

LEE HEALTH OBSTETRICAL SERVICES MANUAL

CESAREAN SECTION / INDUCTION OF LABOR SCHEDULING PROCESS		LOCATOR NUMBER																					
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: D05																					
	<input type="checkbox"/> Multidisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 00																					
	<input checked="" type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 020																					
Disciplines / locations to which this multidisciplinary policy applies:																							
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Health Information Management</td> <td style="border: none;"><input type="checkbox"/> Pharmacy</td> <td style="border: none;"><input checked="" type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Housekeeping</td> <td style="border: none;"><input type="checkbox"/> Plant Operations</td> <td style="border: none;"><input type="checkbox"/> Ambulatory Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Information Systems</td> <td style="border: none;"><input type="checkbox"/> Radiology</td> <td style="border: none;"><input type="checkbox"/> Home Health</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Laboratory</td> <td style="border: none;"><input type="checkbox"/> Rehabilitation Services</td> <td style="border: none;"><input type="checkbox"/> HPCC</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legal Services</td> <td style="border: none;"><input type="checkbox"/> Respiratory</td> <td style="border: none;"><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nutrition</td> <td style="border: none;"><input type="checkbox"/> Security</td> <td style="border: none;"><input type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other Obstetrics</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input checked="" type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Ambulatory Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> HPCC	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Physician Offices	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital	<input checked="" type="checkbox"/> Other Obstetrics		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input checked="" type="checkbox"/> Acute Care Hospital Nursing																					
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Ambulatory Services																					
<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health																					
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> HPCC																					
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Physician Offices																					
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital																					
<input checked="" type="checkbox"/> Other Obstetrics																							
Date Originated: 11/10	Reviewed/No Revision:	Dates Revised: 2/13, 5/15, 5/17, 1/19, 2/19, 3/21																					
Author(s): Nancy Travis, RN, BC, CPN, MS; Melinda Warren MHA, RN-C		Next Review Date: 3/21																					
Reviewed by: Obstetrical Nursing Leadership Council																							
Clinical Practice Council:		Date: 3/17/21																					
Clinical Education Council Yes No:		Education Completed: Date:																					
Education Plan Required: <input type="checkbox"/> <input checked="" type="checkbox"/>		Date:																					
Approved by:																							
Policy Administrator: Darcy Allen, MBA, BSN, RN		Date: 3/19/21																					
As Needed:																							
Medical Director: Cherrie Morris, MD		Date: 13/17/21																					
Board of Directors:		Date:																					

PURPOSE:

To eliminate non-medically indicated (elective) deliveries prior to 39 weeks. To allow for the safe delivery of obstetrical care and the efficient utilization of organizational resources when elective delivery of a pregnancy is being considered.

POLICY:

Non-medically indicated cesarean section or induction of labor prior to 39 completed weeks of gestation requires approval of the Obstetrics and Gynecology Medical Director or Department chair. NOTE: Amniocentesis and documentation of fetal lung maturity is not an indication for delivery < 39 weeks.

Non-medically indicated (elective) induction of labor at or beyond 39 weeks of gestation will only be scheduled and performed on women with favorable cervix (≥ 8 for nulliparas or ≥ 6 for multiparas). Exception: Patients who have outpatient mechanical ripening with a foley may be scheduled for an elective induction for the morning after foley placement.

PROCEDURE:

A. Maternal and fetal indications for induction of labor and cesarean (by the American College of Obstetricians and Gynecologist- ACOG) are provided in the Appendix. The maternal or fetal indications listed in the Appendix DO NOT require approval from the OB/GYN Medical Director/ Department Chair to schedule the procedure.

B. Confirmation of Gestational Age will be confirmed using one of the ACOG criteria:

1. Ultrasound measurement at less than 20 weeks gestation supports a gestational age of 39 weeks or greater.
2. Fetal heart tones have been documented as present for 30 weeks by Doppler ultrasonography.
3. It has been 36 weeks since a positive serum or urine human chorionic gonadotropin pregnancy test.
4. If the patient does not meet ACOG's criteria for confirmation of gestational age, an amniocentesis to confirm fetal lung maturity after 39 weeks or allowing the patient to go into labor should be considered.

