

Scheduling Guideline for Procedures and Inductions
UNC Labor and Delivery

- Schedule by calling 984-974-0912. If no answer, leave message describing:
 - Patient name and MRN
 - Type of procedure needed and what date (or date range)
 - Which provider or staff to call back to schedule
 (Can also schedule via EPIC by sending above info to Patrice Baker)

Inductions

- 3 daytime slots and 1 evening slot 7 days/week plus an additional evening 'overflow' slot to accommodate elective IOL patients who had to be 'bumped' from the prior day. Patients would not be 'bumped' more than once. The overflow slot could also be used as a ripening slot for TOLAC patients (see below).
- No *elective* deliveries <39w0d
- Evening cervical ripening
 - Only for patients who have had a prior c section and attempting a TOLAC
 - Must document cervical exam <3 cm within one week of scheduled ripening date (if EPIC available, should document in the 'prenatal vitals' section)
- Indicated Inductions: An induction day (not time) will be scheduled
 - Patients will be called by the charge nurse between 7:00 – 11:00 AM and provided a time for when to come in that day. Patients will be instructed to call the front desk if they do not hear from us by 11:00 AM.
 - If the patient's induction will be delayed past 1:00 PM then the charge RN will discuss with the appropriate OB Provider (OB, FP, or CNM), and **prioritize.
 - Postterm inductions (>=40w5d)
 - Need to be >=39w0d at the time of scheduling
 - If induction schedule full, will "add" patient to schedule no later than 41w3d
 - Inductions on 3W will stay there until L&D is ready for them but will be brought up as early as possible
 - Exceptions that will need a time slot:
 - DOC patients or those who need to arrange transportation
 - Patients who live several hours away: Notify scheduler at time of scheduling so it can be noted. Charge RN would need to know that they are ≥2 hours away so they can give more of a heads up for appropriate arrival time.
- Elective Inductions in Low Risk* Nulliparous Patients 39w0d – 39w4d (ARRIVE study)
 - Must be scheduled when patient ≥37w0d.
 - Will be scheduled into a 9 PM evening slot, with intention to actively induce/labor through that night.
 - If induction schedule full, will "add" patient to the schedule no later than 39w4d, utilizing "overflow evening slot".
 - Patients will be called by the charge nurse between 7:00 – 9:00 PM and provided a time for when to come in that night (typically 9-11 PM). Patients will be instructed to call the front desk if they do not hear from us by 9 PM.
 - If the patient's induction will be delayed past 11 PM then the charge RN will discuss with the appropriate OB Provider (OB, FP, or CNM) and **prioritize. If a busy census prohibits the patient from coming in that night, she would be bumped to an overflow slot the following day.
- Elective Inductions in any patient 39w5d – 40w4d
 - Same as above, except must be scheduled when patient is >=38w0d and if induction schedule full will try to "add" patient to the schedule no later than 40w4d, utilizing overflow evening slot as schedule permits.

* Low Risk:

- Absence of any condition considered to be a maternal or fetal indication for delivery before 40w5d (e.g., hypertensive disorders of pregnancy or suspected fetal-growth restriction)
- Good dates: Certain LMP c/w scan <21w0d or uncertain LMP but scan <14w0d
- Nulliparous: No previous pregnancy beyond 20w0d

** Induction Prioritization Guideline:

1. Indicated
2. Elective 39w5d – 40w4d
3. Elective low risk nulliparous 39w5d – 40w4d

Operative Procedures

Pre-ops

- Occur on the day of surgery. Bloodwork is done 1-2 days before the procedure

Process for L&D Pre-op	
1-2 Days Before Surgery	<ul style="list-style-type: none"> • Patient reports to L&D: RN gives patient procedure instruction sheet and soap, and orders CBC, T&S and RPR under Procedure Attendings name, then sends patient to main lab for blood draw. RN to remind patient to be NPO (On weekends main lab only open Saturday 9:00 AM – Noon, so during other weekend times blood work would need to be obtained on L&D). Prefer Monday cases come on Saturday AM. Type and screens remain active until midnight of the 3rd day
Day of Surgery	<ul style="list-style-type: none"> • OB Procedure Intern sees 1st case at 6:15 AM after signing out 'stable' PP patients to floor intern. Procedure intern sees 2nd case at 7:30 AM, when 1st case going back to OR. If Procedure Intern not available, then other available resident can see patient. Intern/Scribes should prep H&Ps the day prior, and review with OB chief at that time. • OB Anesthesia sees patient (Complicated patients still need to be seen as "Consults" prior to day of surgery)

- Patient Arrival Times (determined at time of procedure scheduling)
 - 1st case: 6:00 AM
 - 2nd case: 7:00 AM
 - 3rd case: 8:30 AM
 - 4th case: 9:30 AM
- An H&P must be completed no more than 24 hours prior to scheduled procedure. An H&P may be performed outside the required period (but within 30 days) but would need an interval H&P update completed in the pre-op area that confirms no changes in the patient's medical status.
 - If H&P was done outside the 24-hour period, upon admission to L&D, resident will need to do an interval H&P update using H&P that was completed at pre-op visit through the pre-op tab from the snapboard. Of note, in such instances the attending needs to co-sign the H&P that was completed at the pre-op visit before the resident can do the interval H&P update in the pre-op area.
- Procedure Notes and H&P's
 - Any procedure which takes place in the OR requires an H&P, Op Note, and D/C summary. For procedures that take place in triage, only a procedure note is required.
 - Any procedure done outside of the OR (ie version, circumcision, amnio, wound debridement, etc) should be documented with a "Procedure Note", not an op note.
- **Remind patient to be NPO:** Patients undergoing any procedure, including ECV, must have no solids for 8 hours but can drink clears up until 2 hours prior to the procedure
- Procedures that don't require inpatient pre-op
 - External Cephalic Version, Prophylactic Cerclage
 - May have a type and screen sent on day of the procedure per attending discretion
- Fetal procedures
 - Neural tube defect surgery: MFM fellow/attending does the Consent, H&P, Pre- and Post-op orders. Resident places patient on ante list, post-op rounding and care, and discharge.
 - All other fetal procedures (ie, IUTs, shunts, etc.): MFM fellow/attending does all paperwork. If patients present over weekend when no MFM available, then resident can help complete.
- In order to make the L&D pre-op visit as effective as possible, it's ideal to give our patients the Pre-op Patient Information Sheet at the time of scheduling. These forms (both English and Spanish) are located in the clinic areas, as well as available on the OB clinic intranet website, at:
 - <http://obgyn.intranet.unchealthcare.org/obgyn/files/obgyn-campus/labor-delivery-pre-op.pdf/view>