Allina Health | ABBOTT NORTHWESTERN HOSPITAL

Hospital-wide Policy/Procedure: **Admission, Placement and Transfer of the OB Patient Including OB Critical Care Assessment Criteria**

Reference #: MBCG114

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Approved By: Abbott Northwestern Hospital Patient Safety Quality Committee, Abbott Northwestern Hospital Medical Executive Committee

Policy Owner/Ownership Group: ANW OB ICU Program Committee

Policy Information Resource: Minnesota Perinatal Physicians (MPP), ANW Intensivists, ICU CNS's, Mother Baby Center Clinical Program Specialist

ANW Stakeholder Groups
OB/GYN Department
Emergency Department
Critical Care Department
Medicine and Med-Peds Hospitalist
Administrative Nurse Supervisors
Maternal Fetal Medicine
Access Center

SCOPE:

Departments, Divisions, Operational Areas	**People Applicable to (Physicians, RNs, Contractors etc.)**
The Mother Baby Center Intensive care units Emergency department Medical Surgical Units Telemetry Units Access Center Administrative Nursing Supervisors	Physicians, Nurses, Certified nurse midwives, Nurse Practitioners, Physician Assistants, Administrative Nurse Supervisors, Access Center

POLICY STATEMENT:

In the event a pregnant (any gestation) or postpartum patient (up to 6 weeks after delivery) presents to ANW for care, admitting team will first determine if the patient meets criteria for OB Critical Care Assessment as defined in Appendix A before determining optimal placement location for care.

DEFINITIONS:

OB Patient: currently pregnant at any gestational age, or postpartum within 6 weeks of delivery
Postpartum Patient: any patient who delivered within the last 6 weeks
Maternal Fetal Medicine (MFM): Perinatology, Minnesota Perinatal Physicians (MPP), or MN Perinatal

PROCEDURES:

External transfers and Emergency Department admissions of OB patients

I. For external transfers coming from outside ANW
    A. If patient meets or is suspected to meet OB Critical Care Assessment Criteria (see Appendix A):
        i. Access Center will initiate the OB/ICU page and follow Access Center standard work.
        ii. Access Center will ensure both Intensivist and Maternal Fetal Medicine (MFM) physicians are on the initial phone call to determine appropriate placement.
    B. If patient does not meet OB Critical Care Assessment Criteria:
        i. See ANW Unit-Specific Placement Guidelines, Appendix B, below.
        II. Reference Appendix C to determine the appropriate Attending physician.
II. For Emergency Department admissions:
    A. If patient meets or is suspected to meet OB Critical Care Assessment Criteria (see Appendix A):
        i. Follow Emergency Department standard work for placement, beginning with call to Intensivist.
    B. If patient does not meet OB Critical Care Assessment Criteria:
        i. See ANW Unit-Specific Placement Guidelines, Appendix B, below.
        II. Reference Appendix C to determine the appropriate Attending physician.

Inpatient transfers of OB patients

I. Requires inpatient ICU transfer based on worsening condition meeting OB Critical Care Assessment Criteria (see Appendix A):

A. RN
   1. Notify Attending Physician of change in patient condition
   2. Notify Unit Charge RN of change in patient condition

B. Attending Physician
   1. Contact Intensivist [612-863-9999]
   2. Communicate accepting Intensivist to RN

C. Intensivist
   1. Communicate change in patient status and need for ICU admission to Maternal Fetal Medicine (MFM).
   2. If not already placed, enter a consult order to MFM in Excellian.

D. Unit Charge Nurse
   1. Notify Administrative Nursing Supervisor (ANS) of need for an ICU bed and include the following information:
      a. Patient name
      b. Patient current location
      c. ICU they will be transferred to
      d. Accepting Intensivist
      e. Diagnosis
   2. **AND** pend the patient to patient placement in Excellian regardless of capacity status/bed availability.

E. ANS
   1. Follow Bed Request Higher Level of Care process to move patient to ICU.
   2. Contact Access Center to initiate the OB/ICU Transfer page.

II. For patients meeting criteria for OB Critical Care Assessment but without clear need for ICU transfer, or for patients experiencing progressive severity of illness (see Appendix A):

A. Contact Intensivist [612-863-9999] to determine appropriate level of care.

B. Intensivist will contact Maternal Fetal Medicine (MFM) and collaborate with Attending Physician to determine need for transfer to ICU.
   1. If transfer to ICU deemed necessary, follow process in I, above.
   3. If transfer to ICU not necessary, see III, below and if not already placed, enter a consult order to MFM in Excellian.

III. If patient does not meet OB Critical Care Assessment Criteria,

A. Reference ANW unit-specific placement guidelines in Appendix B for appropriate placement location.

B. Reference Appendix C to determine the appropriate Attending physician.

Placement for OB patient needing vaginal or cesarean delivery

I. For patient safety, deliveries >=16 weeks should occur in The Mother Baby Center. This includes viable, non-viable and intrauterine demise.