C. Scheduling:

1. Provider or designee will call L&D Flow Coordinator/Scheduler at Health Park 343-6565 or OB Supervisor/Charge Nurse at Cape Coral 424-2217, herein collectively referred to as the *designated OB scheduler*.
2. Provider / designee will give indication for procedure and gestational age at day of scheduled induction or cesarean section. NOTE: All components of the hospital scheduling form must be communicated prior to the procedure being scheduled.
 - a. Cesarean cases will not be placed on the schedule until the women has reached 28 weeks of gestation, unless the cesarean is emergent.

- b. Requests to schedule medically-indicated and elective inductions may occur several weeks in advance however they will not be scheduled for 2 weeks in advance for medically-indicated inductions and 1 week in advance for elective inductions.
3. The designated OB scheduler compares the information provided to them to the predetermined list of maternal and fetal indications for cesarean sections and inductions of labor. If the indication is on the list, then the procedure is defined as medically indicated and gets scheduled.
4. If the indication provided does not appear on the approved list AND gestational age is < 39 weeks on the date the procedure is requested to be scheduled, the designated OB scheduler will inform the provider. NOTE: If the provider requests that the non-medically indicated cesarean section or induction of labor be performed prior to 39 weeks, then the designated OB scheduler will inform the provider that he is not authorized to schedule the procedure without documented permission from the OB/GYN Medical Director or Department Chair.
5. If the provider/designee is scheduling an induction AND gestational age is > = to 39 weeks and less than 41 weeks gestation on the date the procedure is requested to be scheduled, the Bishop score must be favorable or the maternal or fetal indication for induction must be on the predetermined list.
6. Patients with medical indications will have priority over elective inductions which may delay an elective scheduled induction at the discretion of the Labor and Delivery Supervisor / Charge Nurse.
7. Inductions and cesareans must have a complete and updated prenatal record (including ultrasound reports, prenatal flow sheets and for inductions a Bishop Score) and a complete preregistration form faxed to the appropriate unit at the time of scheduling.

D. Rescheduling:

1. Upon arrival, the patient's history and prenatal records will be reviewed for accuracy of the EDC and reported indication.
2. For non-medically indicated (elective delivery): If the EDC does not confirm that the patient is 39 0/7 weeks gestation, the provider will be notified and the patient will be rescheduled.
3. For medically indicated delivery: If the prenatal record does not confirm the medical indication for the delivery, the provider will be notified to provide this documentation prior to initiation of the induction/cesarean or the patient will be discharged or rescheduled.
4. For non-medically indicated (elective) inductions, a vaginal exam will be performed at admission. If the vaginal exam does not confirm a favorable Bishop score, the charge nurse will be notified to confirm with a second vaginal exam. The OB Hospitalist or other OB provider may also be notified to perform or confirm the Bishop Score. If the Bishop score is not favorable, the provider will be notified and the patient will be

discharged. Exception: If the cervix is not yet favorable for patients who have had outpatient mechanical ripening with a foley, the patient may receive a second attempt at ripening or they may be released.

E. Cancellation:

1. Each day the Flow Coordinator, Director/Manager/Supervisor, and Charge Nurse will review the next day's schedule for inductions and cesarean sections. If there are inductions or cesarean sections scheduled and no updated prenatal record obtained, a call will be made to the office to fax the updated prenatal record by 3 PM that day (Calls will be made on Fridays for inductions scheduled for Saturday, Sunday, or Monday).
2. When a prenatal record is not faxed to L&D by 3 PM the day before a scheduled induction or cesarean section, the patient and provider will be called to let them know that her scheduled time for induction or cesarean section has been delayed because her prenatal record has not been faxed to L&D and that as soon as the provider's office faxes her prenatal record to L&D she will be called in for her induction.
3. The night shift supervisor / charge nurse will assess the available resources for the upcoming day shift.
4. When resources are not available due to staffing shortage or high acuity / census, scheduled inductions and cesarean sections will be evaluated and prioritized related to their indication and delayed as needed.
5. Patients will be notified of the postponement as soon as possible.
6. Providers will be notified by 7 AM.
7. When a request for a medically indicated induction or cesarean section is made and the maximum number of scheduled inductions has been met, the L&D Supervisor / Charge Nurse will have the authority to delay a previously scheduled elective induction.
8. The L&D Supervisor / Charge Nurse will notify the involved provider with options for accomplishing the elective induction that has been delayed.

REFERENCES:

The American Congress of Obstetricians and Gynecologist (ACOG). (2013, April). Committee Opinion #560. Medically Indicated Late-preterm and Early-Term Deliveries. *Obstetrics & Gynecology*, 121(4).

