

# Book 1: Recommended Routines Survey

Please complete and turn in to your PCEP Coordinator

## Is the Mother Sick? Is the Fetus Sick?

### Recommended Routines

All the routines listed below are based on principles of perinatal care presented in the unit you have just finished. They are recommended as part of routine perinatal care.

Read each routine carefully and decide whether it is standard operating procedure in your hospital. Check the appropriate blank next to each routine.

Procedure Standard in My Hospital	Needs Discussion by Our Staff	
_____	_____	1. Establish a record-keeping system that includes <ul style="list-style-type: none"> <li>• Use of a single, standard prenatal record format by all obstetric clinicians</li> <li>• Identification of risk status</li> <li>• Reliable availability to labor and delivery staff of all prenatal records for all patients</li> </ul>
_____	_____	2. Develop a system that allows outpatient evaluation, in an obstetric care area, of women who may or may not be in labor until it is determined that discharge home or hospitalization is appropriate.
_____	_____	3. Establish a system for notification of newborn care personnel regarding any risk factor as soon as a pregnant woman is admitted to the hospital.
_____	_____	4. Establish a system of prenatal consultation or referral for high-risk patients (or both).
_____	_____	5. Provide fetal heart rate and uterine contraction monitoring for all patients during labor.
_____	_____	6. Establish a system whereby an <i>emergency</i> cesarean delivery can be started within 30 minutes of the decision to operate, at any time of day or night.
_____	_____	7. Establish a system whereby personnel and equipment are available to provide resuscitation to a pregnant or postpartum woman, at any time of day or night.
_____	_____	8. Establish a system whereby equipment and personnel for resuscitation of a newborn are available for every birth.
_____	_____	9. Establish a protocol for documentation of telephone contact with patients, including history to be obtained, standard advice offered, and instructions given for communication with their obstetric clinicians.

## Fetal Age, Growth, and Maturity

### Recommended Routines

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Read each routine carefully and decide whether it is standard operating procedure in your hospital. Check the appropriate blank next to each routine.

Procedure Standard in My Hospital	Needs Discussion by Our Staff	
_____	_____	1. Develop a system for ensuring frequent and appropriate evaluation of each high-risk pregnancy throughout gestation.
_____	_____	2. Ensure that each high-risk pregnancy has access to each of the following resources, as needed: <ul style="list-style-type: none"> <li>• Amniocentesis</li> <li>• Comprehensive ultrasonography</li> <li>• Laboratory evaluation for fetal lung maturity</li> <li>• Maternal-fetal medicine subspecialist</li> </ul>
_____	_____	3. Establish a routine for consistent measuring and recording of fundal height at each prenatal visit.
_____	_____	4. Use a system to ensure that a gestational age of at least 39 <sup>0</sup> / <sub>7</sub> weeks has been documented prior to a planned elective (non-medically indicated) delivery.

## Fetal Well-being

### Recommended Routines

All routines listed below are based on principles of perinatal care presented in the unit you have just finished. They are recommended as part of routine perinatal care.

Read each routine carefully and decide whether it is standard operating procedure in your hospital. Check the appropriate blank next to each routine.

<b>Procedure Standard in My Hospital</b>	<b>Needs Discussion by Our Staff</b>	
		1. Establish a system so each high-risk pregnancy has access to <ul style="list-style-type: none"> <li>• Electronic fetal monitoring for nonstress testing and contraction stress testing</li> <li>• Ultrasound evaluation for biophysical profile</li> <li>• Prompt consultation with maternal-fetal medicine specialists</li> </ul>
		2. Establish a system to ensure availability of continuous electronic fetal monitoring for <ul style="list-style-type: none"> <li>• All high-risk pregnancies during labor</li> <li>• All low-risk pregnancies that develop problems during labor</li> </ul>
		3. Develop a system for obtaining fetal scalp or acoustic stimulation tests whenever indicated for assessment of fetal well-being.
		4. Develop training sessions and adjust staffing patterns to ensure that at least one individual skilled in recognizing abnormal fetal heart rate patterns is in attendance during all electronically monitored labors.

## Is the Baby Sick?

### Recommended Routines

All the routines listed below are based on principles of perinatal care presented in the unit you have just finished. They are recommended as part of routine perinatal care.

Read each routine carefully and decide whether it is standard operating procedure in your hospital. Check the appropriate blank next to each routine.

Procedure Standard in My Hospital	Needs Discussion by Our Staff	
_____	_____	1. Establish a system for classifying all babies as well, at risk, or sick, with periodic reassessment and reclassification as indicated by the baby's condition.
_____	_____	2. Provide continuous electronic cardiorespiratory monitoring for all sick babies and all babies at risk for developing apnea.
_____	_____	3. Provide continuous pulse oximetry monitoring for all babies receiving supplemental oxygen or positive-pressure ventilation, and have oximetry immediately available for all babies thought to be at risk for requiring supplemental oxygen.
_____	_____	4. Obtain pre- and post-ductal oximetry screening for all newborns, whether sick, at risk, or well, to rule out cyanotic congenital heart disease as endorsed by the American Academy of Pediatrics. (See <a href="http://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html">www.cdc.gov/ncbddd/heartdefects/cchd-facts.html</a> and <i>Pediatrics</i> . 2012;129[1]:190–192.)