

NURSING SERVICE

LABOR AND DELIVERY AND OBSTETRICS

POLICY TITLE: **ADMISSION/DISCHARGE/TRANSFER CRITERIA FOR L & D/POSTPARTUM**

POLICY: **6190-29 6080-10**

This policy applies to patients in Labor and Delivery and admitted to the Postpartum Unit. Responsibility for compliance rests with the attending physician or designee, the ADT Coordinator, the Nursing Supervisor, the nursing staff, and Utilization Review Concerns related to appropriateness of admission will be referred to the attending physician.

The following criteria are representative but not all inclusive of conditions requiring admission and related criteria for discharge. This criteria has been approved by the OB/GYN medical staff.

ADMISSION	DISCHARGE
Labor or Cesarean Section	Less than or equal to 48 hours Consider patient wishes Vital signs stable, vomiting controlled Pain controlled with oral medication Adequate urinary output Passing flatus/stool Bleeding controlled Infection improved or resolved
Non-Reassuring Fetal Heart Tracing	Delivery or reassuring tracing documented Provider assessment with follow-up plan for reassessment
Antepartum/Intrapartum Infections	Control or resolution of maternal infection Reassuring Fetal Heart Tracing
Complications of Pregnancy to include, but not limited to: <ul style="list-style-type: none"> <li>• Dehydration/hyperemesis</li> <li>• Threatened Abortion, cervical suturing</li> <li>• Preterm Labor, PROM</li> <li>• Preeclampsia/Eclampsia</li> <li>• Maternal Infection</li> <li>• Thrombophlebitis</li> <li>• Uncontrolled Diabetic</li> </ul>	Temp less than 100.5 F BP controlled, absence of seizure Contractions - less than 6 an hour Cervix unchanged in 24 hours Maintain hydration Vomiting controlled for 12 hours Labs stable, bleeding controlled Infection (S & S and labs) improving PTT within therapeutic limits Absence or resolution of metabolic/

	endocrine status
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ADMISSION	DISCHARGE
Postpartum Complications: <ul style="list-style-type: none"> <li>• Post-anesthesia complications</li> <li>• Maternal Infection</li> <li>• Abnormal Bleeding</li> </ul>	Evidence of resolving complications
GYN Complications Requiring Hospitalization	Vital signs stable for last 24 hours Vomiting controlled Hematology stable for 24 hours Bleeding controlled, infection improving Pain controlled or manageable Voiding without difficulty
GYN Surgery	Post-Op Vital signs stable Fluids tolerated Vomiting controlled Pain controlled or managed Adequate urine output Passing flatus/stool

#### Transfer Criteria for L&D/Post Partum

Complications of Pregnancy requiring higher level of care such as available in an Intensive Care Unit or tertiary care facility, to include, but not limited to:

- Preterm labor with gestational age less than 30 weeks
- Severe preeclampsia/eclampsia
- Pulmonary Embolus
- Maternal Infection
- Uncontrolled hemorrhage
- Critically unstable maternal status (vital signs or lab values)
- Antepartum mother with fetus requiring surgical interventions at birth

Complications of GYN conditions requiring higher level of care such as available in an Intensive Care Unit or tertiary care facility to include but not limited to:

- Uncontrolled hemorrhage
- Critically unstable vital signs or lab values
- Critical surgical complications such as severe infection, hemorrhage, pulmonary embolus
- Wound dehiscence