

Title: CODE OB – Obstetrical Emergency	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: Patient Care Sub-category: Patient Related: Patient Care	Distribution: Organization Wide
Endorsed: VP, Patient Experience & Chief Nursing Executive & RVP, Regional Cancer Care Signature:	Approval Date: April 5, 2023 Reviewed/Revised Date: Next Review Date: April 5, 2026

CROSS REFERENCES: (EMER-140) Code Blue/Pink/NRP – (Adult, Child, Neonate), (IPC-1-18) Routine Practices and Additional Precautions; (CS-170) Labour Partogram; Labour Record (CS-168); (CS-058) Newborn Delivery/Resuscitation Record

1. PURPOSE

Generate a systematic rapid response of the health care team to patients who experience an obstetrical emergency within Thunder Bay Regional Health Sciences Centre (the Hospital).

2. POLICY STATEMENT

A Code OB is called when an emergency response to an identified obstetrical crisis is required.

3. SCOPE

A Code OB is indicated when an interdisciplinary team is needed urgently, to respond to a life-threatening obstetrical event for the pregnant patient or the fetus. Code OB initiates a rapid response for obstetric patients on and off of the Labour and Delivery (L&D) unit with timely access to the correct medical team. Code OB will improve interdisciplinary communication, which leads to improved patient outcomes. Code OB will only be initiated in L&D when the clinical situation urgently requires multiple resources that are not available on the unit.

*** If immediate airway management/cardiac resuscitation is required, a Code Blue should be called.

4. DEFINITIONS

Code OB: when an obstetrical emergency response is required and more than one of the appropriate personnel are not immediately available; this is indicated, but not limited to:

- unresolved shoulder dystocia
- cord prolapse
- inverted uterus
- ruptured uterus
- massive antepartum/intrapartum hemorrhage
- imminent delivery of any unknown gestation delivering anywhere within the Hospital
- any other obstetrical emergency requiring an immediate interdisciplinary response

5. CODE OB RESPONSE TEAM

5.1. The following individuals will respond to a Code OB when called overhead:

- On-call Obstetrician
- L&D RN
- On-call anesthetist
- On-call Paediatrician
- Neonatal Intensive Care Unit Registered Nurse
- Registered Respiratory Therapist (RRT)
- Maternal Newborn Registered Nurse
- Any available Midwife/Family Medicine

5.2 Additional personnel will be called as required:

- Lab
- Family Physician (OBS)
- Additional RRT

6. PROCEDURE

6.1. Code Notification/Activation:

Staff:

- Use the nearest telephone (e.g., patient room), dial “55” and state “Code OB + location + room number (if applicable)”.
- During a code if there is no physician responding and at the direction of the code team, staff will dial “55” and instruct Switchboard to: Announce “Code OB - any physician + location + room number (if applicable)” to indicate to physicians that no physician has responded to the Code.
- If lab is required, the care area will page as per regular process (adding #1 at the end of extension is STAT). This task may be delegated to any available staff member.

Switchboard:

- Announce overhead "Code OB + location + room number (if applicable)" three times and continue to announce every 3 minutes until the "all clear" is announced.
- Contact Obstetrician on call STAT
- Contact Anesthesia on call STAT
- Contact Paediatrician on call STAT
- Switchboard may be contacted to request additional resources which will be announced as STAT (i.e., family OBS on call, additional RRT).

If Overhead Paging System Is Down

- Switchboard will phone RRT cell phone (630-1765) to notify of Code OB and location.
- The care area will call OR direct at ext. 6290 to notify of Code OB and location.

If Telephone System Down

- Switchboard will phone RRT cell phone (630-1765) to notify of Code OB and location.
- The care area will call OR fail safe phone (346-8015) to notify of Code OB and location.