II. If maternal medical needs exceed Mother Baby Center capabilities, the delivery must be done in one of the ANW ICU's (PB2000, H4200, H6200), in the Main OR, or CV OR.

Admitting/Attending Services for OB Patients

I. Reference the OB Patient Attending Guidelines in Appendix C for decisions regarding admitting/attending services for pregnant and post-partum patients once appropriate level of care is determined.

PROTOCOL: N/A

FORMS: N/A

ALGORITHM: N/A

ADDENDUMS: N/A

FAQs: N/A

REFERENCES:

ACOG Practice Bulletin #211 (2019) Critical Care in Pregnancy

ACOG: Committee Opinion #590 (2014, reaffirmed 2018) Preparing for Clinical Emergencies in Obstetrics.

ACOG Practice Bulletin (2017, reaffirmed 2019). Postpartum hemorrhage. Obstetrics & Gynecology, 183.

Andreatta P. et al. Interdisciplinary team training identifies discrepancies in institutional policies and practices. Am J Obstet Gyncol 2011 Oct;205(4):298-301.

Critical Care in Pregnancy-Is it different; Gaffney A: *Sem in Per*; Vol 38 Issue 6 2014

Related Regulation and Laws: N/A

Alternate Search Terms: OB ICU, OB Critical Care, OB Consultation

Related Documents	Content ID	Business Unit where Originated
Obstetrical Patients: Assessment and Transportation	SYS-PC-APCC-006	APCC
ED OB Triage Algorithm	SYS-PC-APCC-006.A1	APCC
Allina Sepsis Program System-wide Consensus Guideline- Optimal Care for Sepsis	SYS-PC-SP-CG-001	System-wide
Trauma Transfer	ED0118	ANW
Fetal Monitoring for Non-OB Procedures	SYS-PC-APCC-005	System-wide
ANS placement standard work documents *Includes process for placement of OB ICU Patient during ICU Closure		ANW (ANS)
TMBC Off-Unit Standard Work Documents		ANW TMBC
Guidelines for E4000 Progressive Care Beds		ANW
ED placement process		ANW Emergency Department
Fetal Uterine Monitoring Policy	SYS-PC-APCC-022	ANW TMBC
Bed Request Higher Level of Care Process		ANW (ANS)
Adaptive Physiologic Changes in Pregnancy		ANW

Documents Replacing	Content ID	Business Unit/Dept. where Originated
OB Critical Care: Consultation and ICU Transfer	MBCG 108	ANW TMBC

APPENDIX A

OB CRITICAL CARE ASSESSMENT CRITERIA

If patient meeting these criteria is placed outside of ICU this must be agreed to by Intensivist, Attending Physician, and Maternal Fetal Medicine (MFM) following policy/procedure MBCG114.

I. Acute Respiratory Insufficiency/Distress with any of the following:

A. Pregnant (at any gestation) or postpartum patient:
   1. Need for supplemental oxygen to keep oxygen saturations >=95%.
   2. Increasing oxygen needs or persistent dyspnea, or persistent tachypnea >=24 breaths per minute
   3. Rapid response called for acute respiratory distress
   4. Pulmonary edema
   5. Pulmonary embolism (known or suspected)

II. Congenital or Acquired Cardiac Condition requiring critical care

A. e.g. acquired valve disease, endocarditis, cardiomyopathy

III. Diabetic Ketoacidosis

IV. Hypertension in Pregnancy

A. Eclampsia
B. Preeclampsia with Severe Features with any of the following
   1. Two BP values >=160 systolic or >=110 diastolic taken 15-60 minutes apart unresolved within 1 hour with appropriate antihypertensive therapy (irrespective of cause)
   2. Need for antihypertensive drip
   3. Maternal neurologic changes or possible stroke- call RRT-code stroke.
   4. Acute kidney injury/anuria or <500 mL output in 24 hours
   5. Acute fatty liver
   6. HELLP syndrome with platelets <50,000, AST/ALT >2 SD above median, evidence of hemolysis with or without hypertension
   7. Pulmonary edema

V. Severe Hemorrhage with any of the following:

A. Blood loss of 2500 mL or more at delivery and/or immediate post-delivery period (2 hours), or with hemodynamic instability
B. Massive transfusion protocol blood product replacement (or 4 or more units PRBC)
C. Disseminated intravascular coagulopathy

VI. Sepsis

A. Positive OB sepsis screen and requiring ICU care;
   1. Septic shock
   2. Severe sepsis and repeat lactate is the same or higher, or if vital signs are not improving in the first 2-3 hours with treatment. (Treat according to Allina Sepsis Guidelines).
   3. After postpartum discharge, if patient presents to ED or is readmitted to inpatient care units from outside of the Mother Baby Center, use hospital wide Sepsis Screening and Transfer Criteria.

