



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	IPC Guidelines for Obstetrics / Gyne & Delivery Room		
<b>Applies To:</b>	Health Care Workers		
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## 1. PURPOSE:

- 1.1 To prevent and control infections in obstetrics and gynecology services and delivery room where patients are at high risk to develop infections.

## 2. DEFINITIONS:

- 2.1 Obstetrics and Gynecology services include the female reproductive system where invasive procedures or devices performed by vaginal or abdominal access or during pregnancy may increase the risk of infection to both mother and fetus.

## 3. POLICY:

- 3.1 Recommendation for general practices which will decrease the risk of infection for the obstetrical patient Infection control in obstetrical area requires additional adherence to specific regulations
- 3.2 Prenatally, maximize maternal host defences:
- 3.2.1 Provide nutritional support to maintain maternal and foetal metabolic process. This may require caloric reduction to decrease maternal risk from obesity (pre-eclampsia) and the increased protein and iron required for Tissue growth.
- 3.2.2 Avoid exposure to infection with consequence to fetus, e.g.;
- 3.2.2.1 Rubella - pre-pregnancy immunization of mother and immunization of non-immune health care personnel caring for mother.
- 3.2.2.2 Toxoplasmosis - avoid contact with cat litter or feces, wash hands after caring for cats and avoid ingestion of under cooked or raw meat.
- 3.2.2.3 Herpes Simplex - active genital herpes at term may indicate delivery by caesarean section.
- 3.2.2.4 Hepatitis B or C, AIDS - avoid blood or needle sharing exposures.
- 3.2.2.5 Syphilis /Gonorrhoea - treat maternal disease.
- 3.2.2.6 Cytomegalovirus - no known intervention at this time
- 3.2.3 Perform antenatal screening for Hepatitis B & C, Rubella antibody, Syphilis and Group BStreptococcus (CBS).
- 3.3 All health Care workers should follow Standard Precautions: Proper Hand hygiene technique and wear personal protective equipment in performing all types of patient care procedures.

## 4. PROCEDURE:

- 4.1 Post-natal
- 4.1.1 Reduce exposure to microorganisms, encourage hygiene, including showering and perineal care especially after voiding or defecation.
- 4.1.2 Teach nursing techniques that will reduce breast or nipple trauma and decrease risk of mastitis
- 4.1.3 Monitor for symptoms of infection because the post partum patient may have altered sensation in perineal area due to soft tissue swelling and fail to note symptoms:

- 4.1.3.1 Check for bladder distention.
- 4.1.3.2 Assess color, odor and amount of lochia.
- 4.1.3.3 Observe incision / episiotomy for induration, swelling or drainage
- 4.1.3.4 Observe breasts for redness or excessive tenderness or discomfort, and cracking or splitting of nipple area
- 4.2 Sterilization of all obstetric equipment or instruments shall take place in C.S.S.D.
- 4.3 If D R. and O R. are in the same suite, access and service arrangement are such that neither staff or patient need to travel through one to reach the other.
- 4.4 Each labor room has access to the toilet room.
- 4.5 Each labor room has a hand washing facility controlled by foot, knee, elbow or sensor.
- 4.6 Gynecological Procedures and Devices Associated with Risk of Infection
  - 4.6.1 Trans-abdominal procedure
    - 4.6.1.1 Performed by needle aspiration or incision through abdominal wall such as laparoscopy, hysterectomy, tubal and ovarian procedure. Use careful pre-operative skin preparation.
    - 4.6.1.2 Use prophylactic antibiotics as appropriate.
      - 4.6.1.2.1 Separate uninfected patients from infected patients
      - 4.6.1.2.2 Use high level disinfection /sterilization of laparoscopies recommended.
  - 4.6.2 Trans-vaginal procedures:
    - 4.6.2.1 Dilatation and curettage (D&C)
      - 4.6.2.1.1 Handle tissues gently
      - 4.6.2.1.2 Use of sterile instruments and solutions.
      - 4.6.2.1.3 Teach patient appropriate hygiene practices
    - 4.6.2.2 Intrauterine devices "(IUD):
      - 4.6.2.2.1 Consider other (non-invasive) forms of birth control
      - 4.6.2.2.2 Avoid use in nulliparous females
    - 4.6.2.3 Vaginal hysterectomy
      - 4.6.2.3.1 Use general surgical interventions.
      - 4.6.2.3.2 Use antimicrobial agents as appropriate.
- 4.7 Obstetrical Procedures / Devices Associated with Risk of infection
  - 4.7.1 Trans-abdominal procedures:
    - 4.7.1.1 Caesarean section (C-section), or amniocentesis
      - 4.7.1.1.1 Induce mothers with ruptured membranes to deliver within 12-24 hours of rupture to reduce number of vaginal microorganisms ascending into the uterus.
      - 4.7.1.1.2 Use prophylactic antimicrobials when appropriate for emergency C-section
    - 4.7.1.2 Trans-vaginal procedures:
      - 4.7.1.2.1 Internal fetal monitoring (FM): Insert electrode using aseptic technique
      - 4.7.1.2.2 Internal monitoring of uterine contractions.
        - 4.7.1.2.2.1 Use aseptic technique, sterile equipment and solutions.
        - 4.7.1.2.2.2 Maintain a closed system I flush only When necessary.
        - 4.7.1.2.2.3 Use sterilization or high level disinfection for transducers and reusable domes between patients.
        - 4.7.1.2.2.4 Establish routine for catheter and tubing changes.
    - 4.7.1.3 Vaginal examinations
      - 4.7.1.3.1 Use antiseptic agent for perineal cleaning.
      - 4.7.1.3.2 Wear sterile gloves
      - 4.7.1.3.3 Use sterilization or high level disinfection for vaginal speculum.
    - 4.7.1.4 Vaginal delivery

