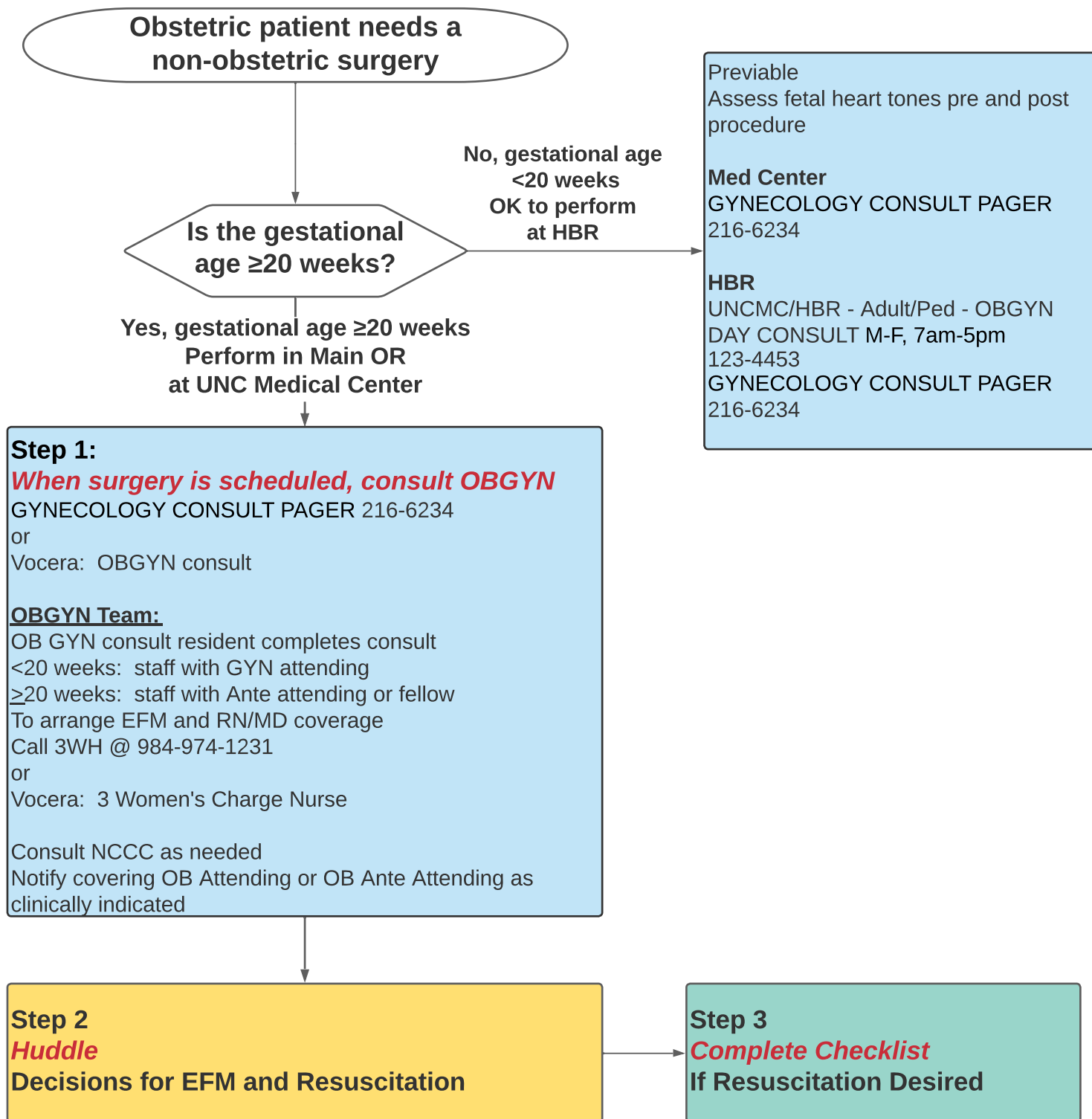


# Guidelines for Intra-operative Management of the Pregnant Patient undergoing Non-Obstetric Surgery



NCCC = Neonatal Critical Care Center  
HBR = Hillsborough Hospital  
EFM = Electronic Fetal Monitoring  
FHTs = Fetal Heart Tones

