



STANDARD OPERATING PROCEDURES



FOR

LABOUR ROOM

COMMUNITY HEALTH CENTRE, SAINKUL

758043

ODISHA

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COMMUNITY HEALTH CENTRE, SAINKUL

HOSPITAL ADMINISTRATION MANUAL

LABOUR ROOM

STANDARD OPERATING PROCEDURE

1. About the Department:

Scope of services

Timings

Types of patients served:-


Superintendent
CHC Sainkul, Keonjhar

2. **Organogram**

3. **Quality Policy**

4. **Quality Objectives**

5. **Patient Admission**

S. No	Activity	Responsibility	Record
1.	The Pregnant woman is admitted to the hospital either when they arrive in labour or when they are nearing the delivery	OPD staff nurse	Nil
2.	Pregnant woman diagnosed for high risk signs such as mal-presentation	Staff nurse	OPD case paper
3.	Pregnant Woman received in emergency as referred in case is attended by Emergency Medical Officer and is directed to the labour room.	Staff nurse	Emergency case paper
Registration for Admission			
4.	The clerk at registration/admission desk shall carry out registration of the patient and a registration slip shall be provided upon enrolment.	Registration/ Admission desk clerk	Admission slip
5.	Ensure availability of wheelchair/ stretcher for transfer of patient to labour room.	Registration/ Pharmacist	Nil
6.	An Attendant of the labour room shall be called to ensure the safe transfer of the patient.	Attendant	Nil

Reference standard - ME G4.2

6. **Receiving of Patient and Initial Assessment**

S. No	Activity	Responsibility	Record
1.	The Pregnant woman is received in the receiving area of the labour room by the staff nurse	Staff nurse	Nil
2.	The staff nurse at the receiving area shall check for the registration slip and transfer the patient to the examination area for initial assessment and monitoring.	Staff nurse	Admission slip

3.	The patient shall be assessed by nursing staff / consultant, who analyzes condition of the patient along with medical history and reviews old records, including referral card(in case of referred- in patient), to assess any complications associated with pregnancy.	Doctor & Staff nurse	Maternity case sheet
4.	Ensure that all assessments done is documented in the patient case sheet/partograph depending on the cervical dilation	Staff nurse	Maternity case sheet
5.	If pregnant woman is in active labour i.e. the cervical dilation ≥ 4 cm, pregnant woman shall be shifted to labour room where vitals and dilation is monitored on periodic basis and partograph is established and for ≤ 4 cm, pregnant woman is monitored in the examination room until complete dilation for shifting to labour room.	Staff nurse	Partograph
6.	The I.D. Band with correct identification details shall be prepared for the patient and tied over her wrist.	Staff nurse	Nil
7.	Pregnant woman with eclampsia is shifted and treated in eclampsia room.	Staff nurse	Maternity case sheet
8.	Pregnant woman requiring emergency C-Section is shifted to Operation theatre immediately.	Staff nurse	Maternity case sheet
9.	Pregnant woman in false labour is monitored and subsequently discharged.	Staff nurse	Maternity case sheet
10.	When the condition of the patient is such that it cannot be managed in the hospital then patient shall be referred to higher centre	Doctor, Staff nurse	Maternity case sheet, referral slip
11.	The labour room shall maintain a list of contact number of referral centres.	Staff nurse	List of contact numbers
12.	Based on the doctor's request for referral in the referral slip (with details relating to the patients complain, diagnosis and treatment initiated), an advance communication with the referral centre shall be carried out to ensure the required service is available.	Staff nurse	Referral slip
13.	Check for the availability of ambulance, and then send the patient in the ambulance along with the referral slip.	Staff nurse	Referral slip
14.	A refer in & refer out register shall be maintained to record details of all referrals	Staff nurse	A refer in & refer out register

