



OBSTETRICS AND GYNAECOLOGY CLINICAL PRACTICE GUIDELINE

Born before arrival (BBA): Admission procedure

Scope (Staff): WNHS Obstetrics and Gynaecology Directorate staff

Scope (Area): Obstetrics and Gynaecology Directorate clinical areas at KEMH and OPH

This document should be read in conjunction with this **Disclaimer**

On arrival

On arrival, the woman is transferred to the appropriate area for ongoing care following assessment in the Emergency Centre.

Notes: Women booked to birth at:

- Family Birth Centre (FBC) can be admitted directly to the FBC if the Ambulance staff feel this is appropriate after individualised assessment.
- OPH are admitted directly to Birth Suite.

Mother

Criteria for admission to the Labour and Birth Suite (LBS)

- Retained or in situ placenta
- Woman's condition is unstable
- OPH: All women booked to birth at OPH are admitted directly to Birth Suite

Criteria for admission to the Postnatal Ward

- Not requiring suturing.
- Third stage complete.
- No excessive vaginal bleeding (blood loss <500ml or no ongoing vaginal bleeding/ trickling).
- Observations are satisfactory.



Criteria for admission to the FBC

- Woman's condition is stable and she feels well.
- No excessive vaginal bleeding (blood loss <500ml or no ongoing vaginal bleeding/ trickling).

Baby

Note: See also 'observations' within <u>Neonatal Care</u> guideline for admission to postnatal ward, e.g. if meconium present at birth.

Criteria for admission to the LBS

If the mother is admitted to Labour and Birth Suite.

Criteria for admission to the Postnatal Ward

- If the mother is admitted to Postnatal Ward and
- Observations are satisfactory. For additional observations required (e.g. for meconium stained liquor, GBS) see also 'observations' within <u>Neonatal Care</u> guideline.

Criteria for admission to the FBC

- If the mother is admitted to FBC and
- Observations are within normal limits

Criteria for admission to the Special Care Nursery (SCN)

As per <u>Neonatology guidelines</u>: <u>Admission to NICU KEMH and PCH</u>.

Documentation

- 1. As per KEMH Clinical Guideline: Obstetrics & Gynaecology, Labour & Birth: **Birth Notification**
- 2. The midwife caring for the woman, i.e. in Labour and Birth Suite, FBC or the Postnatal Ward, completes the documentation and STORK entry.
- A midwife shall inspect the placenta (as per WNHS Clinical Guideline Obstetrics & Gynaecology: Labour & Birth: <u>Third Stage</u>) and include the details in the Labour and Birth Summary (MR230.01 if KEMH) or at OPH MR(OPH)71.
- 4. Follow relevant guidelines for the placenta; it should be either:
 - a. given to parents to take home (see <u>Labour: Placenta Being Taken</u> Home: Safe Handling),
 - b. bagged and put into anatomical waste bin on Labour and Birth suite (see <u>Labour: Third Stage</u>) or
 - c. if meets criteria/requested by medical team sent for histopathology.
 (see <u>Labour: Indications for Pathological Examination of a Placenta</u>).

Related WNHS policies, procedures and guidelines

Clinical guidelines:

- Obstetrics & Gynaecology:
 - > Patient Movement: Admission: Patient admission and booking procedure
 - Labour and Birth: <u>Birth Notification</u>; <u>Third Stage</u>
 - Neonatal Care: Observations

CAHS Neonatology: Admission guidelines: Admission to NICU: KEMH and PCH

<u>Patient Flow and Bed Management Unit</u> Health point hub page [Intranet access only]: <u>Admission policy</u> and <u>procedure</u>

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NSQHS Standards (v2) applicable:	1: Clinical Governance 2: Partnering with Consumers 3: Preventing and Controlling Healthcare Associated Infection 4: Medication Safety	5: Comprehensive Care 6: Communicating for Safety 7: Blood Management 8: Recognising and Responding to Acute Deterioration		
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