# Guidelines for Intra-operative Management of the Pregnant Patient undergoing Non-Obstetric Surgery

## Step 2 Huddle: Decisions for EFM and Resuscitation

### Guiding principle:

“The decision to use EFM should be individualized and, if used, should be based on gestational age, type of surgery, and facilities available. Ultimately, each case warrants a team approach (anesthesia, obstetric providers, surgeons, pediatricians and nurses) for optimal safety of the woman and fetus.” (ACOG CO 775)<sup>1</sup>

### Huddle is called with the following team members (virtual or in person):

- \*Primary surgical team
- \*OB provider team
- \*Anesthesia
- \*Nursing: surgical
- \*Nursing: main PACU (to discuss recovery location)
- \*Nursing: OB
- \*If Resuscitation desired: NCCC consult

### Team to discuss the Following:

- \*Is the pregnancy viable?
- \*Is continuous EFM feasible?
- \*Is the abdomen accessible for delivery if necessary?
- \*What are risks of interrupting surgery to deliver fetus?
- \***Cesarean delivery may be indicated to improve maternal circulation during CPR > 20 weeks gestation**

Shared decision-making with patient or proxy regarding considerations for EFM

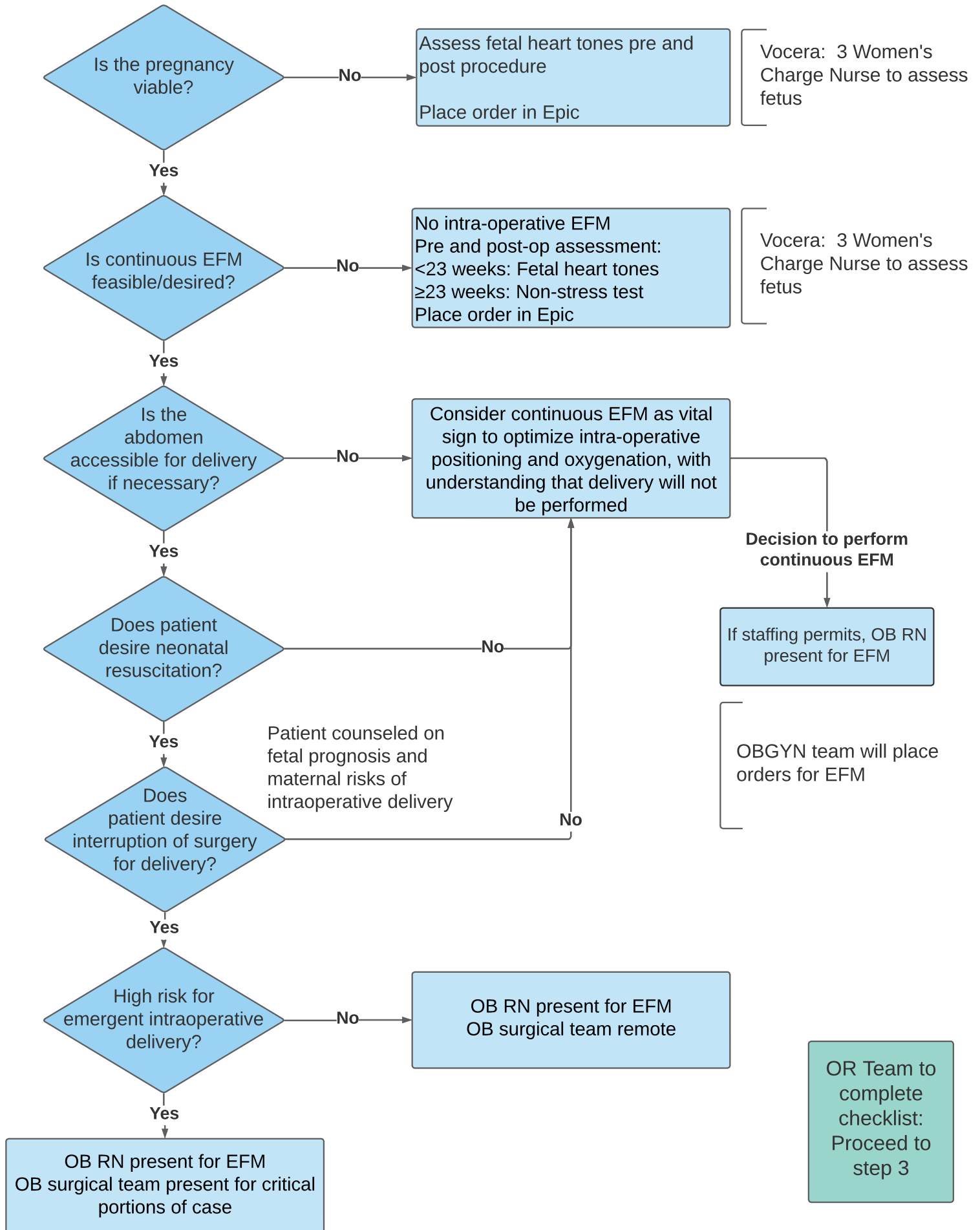
OBGYN Consult team places appropriate EFM orders in Epic