ACOG. Practice Bulletin No. 107. (2009). Induction of Labor. *Obstet Gynecol*, 114, 386-97.

ACOG. (2016). Practice bulletin 173. Fetal Macrosomia. *Obstet Gynecol*, 128(5), e195-209.

AWHONN Cervical Ripening and Induction and Augmentation of Labor. (2020).; 5th Edition; 2009

ACOG & Society for Maternal-Fetal Medicine. (2014). Obstetric care consensus no. 1: safe prevention of the primary cesarean delivery. *Obstetrics & Gynecology*, 123(3), 693-711.

RELATED POLICIES:

D673 05 00 010 Census Management- Obstetrics

D673 03 00 020 Induction of Labor and Cervical Ripening

APPENDIX: LEE HEALTH SCHEDULING FORM FOR INDUCTIONS AND CESAREANS

Call: CCH 424-2217, HPMC 343-6565

Fax: CCH 424-4205, HPMC 343-4154

Name: _____ DOB: _____ Phone: _____

OB Provider: _____ G/P: _____

Type of Delivery Planned Induction C/S _____ Desired Date/Time: _____

DATING: EDC: _____ GA @ Date of Induct/C/s: _____

EDC Based on US < 20 weeks Doppler FHT+ for 30 weeks Hcg for 36 weeks

Other dating criteria: _____ (details)

Bishop Score (required for induction): _____ Date: _____

Outpatient cervical ripening w/foley Yes No Date: _____

Indication: **>= 41 weeks or select from following table:**

COLUMN A:[^] Maternal or Fetal Indication if <39 weeks (unless noted):	COLUMN B: Maternal or Fetal Indication Scheduled C/S \geq39 Weeks	COLUMN C: Maternal or Fetal Indication if \geq39 wks and < 41 wks
<ul style="list-style-type: none"> <input type="checkbox"/> Abruptio or vaginal bleeding <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Classical C/S (prior preg) <input type="checkbox"/> Coag/Thrombophilia <input type="checkbox"/> Compromised fetal status <input type="checkbox"/> Fetal Demise (current) <input type="checkbox"/> Fetal Demise (prior) <input type="checkbox"/> Diabetes <input type="checkbox"/> Fetomaternal placental transfusion syndrome <input type="checkbox"/> Fetal Malformation <input type="checkbox"/> Heart Disease <input type="checkbox"/> HIP- Preeclampsia/ Eclampsia/ HELLP <input type="checkbox"/> HIV Infection <input type="checkbox"/> HTN- Chronic <input type="checkbox"/> HTN- Gestational <input type="checkbox"/> Isoimmunization <input type="checkbox"/> IUGR <input type="checkbox"/> Kidney disease/Liver /Gall Bladder Disease (i.e. cholestasis of preg) <input type="checkbox"/> Multiples w/complications <input type="checkbox"/> Multiples w/o comp (> 38 wks) <input type="checkbox"/> Myomectomy (prior) <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Previa <input type="checkbox"/> PROM <input type="checkbox"/> Pulmonary Disease <input type="checkbox"/> Renal Disease 	<p><i>May include but not limited to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cesarean (prior) <input type="checkbox"/> Breech Presentation <input type="checkbox"/> Macrosomia* - suspected: estimated fetal wt (FW) \geq4500 g w diabetes, \geq4000 g w/o DM). Suspected FW: _____ <input type="checkbox"/> Malpresentation (other than breech) <input type="checkbox"/> MFM Recommendation (reason): _____ <input type="checkbox"/> Multiples <input type="checkbox"/> Patient Choice <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Any Column A Indication <input type="checkbox"/> Abnormal Cord Insertions <input type="checkbox"/> Advanced Maternal Age (\geq 35) <input type="checkbox"/> Diabetes- well controlled <input type="checkbox"/> Elective with favorable cervix ($>=$8 nulliparas, $>=$6 multiparas) <input type="checkbox"/> Elective w/o favorable cervix and receiving outpatient ripening w/foley <input type="checkbox"/> Excessive Gest Wt Gain (GWG). \geq90th Perentile. Pre_Preg Ht: _____ Wt: _____ BMI: _____ Wt Gain: _____ <input type="checkbox"/> History Precipitous Labor <input type="checkbox"/> LGA/ Accelerated Growth (>90%) <input type="checkbox"/> Macrosomia* - suspected: estimated fetal wt (FW) \geq5000 g w/ diabetes, \geq4500 g w/o DM). Suspected FW: _____ <input type="checkbox"/> MFM recommendation. (reason): _____ <input type="checkbox"/> Obesity (BMI \geq 30, prepregnancy/1st PN visit/early preg) Ht: _____ Wt: _____ Calc BMI: _____
<p><i>[^]Per ACOG: Suspected macrosomia and well-controlled gestational diabetes with no other indications are examples of conditions that are not indicated for delivery < 39 weeks</i></p> <p><i>*Per ACOG, Suspected fetal macrosomia is not an indication for induction because indication does not improve maternal or fetal outcomes. Prophylactic C/S may be considered at 39 weeks as described above)</i></p>		