VII. Suspected Amniotic fluid embolism

APPENDIX B

ANW Unit-Specific OB Placement Guidelines

Unit	Criteria	Unit staff will notify the following upon admission:
ICU (PB2000, H4200, H6200)	Meets ICU Criteria ***see OB Critical Care Assessment Criteria, Appendix A and follow process outlined in the policy/procedure MBCG114, above**	OB Charge RN 612-775-5904
PCU E4000	• Pregnant patient admitted for condition unrelated to pregnancy • Requiring supplemental oxygen and determined to not need ICU care by Intensivist & Maternal Fetal Medicine (MFM) consultation	
H4000 (Tele)	• Pregnant patient with cardiac admission diagnosis • On supplemental oxygen maintaining sats >=95% without persistent dyspnea or tachypnea >=24 breaths/min	
E3100/W3500	• Pregnant patient admitted for medical condition unrelated to pregnancy • On room air	
Mental Health	• Pregnant patient admitted for mental health condition unrelated to pregnancy • On room air	
Vaginal delivery >=16 weeks	• For patient safety, vaginal deliveries >=16 weeks should occur in the Mother Baby Center. This includes viable, non-viable and intrauterine demise. • If maternal medical needs exceed Mother Baby Center capabilities, the delivery must be done in one of the ANW ICU's (PB2000, H4200, H6200), in the Main OR, or CV OR.	
Mother Baby Center	• Pregnant patient admitted for pregnancy-related condition • On supplemental oxygen maintaining sats >=95% without persistent dyspnea or tachypnea >=24 breaths/min	N/A

APPENDIX C

OB Patient Admitting/Attending Services Guideline

This guideline is intended to inform decisions regarding admitting/attending services for pregnant and post-partum patients **who are determined to not require admission to the ICU based on Appendix A, are transferring out of the ICU, or who will be placed outside of a Mother Baby unit**. Follow policy/procedure MBCG114 first to determine need for ICU admission.

Stakeholders: ED, Medicine and Med-Peds Hospitalists, OB/GYN, Maternal Fetal Medicine (MFM), Intensivists, Cardiology

Pregnant Patients (any gestation, non-ICU)		
Diagnosis	**Admitting/Attending**	**Consulting**
Cardio-Obstetrics Patients: Congenital Heart Disease or Acquired Heart Disease (valve issue, cardiomyopathy, arrhythmia, ischemic heart disease, etc.)	• Med-Peds Hospitalist *If no Med-Peds Hospitalist on, Admit to Medicine Hospitalist	• Cardiology • Maternal Fetal Medicine (MFM)
Hypertension, Pre-eclampsia, Eclampsia	• OB-GYN	• Maternal Fetal Medicine (MFM) as needed
Hypoxia (O2 saturation <95% on room air, any cause). Includes PE, bacterial or viral pneumonia, suspected amniotic embolism	• Hospitalist (Med-Peds or Medicine)	• Maternal Fetal Medicine (MFM)
Hyperemesis of Pregnancy	• OB-GYN	
Sepsis	• OB-GYN	• Maternal Fetal Medicine (MFM) • Hospitalist (Med/Peds or Medicine) as needed
DKA	• Hospitalist (Med-Peds or Medicine)	• Endocrinology • Maternal Fetal Medicine (MFM) • OB-GYN

Postpartum Patients (non-ICU)		
Diagnosis	**Admitting/Attending**	**Consulting**
Cardio-Obstetrics Patients, <2 weeks post-partum: Congenital Heart Disease or Acquired Heart Disease (valve issue, cardiomyopathy, arrhythmia, ischemic heart disease, etc.)	• Med-Peds Hospitalist *If no Med-Peds Hospitalist on, Admit to Medicine Hospitalist	• Cardiology • Maternal Fetal Medicine (MFM)
Cardio-Obstetrics Patients, >2 weeks post-partum:	• Med-Peds Hospitalist *If no Med-Peds Hospitalist on, Admit to Medicine Hospitalist	• Cardiology
Hypertension, Pre-eclampsia, Eclampsia	• OB-GYN	• Hospitalist (Med-Peds or Medicine) as needed
Endometritis/Endomyometritis	• OB-GYN	• Hospitalist (Med-Peds or Medicine)
Sepsis, cause unclear, <2 weeks post-partum	• OB-GYN	• Hospitalist (Med-Peds or Medicine)
Sepsis, cause unclear, >2 weeks post-partum	• Hospitalist (Med-Peds or Medicine)	
Mastitis	• OB-GYN	• Hospitalist (Med-Peds or Medicine) as needed