6.2. Response Instructions

Code OB Team (see Appendix 1)

- Designated personnel will respond as members of the Code OB team for the corresponding code.
- All responders must wear appropriate PPE (refer to Infection Control: Routine Practices - ICP-1-18). Those individuals not in protective apparel will be replaced immediately by individuals properly protected.
 - L&D, NICU and Maternal Newborn nursing staff to clearly identify themselves and their role to the rest of the code team upon arrival.
- When the Code OB team and appropriate designated staff have arrived on the scene, a member of the Code OB team will instruct a staff member to call Switchboard at “55” to announce “Code OB, All Clear” three times overhead.
- The Obstetrician is to notify the Intensivist if critical care required. The Obstetrician may elect to delegate to nursing, who would then contact the Medical Emergency Team (MET). MET to bring the Level One Rapid Infuser with them.
- Once stabilized, patients from areas outside of L&D will be brought to the L&D for admission and ongoing assessment. The members of the Code OB team will decide whether the newborn will be admitted to the NICU or room-in with the patient.
- Documentation to take part on the *Labour Partogram* (CS-170), *Record of Labour* (CS-168), and if required, the Newborn Delivery/Resuscitation Record (CS-058).

Staff of CODE location (if outside L&D):

- Create privacy and space for the imminent delivery or surgery.
- Ensure warm blankets and a resuscitation space is made available for the newborn assessment and stabilization.
- Assign one member of the team for “crowd control”. Be firm. No one should enter the resuscitation area who does not have a specific task. All others need to be instructed to leave the room. If you have extra help, they may be needed to care for other patients. Thank those who are not needed and release them.
- Assist nearby patients and/or family members. Relocate them if necessary.

7. REFERENCES

Sunnybrook Hospital. (2017). *Obstetrical crisis policy (CODE-32)*. Obstetrical Department, Toronto, Ontario.

Appendix 1: Code OB Response Team Roles and Responsibilities

On call Obstetrician	<ul style="list-style-type: none"> • Responds to Code OB immediately and obtains report • Functions as the Team Leader • Completes assessment of patient and decides appropriate course of action
On call Paediatrician	<ul style="list-style-type: none"> • Responds to Code OB immediately • Assists team with stabilization of the newborn and assumes care of newborn when required
On call Anaesthetist	<ul style="list-style-type: none"> • Responds to Code OB immediately if on site and available • Can call the unit if they are off site or already providing anesthetic • Assists team with surgical intervention when indicated
L&D RN	<ul style="list-style-type: none"> • Responds to Code OB location immediately (if Code OB called outside of the L&D, nurse to bring delivery kit, PPH kit including Ergotamine and Carboprost, cord gas kit, and documentation records) • Provides support to and takes direction from the most responsible obstetrician if they are present (i.e., assisting with delivery or assisting with getting patient to OR, obtaining necessary equipment) • Completes the <i>Labour Partogram</i> (CS-170) and <i>Labour Record</i> (CS-168) as appropriate • Provides support to family members • Contacts switchboard or delegates contact with switchboard if additional personnel are needed
NICU RN	<ul style="list-style-type: none"> • Responds to Code OB location immediately (if Code OB called outside the L&D, NICU nurse to bring NICU Resuscitation Cart and <i>Newborn Delivery/Resuscitation Record</i> (CS-058) • Responds to the immediate needs of the newborn • Documents on the <i>Newborn Delivery/Resuscitation Record</i> (CS-058) and in the <i>Infant Birth Record</i> intervention in Meditech
RRT	<ul style="list-style-type: none"> • Responds to Code OB location immediately • Responds to the immediate needs of the newborn
MNB Nurse	<ul style="list-style-type: none"> • Responds to Code OB • Provides support to family members • Crowd control • Retrieves required equipment (i.e., stretcher and/or newborn isolette when requested) • Answers phones and places necessary calls for the obstetrical team
Any available Midwife/ Family Medicine (OBS)	<ul style="list-style-type: none"> • Responds to Code OB immediately • Provides support to and takes direction from the most responsible obstetrician if they are present (i.e., assisting with delivery at location or assists with getting patient to OR STAT)