Reference standard - ME G4.2

Arrangement for Delivery

S.No	Activity	Responsibility	Record
1.	The Nurse makes arrangement for the necessary equipments, drugs and other facilities required for the delivery.	Staff nurse	Nil
2.	All valuables worn by the patient is handed over to her relatives.	Staff nurse	Admission checklist
3.	Immediate intimation is sent to on-duty doctor/gynaecologist and anaesthetist (if C-section is required) for undertaking the delivery process. Operation Theatre In-charge is also alerted for preparedness of Operation Theatre in case surgery is required.	Staff nurse	Nil

Reference standard – ME G4.2

7. Management of High Risk Pregnancy

S.No	Activity	Responsibility	Record
1.	All the high risk pregnancy cases coming from lower referring facilities shall be effectively managed as per Standard treatment guidelines.	Doctor, staff nurse	Standard treatment guidelines
2.	<p>Conditions linked to high risk pregnancy include</p> <ul style="list-style-type: none"> - A very young or very old mother. - A family history of genetic problem - Certain chronic medical problems such as diabetes or high blood pressure. - RH Incompatibility - Multiple pregnancy - Women who had six or more pregnancy - Pre-natal tests indicating the baby has a serious health problem. - Women who have had very quick labour in the past. 	Doctor, staff nurse	list of conditions linked to high risk pregnancy
Procedure to be conducted by the gynaecologist			
3.	Monitor medical problems, blood test and serial ultra sound examination.	Doctor	OP Case paper
4.	<p>Perform the additional tests required.</p> <ul style="list-style-type: none"> - Serological test for rubella and hepatitis. - Detailed scan for structural abnormality - Triple test in 15-18 weeks. - Foetal movement count by the mother 	Doctor	OP Case paper

	- Monitor haematological indices every 2-weeks if needed.		
5.	Instruct the mother on the use of self monitoring techniques and procedures including medication therapy.	Doctor	Nil
6.	Ensure adequate nutritional counselling	Doctor	Nil
7.	Monitor vital parameters in each visit and keep a record	Doctor	OP Case paper
8.	Provide information about her high risk condition and support the mother and family in coping with a high risk pregnancy with proper counselling.	Doctor	Nil

Reference standard – ME G4.2

8. Rapid Initial Assessment and Management (Emergency Obstetric Care)

S.No	Activity	Responsibility	Record
1.	When a woman of child bearing age presents with a problem, a rapid assessment of her condition on the basis of danger signs is done to determine the degree of illness. This includes assessment of airway and breathing, circulation, vaginal bleeding, dangerous fever, abdominal pain etc.	Gynaecologist , staff nurse	Protocols for Management of Eclampsia, APH, Vaginal bleeding before 20 weeks
2.	Ensure that all assessments done is documented in the patient case sheet/ partograph depending on the stage of pregnancy & condition of emergency.	Gynaecologist , staff nurse	Maternity case sheet
3.	If pregnant woman is in active labour i.e. the cervical dilation ≥ 4 cm, pregnant woman shall be shifted to labour room where vitals and dilation is monitored on periodic basis and partograph is established and for ≤ 4 cm, pregnant woman is monitored in the examination room until complete dilation for shifting to labour room.	Gynaecologist , staff nurse	Maternity case sheet
4.	The I.D. Band with correct identification details shall be prepared for the patient and tied over her wrist.	staff nurse	Nil
5.	Pregnant woman with eclampsia is shifted and treated in eclampsia room.	Gynaecologist , staff nurse	Maternity case sheet
6.	Pregnant woman requiring emergency C-Section is shifted to Operation theatre immediately.	Gynaecologist , staff nurse	Maternity case sheet, OT notes
7.	Any other emergencies shall be managed as per Gol's standard work protocols,	Gynaecologist , staff nurse	Protocols for Management of Eclampsia, APH, Vaginal bleeding before 20 weeks
8.	In absence of resources for adequate management the referral slip shall be filled and patient referred to higher	Gynaecologist , staff nurse	Referral slip

	centre.		
9.	Check for the availability of ambulance, and then send the patient in the ambulance along with the referral slip.	staff nurse	Nil

