  - Hands will be washed before and after patient contact and before performing any invasive procedures.
  - All personnel will follow “Universal/Standard Precautions” in accordance with OSHA Bloodborne Pathogen Standards, to prevent transmission of bloodborne pathogens.
  - All personnel will participate in in-service education and will maintain annual training requirements (Bloodborne Pathogens and TB).
  - Personal Protective Equipment (i.e., masks, gloves, goggles, and gowns) will be readily available and worn for protection when indicated.
  - Personnel will report active infections, suspected communicable diseases, occupational injuries or infectious exposures to their immediate supervisor and report to Occupational Health to determine duty status and/or work restrictions.
  - Personnel will adhere to good personal hygiene practices.
  - Suspected trends or problems relating to Infection Control will be reported promptly to the Infection Control Department.

- Employee health
  - OB personnel should be free of transmittable infectious diseases.
  - Personnel who have exudative skin lesions or weeping dermatitis should refrain from all direct patient care and should not handle patient care equipment until the condition resolves.
  - Personnel who provide direct patient care must be immune to rubella, measles, mumps, and hepatitis B. Non-immune individuals will receive vaccine in accordance with hospital policy.
  - Personnel should receive annual influenza vaccine.
  - Varicella-immune status will be determined upon employment. Non-immune personnel will receive varicella vaccine in accordance with hospital policy.
  - Prior to employment, all employees are screened for tuberculosis using the PPD skin test. Yearly screening for tuberculosis is performed thereafter.
  - Needlestick/sharps/mucous membrane exposures must be reported immediately and referred to Occupational Health for evaluation and follow-up.
- Handwashing
  - Adherence to good handwashing is mandatory. Personnel will wash their hands before and after patient contact and before performing any invasive procedures.
  - All others involved in deliveries (including fathers and coaches) will be instructed in and practice good handwashing.
  - Standard surgical hand scrubs (following the operating room procedure) will be performed by all personnel in contact with the patient before deliveries or surgical procedures.
  - Hands will be washed after gloves are removed.
  - Personnel should remove rings, watches, and bracelets before washing hands and entering the OB or nursery areas. Jewelry is limited to wedding bands and watches.
- Restrictions
  - No food or drinks are allowed in the patient care areas.
- Personal Protective Equipment (PPE)
  - Personnel will wear a clean scrub suit or dress. Soiled scrubs will be changed as needed.
  - Cover gowns or laboratory coats will be worn over scrubs when leaving the area.
  - The patients coach, husband, or other support person attending births will change into scrubs or attire before entering the OR/delivery room suite. Masks, hats, and gowns are not required for the birthing rooms, except for the delivering physician.
  - Garb for personnel performing or assisting in deliveries:
    - Splashing of blood and blood-tinged amniotic fluid is almost inevitable at delivery, therefore, gloves, gowns, a plastic apron, masks, and eye protection will be worn at all births for protection.
    - Long-sleeved impervious gowns will be worn.
    - Sterile gloves will be worn during deliveries and during all invasive procedures
    - All healthcare workers who perform or assist with deliveries will wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infants skin.

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- Shoe covers or boots that do not permit blood/body fluids to pass through to the employee's skin will be worn.
  - Garb for personnel performing C-sections:
    - All standards for operating room suites will be applied to the C-section suite.
    - Surgical scrubs will be worn for those in direct contact with the sterile field.
    - Hair covering will be worn. All hair will be totally covered, a hood shall cover beards.
    - Sterile gloves and impervious sterile, long-sleeved gown will be worn for personnel working within the sterile field.
    - Shoe covers and boots that do not permit blood or body fluids to pass through or to reach the employee's skin will be worn.
    - Eye protection (face shield or goggles) will be worn accordingly to the potential for splashing.
    - All persons entering the room where there is a sterile field, will wear masks.
    - For pediatricians walking up to obtain the infant from the sterile field, minimum requirements are handwashing, sterile gloves, and a gown.
  - General Policies
    - Disposable items are utilized as much as possible.
    - Only disposable intra-uterine catheters and scalp electrodes are used. Check packaging integrity before use.
    - Insert the intra-uterine pressure catheter and scalp electrodes carefully utilizing strict aseptic technique.
    - Do not remove components of the monitoring system from sterile packages and setup until the system is actually needed.
    - Sterile solutions and sterile equipment will be used for all fluid pathways in the pressure monitoring system. The system will be maintained as a closed system and extreme caution will be used to avoid contamination during calibration.
    - External cables, fetal monitors, and accessories will be cleaned with soap and water after each patient use.
    - The delivery/OR suite will strictly adhere to the Central Processing Division policies, found in the Operating Room section of the Infection Control Manual, for supplies and instruments.
    - Needles, syringes, and sharps will be disposed of uncapped and uncut into puncture-resistant sharps containers.
    - Soiled linen will be placed in an impervious linen bag to contain used/soiled linen.
    - Regulated medical waste will be disposed of in accordance with hospital policy.