- 4.7.1.4.1 Use aseptic technique and protective barriers to prevent exposure to blood and other body fluids, e.g. face shield or eye goggles, mask and gown.
  - 4.7.1.4.2 Disinfect the area with the approved hospital disinfectant and use antimicrobial agent for hand washing
  - 4.7.1.4.3 Teach patient careful perineal hygiene measures (wipe front to back, cleaning of perineum).
- 4.8 Traffic Control
- 4.8.1 Only authorized staff can enter delivery suite.
  - 4.8.2 Post-partum patients in the labor and delivery area shall not be allowed for any visitors, except for one brief visit by the husband immediately post-delivery as compatible with patient care.
  - 4.8.3 Regular hospital visiting hours shall be observed on the post-partum unit.
  - 4.8.4 Visitors shall be encouraged to wash hands.
  - 4.8.5 Visitors with known infections shall not be allowed to visit.
  - 4.8.6 Children are not allowed to visit.
- 4.9 Environment
- 4.9.1 Delivery room must be ventilated adequately.
  - 4.9.2 Avoid open windows when doing invasive procedures
  - 4.9.3 For any patient with communicable disease appropriate isolation technique to be applied
- 4.10 Equipment:
- 4.10.1 Establish and maintain a cleaning schedule for delivery room equipment e.g. fetal and mother monitor, emergency equipment including defibrillator, anaesthetic machine, suction and oxygen equipment and other resuscitation O2 face masks are disposable equipment.
- 4.11 Personnel
- 4.11.1 Personnel shall adhere to the hospital employee health program.
  - 4.11.2 Personnel who have been exposed to a communicable disease shall be excused from working in the post- partum, nursery and labour and delivery units
- 4.12 Dress Code:
- 4.12.1 All personnel entering delivery room shall wear a clean scrub dress, suit or gown
  - 4.12.2 Cover gown must be worn by all labour and delivery personnel when leaving the labour and delivery unit and should be properly tied at the back
  - 4.12.3 Gloves, sterile gowns, caps / hoods, masks, goggles, shall be worn at delivery and changed after each use
- 4.13 Assignment of Personnel:
- 4.13.1 Nurses shall not be assigned to care for medical / surgical patients and obstetrical patients during the same shift.
  - 4.13.2 Nursing personnel in all areas must be assigned in a manner that minimizes the risk of cross infections and accidental contamination.
- 4.14 Obstetrical patients in active labor with a known infectious process shall:
- 4.14.1 Be admitted to designated isolation room in labor and delivery and placed on appropriate category of isolation.
  - 4.14.2 Admission To OB/GYNE Unit: Obstetrical patients with a known or suspected infectious process, not in labor, shall be admitted to isolation according to isolation category
- 4.15 Management of Suspected and Known Infectious Cases
- 4.15.1 Patients suspected of having transmissible infections shall be isolated according to hospital standards until cultures or other laboratory or clinical findings demonstrate there is no hazard
  - 4.15.2 Nurses shall separate patients with draining wounds, take specimens for culture and sensitivity and notify the patient regarding the need for isolation.
  - 4.15.3 Mothers with unexplained elevated temperature of 38.5<sup>o</sup> C (101<sup>o</sup> F) or greater may care for baby at the discretion of the obstetrician, if she feels well enough, provided she washes her hands thoroughly under supervision, and wears a clean hospital cover gown to prevent contact of the neonate with contaminated items (bed clothes, linen).

- 4.15.4 Hospital workers are responsible for cleaning and storage of medical equipment. Equipment shall be arranged to provide maximum efficiency and safety.

**5. MATERIALS AND EQUIPMENT:**

**5.1 Forms and Records:**

5.1.1 N/A

**5.2 Materials and Equipment**

5.2.1 N/A

**6. RESPONSIBILITIES:**

- 6.1 Unit Head Nurse: Ensure proper medical and nursing practice, patient care and product safety in the OB/GYNE. labor and delivery, recovery and post-partum areas of the hospital.
- 6.2 Infection Control Personnel: Monitors the right implementation of infection control guidelines.
- 6.3 Obstetric Personnel: Reviews and approves all policies and practices relevant to infection control in the obstetric area and follow the guidelines for prevention of infection.










**7. APPENDICES:**

7.1 N/A

**8. REFERENCES:**

- 8.1 Gulf Cooperation Council-Center for Infection Control : <http://gdipc.org/wp-content/uploads/2018/07/TheGCC-Infection-Prevention-and-Control-Manual-3rd-Edition.pdf>
- 8.2 INFECTION PREVENTION & CONTROL CORE COMPONENTS (IPCCC) <https://jed-s3.blualt.com/psj1-ifn-s3-ifn01/files/01/Guidelines/IPCCC%20INPATIENT%20CARE%20UNITS%202023%20Version%202.pdf>

9. APPROVALS:

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