Resources:

BMI Table (based on NIH BMI calculator)

HT	≥30% BMI (lbs/Kg)	HT	≥30% BMI (lbs/Kg)
4'10" (58"/147.3 cm)	143.5 (65.1)	5'7" (67"/170.2cm)	191.5 (86.9)
4'11" (59"/149.9 cm)	148.5 (67.4)	5'8" (68"/172.7cm)	197.0 (89.4)
5'0" (60"/152.4 cm)	153.5 (69.6)	5'9" (69"/175.3cm)	203.0 (92.1)
5'1" (61"/154.9 cm)	159.0 (72.1)	5'10" (70"/177.8cm)	209.0 (94.8)
5'2" (62"/157.5 cm)	164.0 (74.4)	5'11" (71"/180.3cm)	215.0 (97.5)
5'3" (63"/160.0 cm)	169.5 (76.9)	6'0" (69"/182.9cm)	221.0 (100.2)
5'4" (64"/162.6cm)	175.0 (79.4)	6'1" (70"/185.4cm)	227.5 (103.2)
5'5" (65"/165.1 cm)	180.0 (81.6)	6'2" (71"/188.0 cm)	234.0 (106.1)
5'6" (66"/167.6 cm)	186.0 (84.4)		

Table 4. Estimated birthweight percentiles for female and male neonates according to completed gestational week.

Percentile	Birthweight (g) by Gestational Age (wk)											
	Female						Male					
	37	38	39	40	41	42	37	38	39	40	41	42
5	1,968	2,315	2,575	2,748	2,835	2,834	2,062	2,451	2,723	2,880	2,921	2,845
25	2,493	2,698	2,891	3,072	3,241	3,398	2,705	2,890	3,061	3,218	3,362	3,491
50	2,786	2,990	3,173	3,336	3,479	3,601	2,919	3,153	3,354	3,519	3,650	3,747
75	2,951	3,217	3,443	3,631	3,779	3,888	3,143	3,387	3,608	3,806	3,982	4,134
90	3,181	3,451	3,682	3,871	4,021	4,130	3,450	3,666	3,871	4,067	4,253	4,428
95	3,238	3,593	3,867	4,060	4,171	4,200	3,584	3,813	4,036	4,251	4,459	4,659

doi:10.1371/journal.pmed.1002220.t004

From: Kiserud T, Piaggio G, Carroli G, Widmer M, Carvalho J, Neerup Jensen L, et al. (2017) The World Health Organization Fetal Growth Charts: A Multinational Longitudinal Study of Ultrasound Biometric Measurements and Estimated Fetal Weight. PLoS Med 14(1): e1002220. doi:10.1371/journal.pmed.1002220

TABLE 7-3 New Recommendations for Total and Rate of Weight Gain during Pregnancy, by Prepregnancy BMI

Pregpregnancy BMI	Total Weight Gain		Rates of Weight Gain* 2nd and 3rd Trimester	
	Range in kg	Range in lbs	Mean (range) in kg/week	Mean (range) in lbs/week
Underweight (< 18.5 kg/m ²)	12.5–18	28–40	0.51 (0.44–0.58)	1 (1–1.3)
Normal weight (18.5–24.9 kg/m ²)	11.5–16	25–35	0.42 (0.35–0.50)	1 (0.8–1)
Overweight (25.0–29.9 kg/m ²)	7–11.5	15–25	0.28 (0.23–0.33)	0.6 (0.5–0.7)
Obese (≥ 30.0 kg/m ²)	5–9	11–20	0.22 (0.17–0.27)	0.5 (0.4–0.6)

* Calculations assume a 0.5–2 kg (1.1–4.4 lbs) weight gain in the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997).