**Preparation of Obstetric Emergencies.**

- Surgical packs, solution, and other materials and supplies can be kept sealed, but conveniently arranged so that the instrument table can be ready immediately, for an obstetric emergency.
- A delivery pack and tray is opened and covered with sterile drape at all times. If unused within 12 hours, this setup is broken down.
- The caesarian packs are prepared in anticipation of an emergent procedure and are broken down if unused in one hour.
- A birthing delivery setup is broken down after 8 hours of being opened if not used.

### **Housekeeping.**

- The delivery/OR suite will strictly adhere to the MOR cleaning procedures and standards. Refer to the MOR section in the Infection Control Manual.
- All patient care areas, floors, and other horizontal surfaces will be cleaned at least daily with an EPA approved hospital grade disinfectant.
- All blood and body fluid spills will be cleaned promptly with a 1:10 bleach solution or an EPA approved hospital disinfectant. Gloves and appropriate protective equipment will be worn.
- Birthing rooms are to be cleaned in the same fashion as the delivery rooms with the exception of the floor. Floors in the birthing rooms are scrubbed with a mop and disinfectant instead of using a wet vac.

### **Traffic Control.**

- Only authorized personnel are allowed in the Labor and Delivery area. The patient may have only one coach in attendance. The coach will be instructed and dress in appropriate attire as per ward routine.
- Persons wishing to observe a patient in labor and delivery will be considered on an individual basis. Authorization must come from the patient care coordinator, charge nurse, or staff physician.
- Only one person is allowed in attendance for C-sections, if the patient is awake.

### **Isolation.**

- “Universal/Standard Precautions” will be followed on all patients, regardless of their diagnosis.
- Transmission based precautions (airborne, droplet, and contact) will be followed when indicated. Refer to the Infection Control Manual, Chapter 1 for specifics.
- A mother with a respiratory tract infection should be informed that such infections are easily transmitted on hands or by fomites, and will be instructed in careful handwashing techniques and appropriate handling of tissues or other items contaminated with infectious secretions. The mother may wear a surgical mask when with the newborn, to reduce the chance of droplet spread of infection.
- Management of maternal/infant contacts for mothers with active herpes lesions:
  - Educate the mother fully regarding the reasoning for following precautions.
  - Instruct mother in proper handwashing techniques.
  - Instruct mother to use gloves for direct contact with the infected area or with contaminated pads or dressings.
  - Permit breast-feeding if no active lesions in breast area.
  - Instruct mother/visitors not to kiss/nuzzle infant if oral lesions are present.
  - Mother should wear a clean cover gown to hold infant.
  - Cover affected area as appropriate (i.e., Band-Aid, perineal pad, or other types of dressings), if oral herpes lesions cannot be covered, mother should wear a mask when touching her newborn.
- Mothers known to be HIV positive should be advised not to breast-feed.
- No special isolation requirements are needed for mothers who deliver before arriving at NAVMEDCEN, or those who deliver at this facility, but outside of L & D suite. “Universal/Standard Precautions” will be followed.

- If an OB patient is re-admitted to L. & D, the recovery room, or OB ward, as a result of re-admission to the hospital or transfer from another ward “Universal/Standard Precautions” will be observed.
- If a mother has a communicable disease that requires isolation precautions the infant will remain in the observation nursery until both the pediatric medical officer and the OB/GYN medical officer have determined that maternal-infant contact would no longer be detrimental.