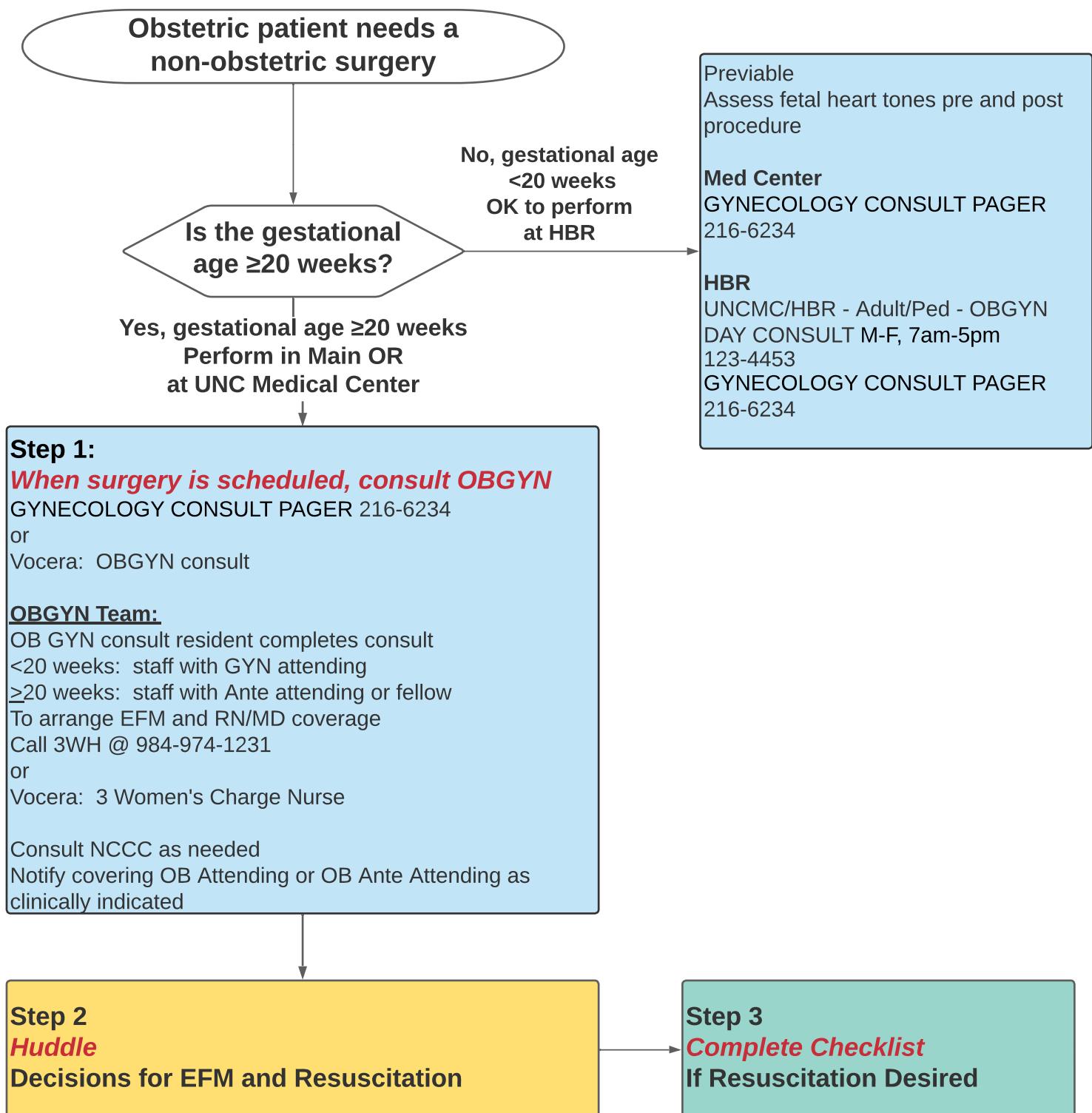


Guidelines for Intra-operative Management of the Pregnant Patient undergoing Non-Obstetric Surgery