Reference standard - ME G4.2

9. Requisition of diagnosis and receiving of reports

S.No	Activity	Responsibility	Record
1.	Treating doctor shall prescribe the diagnostic test in an investigation requisition form/doctor's note and counter sign the same with name, date and time.	Doctor	investigation requisition form/doctor's note
2.	For laboratory test, the sample collected by staff nurse shall be transported to the lab by the Attendant by the use of transportation boxes. The samples shall be labelled with the patient name, id and test name.	Staff Nurse	Sample dispatch register
3.	The patient being in labour the requisition shall be considered as an emergency and marked with EM on the sample collection tubes. The lab staff shall be immediately intimated over the phone about the same.	Staff Nurse	Sample dispatch register
4.	The reports received should be immediately discussed with the doctor for further action.	Staff Nurse	Test Report

Reference standard - ME G4.2

10. Intrapartum Care

S. No	Activity	Responsibility	Record
Management of 1st stage of Labour			
1.	A partograph shall be established by staff nurse.	Staff Nurse	Partograph
2.	Monitoring and charting of uterine contraction, foetal heart rate, emergency signs, cervical dilation, Blood Pressure, temperature and pulse is done on periodic basis depending upon low/ high risk pregnancy and progress shall be updated in partograph.	Staff Nurse	Partograph
3.	In any condition of unsatisfactory progress of labour like prolonged latent phase, non progress of labour, prolonged active phase, foetal distress, cephalopelvic disproportion, obstruction, malpresentation, malposition, prolonged expulsive phase, the gynaecologist shall ensure effective management as per standard treatment guidelines	Doctor, Staff Nurse	Maternity case sheet
4.	Decision about induction or augmentation of labour, vacuum extraction, symphysiotomy, forceps delivery, Craniotomy or C-Section shall be carried out after full assessment of patient, and procedure shall be performed as per standard treatment guidelines.	Doctor, Staff Nurse	Maternity case sheet
Management of 2nd stage of Labour			
5.	Uterine contraction, Foetal Heart Rate, Perineal thinning and Bulging, visible decent of foetal head during contraction and presence of any sign of emergency shall be monitored on periodic basis depending upon the low or high pregnancy.	Doctor, Staff Nurse	Maternity case sheet
6.	Episiotomy is performed, if required	Doctor, Staff Nurse	Maternity case sheet
Management of 3rd stage of labour			
7.	Injection Oxytocin or Misoprostol shall be administered.	Staff Nurse	Maternity case sheet
8.	Controlled cord traction shall be done for assisting expulsion of placenta.	Staff Nurse	Maternity case sheet
9.	Uterine massage shall be given to prevent Post Partum Haemorrhage.	Staff Nurse	Nil
10.	In case of retained placenta or Post Partum Haemorrhage, it is managed as per standard work protocol.	Doctor, Staff Nurse	Maternity case sheet
11.	Blood Pressure, Pulse, Temperature, vaginal bleeding is monitored periodically for three hours. In case the child delivered is dead, then the body is handed over to relatives and record is maintained in death register as still birth.	Doctor, Staff Nurse	Maternity case sheet

Preparation for baby birth

12.	The staff nurse at the NBCC & labour room shall organise the following essential requirements before baby birth: <ul style="list-style-type: none">- A draught free, warm room with temperature >25°C- A clean, dry and warm delivery surface- A radiant warmer / overhead lamp with 200 watt bulb if available- Two clean, warm towels/clothes- A folded piece of cloth (1/2 to 1" thick)- A newborn size self inflating bag- Infant masks in two sizes: size '1' for normal weight baby and '0' for small baby- A suction device- Oxygen (if available)- A clock (with seconds hand)- ID Band for new born baby	Staff Nurse	Maternity case sheet
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Reference Standard: ME G4.2

