

<b>Department:</b>	Obstetrics and Gynecology (L&D)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Admission in Labor and Delivery Room		
<b>Applies To:</b>	All Obstetrics and Gynecology Staff		
<b>Preparation Date:</b>	January 08, 2025	<b>Index No:</b>	L&D-DPP-026
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## 1. PURPOSE:

- 1.1 To standardize the health care given to all pregnant women admitted to labor and delivery unit (L&D).

## 2. DEFINITIONS:

- 2.1 **Labor**– it is defined as the onset of regular painful contractions with progressive effacement and dilatation of the cervix accompanied by descent of the presenting part leading to expulsion of the fetus or fetuses and placenta from the mother.

## 3. POLICY:

- 3.1 Patient are admitted to L&D unit through the proper channels (Emergency Room, Obstetric Outpatient Department or transfer from inpatient wards and intensive care Unit), by authorized physicians only.
- 3.1.1 Physician authorized for admitting patients to L&D unit:
- 3.1.1.1 Obstetrics and gynecology department physician on duty in the emergency room and inpatient wards.
- 3.1.1.2 Obstetrics and gynecology senior physician at outpatient department.
- 3.1.2 Admission Criteria: Pregnant women with:
- 3.1.2.1 Symptoms and signs suggestive of labor.
- 3.1.2.2 Antepartum hemorrhage.
- 3.1.2.3 Ruptured membranes.
- 3.1.2.4 Documented plan for admission to L&D by her most responsible physician.
- 3.1.2.5 Severe hypertension at > 20 weeks of gestation.
- 3.1.2.6 Women who had home/car delivery in the same day.

## 4. PROCEDURE:

- 4.1 Document the following in the admission sheet:
- 4.1.1 Patient's 4 names for the Saudi and complete name for the Non - Saudi.
- 4.1.2 Medial Record number.
- 4.1.3 Name of her most responsible physician.
- 4.2 Take and document patient history and physical (general and obstetric) examination findings and the provincial diagnosis.
- 4.2.1 Speculum examination: should be done by admitting physician under aseptic conditions upon admissions see P&P of PROM at ER.
- 4.3 Put in writing a preliminary management plan including:
- 4.3.1 The estimated length of hospital stay.
- 4.3.2 Pain assessment and need for analgesia.
- 4.3.3 Special needs of the patient (e.g. If the patient is blind, deaf or otherwise handicapped).
- 4.3.4 The ROD will "specify" the type of the diet to be given to the patient which include.
- 4.3.4.1 Normal Diet: Post vaginal deliveries and Patients not in labor & not planned to be



- 4.8.3 Anti-tetanus toxoid should be given.
- 4.8.4 Women less than 20 weeks pregnant should be admitted to the Gynecologist ward and handed to physician on duty in section to continue further management.
- 4.8.5 Women more than 20 weeks pregnant should be admitted to L&D.
- 4.8.6 The neonate should be handed to pediatric physician at emergency room.
- 4.9 The emergency transfer: In-utero transfer must be discussed by emergency room physician with the Pediatric physician, Obstetric physician at L&D/ senior physician, Charge nurse at nursery.
- 4.10 Unbooked women in Labor:
  - 4.10.1 Unbooked women considered a high risk group and physician at L&D should assess.
  - 4.10.2 If delivery is not imminent, Ultrasound scan should be performed by L&D physician for: Over all fetal and placental assessment. If any doubt arises senior opinion must be sought promptly.

## **5. MATERIAL AND EQUIPMENT:**

- 5.1 CTG

## **6. RESPONSIBILITIES:**

- 6.1 Physician
- 6.2 Nurses
- 6.3 Midwives






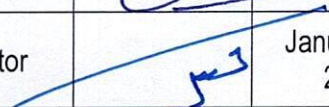
## **7. APPENDICES:**

- 7.1 Partogram

## **8. REFERENCES:**

- 8.1 William Obstetrics, 21<sup>st</sup> edition, 2005
- 8.2 Oxford Handbook of Obstetrics & Gynaecology 1<sup>st</sup> edition, 2004
- 8.3 Nice clinical guidelines 55 – intrapartum care, 2007.
- 8.4 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013
- 8.5 <https://www.slideshare.net/RheaMarcano/normal-labour-and-delivery-ppt>

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Waad Al Anizi	Head Midwife of Labor&Delivery Room		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib AlHarbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam Al Shammari	Hospital Director		January 22, 2025



OXYTOXIN DROPS/ MINUTE		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
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8 OF 8

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