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)¹

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

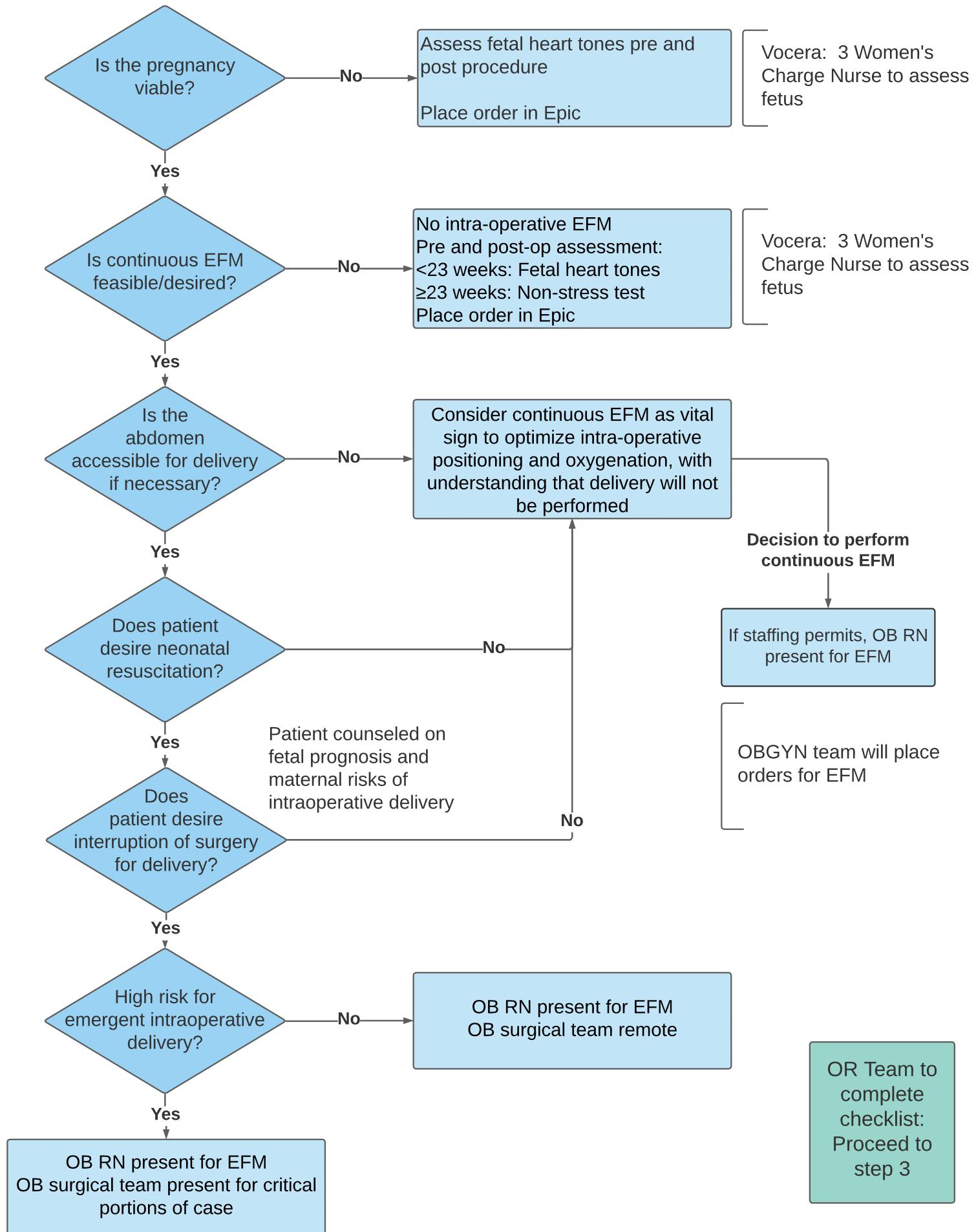
First Time Out

- *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

¹Nonobstetric 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



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	<input type="checkbox"/> In OR	<input type="checkbox"/> Remote
OB Surgical team	<input type="checkbox"/> In OR	<input type="checkbox"/> Remote
NCCC team	<input type="checkbox"/> In OR	<input type="checkbox"/> Remote

Planned recovery location

PACU L&D floor Other

Supplies in OR

Warmer & neonatal resuscitation supplies (coordinate with NCCC)

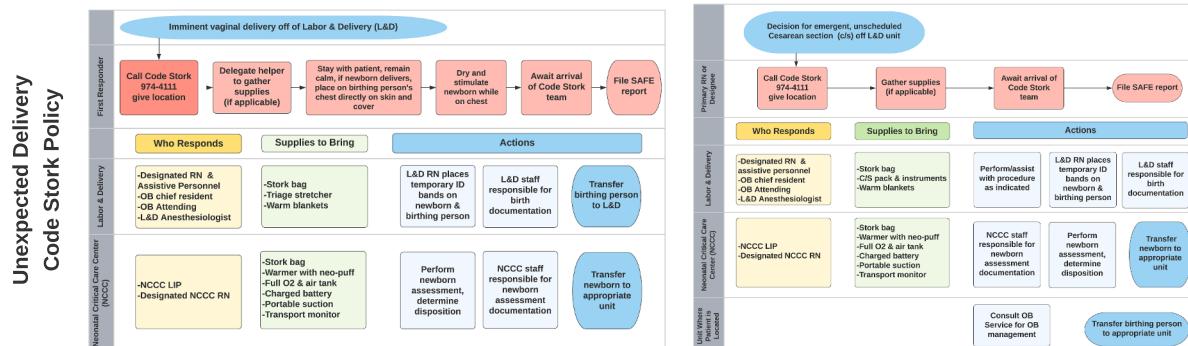
C-section instruments and pack (coordinate with L&D charge nurse)

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



Printable flow charts for vaginal Unexpected Delivery (Code Stork)

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

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	