11. Post-partum Care

S.No	Activity	Responsibility	Record
1.	Assessment shall be done for contraction of uterus, bleeding and for vaginal/ perineal tear.	Doctor	Maternity case sheet
2.	Sanitary pad shall be placed under the buttock of the mother to collect the blood.	Staff nurse	Nil
3.	Assessment of blood loss shall be done by counting the blood soak pads.	Staff nurse	Nil
4.	Vitals shall be monitored at periodic intervals.	Staff nurse	
5.	Mother and newborn shall be kept together.	Staff nurse	Nil
6.	Breast feeding shall be encouraged.	Staff nurse	Nil
7.	The patient attendant shall be asked to stay with the mother. She shall be instructed to call for help in case of any danger sign	Staff nurse	Nil
8.	Weight of new born shall be measured.	Staff nurse	
9.	Baby details shall be entered in the case sheet, (Recording date and Time of Birth, Weight of baby).	Staff nurse	Maternity case sheet
10.	The patient shall then be transferred to the post natal ward for	Staff nurse	Maternity case sheet

	further monitoring		
11.	Further postnatal OPD visits of the mother & baby shall be advised by doctor as per Work protocol for post natal care & standard treatment guidelines.	Staff nurse	Maternity case sheet

Reference Standard: ME G4.2

12. Essential New-born care

S.No	Activity	Responsibility	Record
1.	The four basic needs of baby at the time of birth are: ✓ Warmth ✓ Normal breathing ✓ Mother's milk ✓ Protection from infection	Doctor, Staff Nurse	Maternity case sheet
Steps for Essential Newborn care			
2.	Call out the time of birth and document in the case sheet	Doctor, Staff Nurse	Maternity case sheet
3.	Deliver the baby onto a warm, clean and dry towel or cloth and keep on mother's chest and abdomen (between the breasts).	Doctor, Staff Nurse	Maternity case sheet,
4.	Clamp and cut the umbilical cord in 1-3 minutes with a sterile blade after delivery.	Staff Nurse, gynaecologist	Maternity case sheet
5.	Immediately dry the baby with a warm clean towel or piece of cloth; and wipe the eyes.	Staff Nurse	Maternity case sheet, , Standard treatment guideline for prevention of hyperthermia
6.	Assess the baby's breathing while drying.	Staff Nurse	Maternity case sheet
7.	Wipe both the eyes (separately) with sterile gauze	Staff Nurse	Maternity case sheet
8.	Leave the baby between the mother's breasts to start skin-to-skin care.	Staff Nurse	Maternity case sheet, Work Protocol for Kangaroo Care
9.	Place an identity tag on the baby.	Staff Nurse	Maternity case sheet
10.	Cover the baby's head with a cloth.	Staff Nurse	Maternity case sheet
11.	Cover the mother and baby with a warm cloth.	Staff Nurse	Maternity case sheet, Standard treatment guideline for prevention of hyperthermia
12.	Encourage the initiation of breastfeeding.	Staff Nurse	Maternity case sheet, Work Protocol for Kangaroo Care
13.	Ensure breastfeeding is initiated within 1 hour of delivery.	Staff Nurse	Maternity case sheet

14.	If the baby is not crying or breathing well doesn't cry in 30 seconds of delivery, the next steps of resuscitation have to be carried out	Staff Nurse	Maternity case sheet
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Reference Standard: ME G4.2

13. Neonatal Resuscitation

S.No	Activity	Responsibility	Record
1.	<p>The following steps to be followed for neonatal resuscitation</p> <ul style="list-style-type: none"> - Tell the mother that her baby is having difficulty beginning to breathe and that you are going to help him. Tell her quickly but calmly. - Transfer the baby to a warm clean, flat and dry surface. - Provide warmth - Position the baby - Clear the airway - Stimulate and reposition <p>For detailed procedure refer Gol's work protocol for newborn resuscitation.</p>	Staff Nurse	Gol's work protocol for newborn resuscitation
2.	<p>Key to successful resuscitation</p> <ul style="list-style-type: none"> ✓ Anticipation ✓ Preparation ✓ Call for help ✓ Document /record ✓ Be Fast ✓ Be Gentle ✓ Provide warmth ✓ Maintain Hygiene 	Staff Nurse	Gol's work protocol for newborn resuscitation

Reference Standard: ME G4.2

14. Criteria to distinguish between newborn death and still birth

S.No	Activity	Responsibility	Record
1.			
2.			