### First Time Out

- \*Primary surgical team
- \*Anesthesia
- \*Nursing: surgical
- \*Nursing: main PACU (to discuss recovery location)
- \*Nursing: OB
- \*Patient
- \* OB Provider, if high risk for emergent intra-operative delivery

<sup>1</sup>Nonobstetric surgery during pregnancy. ACOG Committee Opinion No. 775. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e285-6.

## Considerations for EFM for Pregnant Patients Undergoing Non-Obstetric Surgery



### Step 3: Printable Checklist

## If Resuscitation Desired

### Consults completed

- ☐ OB ☐ NCCC

### Planned Pre- and Post-op fetal assessment

- ☐ Heart tones ☐ NST

### Planned Intra-operative fetal assessment

- ☐ Continuous EFM ☐ Intermittent FHTs ☐ None

### Will surgery be interrupted for delivery?

- ☐ Yes ☐ No

### OB team locations during case

- OB Nurse ☐ In OR ☐ Remote  
OB Surgical team ☐ In OR ☐ Remote  
NCCC team ☐ In OR ☐ Remote

### Planned recovery location

- ☐ PACU ☐ L&D floor ☐ Other

### Supplies in OR

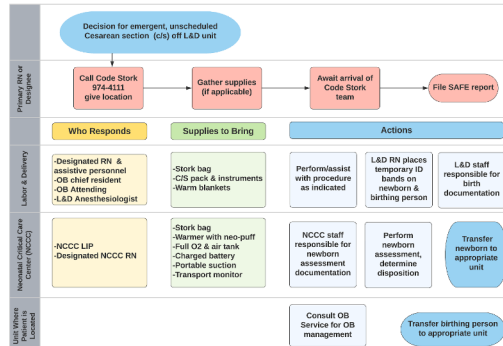
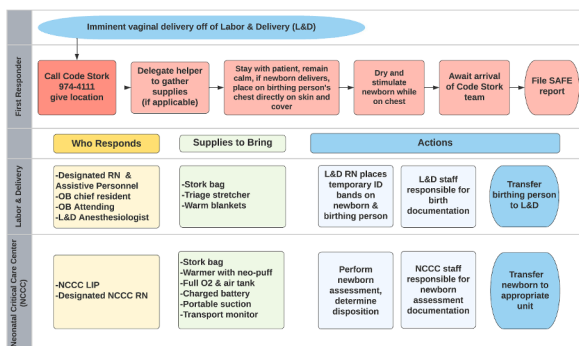
- ☐ Warmer & neonatal resuscitation supplies (coordinate with NCCC)  
☐ C-section instruments and pack (coordinate with L&D charge nurse)  
☐ Continuous fetal monitoring equipment  
☐ Remote fetal monitor from L&D  
☐ Ultrasound machine and sterile US probe from Central Processing Department (CPD) for intermittent heart tones  
☐ Closed-loop communication - Vocera OB Attending - before second time out

**For emergent  
delivery,  
call Code Stork,  
974-4111**

### Emergency Contacts

Code Stork 974-4111  
NCCC Charge RN 974-6281  
L&D Main number 974-3422  
Vocera: OB Attending  
Vocera: Labor & Delivery Charge Nurse

### Unexpected Delivery Code Stork Policy



### Printable flow charts for vaginal Unexpected Delivery (Code Stork)

<https://unhealthcare-uncmc.policystat.com/policy/9196730/latest/>