15. Maintaining Patient's Right to Privacy

S.No	Activity	Responsibility	Record
1.	Entry of males is restricted inside labour room.	Staff Nurse, Security personnel	Visitor's Policy displayed
2.	Only one female attendant is allowed to stay with the patient during delivery as her birth companion.	Staff Nurse, Security personnel	Visitor's Policy displayed
3.	The hospital shall maintain visiting hours and allow entry of only two visitors at a time during the visiting hours.	Management, Staff Nurse, Security personnel	Visitor's Policy displayed
4.	A visitor's pass system shall be followed where visitors shall be allowed only with the pass.	Security personnel	Visitor's Policy displayed
5.	Two female security guards shall always be available for the maternity wing.	Management, Labour room-Incharge	Visitor's Policy displayed
6.	Side screens or curtains shall be installed around all labour tables & ward beds for ensuring privacy of patient during examination and conducting delivery.	Labour room-Incharge	Nil
7.	Whenever a physical examination is conducted by a male doctor a female staff nurse shall always be available around	Doctor, Staff Nurse	Nil

16. Infection Control practices

S.No	Activity	Responsibility	Record
Management of Septic Cases			
	<p>Ensure the following for a safe delivery & prevention of Infection</p> <ul style="list-style-type: none"> - Conduct delivery in septic labour room - Use PPE (elbow length gloves ,masks, plastic apron) - Use disposable sheets for patients - Avoid, as far as possible, all practices that break the baby's skin or increase the baby's contact with the mother's blood, for example, episiotomy - It is better not to do more vaginal examinations during labour than absolutely necessary, and this is even more important when the membranes have ruptured, as it increases the risk of infection to the mother and baby - Clean the inside of the vagina with a disinfectant like chlorhexidine hydrochloride - Person receiving the newborn should wear gown & gloves - Placenta should be collected into the assigned plastic bowl and sealed off in the yellow waste bag for disposal. - Wipe vaginal secretions and discard along with infectious waste. 	Gynaecologist, Staff nurse	Fumigation register ,labour room cleaning checklist

<ul style="list-style-type: none"> - Post delivery undertakes wet mopping of table, floors & equipment once with disinfectant then with detergent & water. - Conduct fumigation as per standard protocol for fumigation and record details in fumigation register 		
Management of Aseptic Procedures:		
<p>Following measures should be followed to ensure infection prevention practices:</p> <ul style="list-style-type: none"> - Put a clean sheet under the patient. Make sure the end of the sheet leads into the bucket placed under the cot, for collection of blood and amniotic fluid. - Use PPE (Elbow length gloves, masks, plastic apron). - Take care to minimize splash and spillage onto the floor. - Perform episiotomies only when indicated taking care to avoid injury to the finger. - Person receiving the newborn should wear gown & gloves. Received the baby using clean sheet. - Placenta should be collected into the assigned bowl. - Discard potentially infectious solid waste into the bucket lined with a yellow bag. <p>Care of the newborn:</p> <ul style="list-style-type: none"> - Follow universal precautions (use gloves, plastic aprons or gowns). - Resuscitation is to be done in the specially designated area. 	Gynaecologist, Staff nurse	Gol Work Protocol for infection prevention

17. Cleaning of Labour Room

S.No	Activity	Responsibility	Record
1.	<p>The housekeeping shall ensure decontamination & cleaning of labour under strict aseptic measures i.e. using PPE as per the following.</p> <ul style="list-style-type: none"> - For cleaning of floors, wet mop the floor with disinfectant once and then with detergent & water. - For any spill of blood or fluids, spill shall be immediately decontaminated with sodium hypochlorite, mopped dry and then cleaned thoroughly with detergent and water. - For cleaning of labour tables, strip the bed and wipe clean with disinfectant and then with detergent and 	Housekeeping staff	Housekeeping checklist

	water after each delivery. - Use fresh linen for each patient.		
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18. Equipment Management

S. No	Activity	Responsibility	Record
Calibration of Equipments			
1.	All the measuring equipments/ instrument shall be calibrated.	Ward - Incharge	Nil
2.	An ISO certified calibration agency shall be identified to calibrate the equipments/instruments.	Ward - Incharge	Nil
3.	Calibration labels/stickers shall be placed on the equipment denoting the date of calibration and indicating the status of calibration/ verification when recalibration is due.	Ward - Incharge	Equipment register
4.	All calibration certificates shall be maintained by the Incharge or centrally stored by the Store-Incharge of the hospital.	Ward - Incharge	Calibration certificate
5.	The ward shall maintain an equipment register to document details of equipment and calibration status.	Ward - Incharge	Equipment register
6.	It shall be the duty of the Incharge to ensure updation of calibration for all equipments as per their schedule.	Ward - Incharge	Equipment register
General Maintenance			
7.	Up to date manufacturer's instructions for operation and maintenance of equipments shall be kept in the department so that the same can be readily available to staff when required.	Ward - Incharge	Manufacturer's instruction
8.	Defective/Out of order equipments shall be labelled and stored appropriately away from traffic area, until it has been repaired	Ward - Incharge	
9.	Daily dusting/ dry wiping of equipments shall be done by housekeeping staff. The laboratory technician shall do a daily check on the functioning of equipments every morning before commencement of testing procedure.	Ward - Incharge	Nil
10.	An equipment register shall be maintained to document details of equipment - name, hospital code, and date of installation, name of manufacturer, maintained in A	Ward - Incharge	Equipment register

	house/maintained by external agency or manufacturer, Warranty Period, under AMC/CMC.		
Preventive and Breakdown Maintenance			
Preventive Maintenance			
11.	All equipments shall be covered under AMC/CMC including Preventive maintenance.	Ward- Incharge	Equipment register
12.	The lab-Incharge shall maintain an updated record on AMC & Preventive maintenance in equipment register this should include details like : <ul style="list-style-type: none"> o Frequency of Preventive Maintenance/Calibration <ul style="list-style-type: none"> - As per manufacturer guidelines - Presently being followed o Preventive Maintenance/Calibration Done On o Preventive Maintenance/Calibration Due On o Expenditure with cost and details o Remarks with Functional Status 	Ward- Incharge	Equipment register
13.	Preventive maintenance shall be carried out as per Maintenance Schedule for each individual equipment based on manufacturer's recommendations.	Ward- Incharge	Equipment register
14.	The following shall be checked during a preventive maintenance- <ul style="list-style-type: none"> • Physical condition of the equipment/ facility • lubrication, calibration, cleaning or replacing parts that are expected to wear or which have a finite life • Maintenance report verification Maintenance / Service report shall be obtained from service agency and after verification marked as O.K. /Not O.K.	Ward -Incharge	Equipment Service Report
Breakdown Maintenance			
15.	Faulty or defective equipment shall not be used regardless of how minor is the problem and must be reported in the first instance to the in-house maintenance engineer /outside agency hired for maintenance as soon as possible and seen that the problem is attended to as soon as possible.	Ward -Incharge	Equipment register
16.	A label of "out of order" shall be attached to the equipment and information regarding breakdown shall be passed to all staff including any shift changes.	Ward -Incharge	Nil
17.	On restoration of the equipment, the Equipment Breakdown Record should be updated. This indicates that the breakdown/maintenance is performed of the equipment.	Ward -Incharge	Nil


 Superintendent
 CHC Sainkul, Keonjhar