

CLINICAL PATHWAY
INPATIENT FAMILY CENTERED CARE
MATERNAL VAGINAL BIRTH

Clinical Pathways are not considered a substitute for professional judgement.

| Phase: | Triage | Labour | Transition (L&D) |
|---|---|---|---|
| Date: | / / Time: hrs | / / Time: hrs | / / Time: hrs |
| Patient Outcomes | Maternal and Fetal wellbeing and safety Labour in appropriate location Admit to L&D when in active labour Birth plan mutually reviewed and revised by caregivers and patient/family: _____ Check Hepatitis B, HIV, VDRL Rubella, Varicella and Maternal GBS status on antenatal records: All results documented: _____ Follow-up required (specify): _____ | Maternal and Fetal wellbeing and safety VS stable: _____ Progress >2cm dilatation/4h in active labour: _____ Augmented prn: _____ Prepared for delivery Birth plan mutually reviewed by caregivers, patient, family: _____ Blood work drawn and sent: _____ | Maternal wellbeing and safety Fundus firm, midline at umbilicus or lower: _____ Normal blood loss: _____ Transition of the newborn: _____ Clinical Indicator #1: Patient/family verbalizes satisfaction with birth experience? Yes ___ No ___ If No, reason: _____ |
| Teaching | Orientation to early labour assessment unit Roles of members of the team Signs and symptoms of labour Pain management strategies | Orientation to L&D Consents reviewed & signed Pain management strategies: _____ Labour and Delivery stages and phases: _____ | Early maternal changes: _____ Voiding, Fundus, Lochia: _____ Abduction prevention program: _____ Other patient specific teaching: |
| Discharge Planning Criteria | Healthy Babies; Healthy Children Discharge instructions as per OBS assessment form Discharge disposition as per OBS assessment form | Healthy Babies; Healthy Children reviewed and completed: _____ | Prepare for transfer to 3C Clinical Indicator #2: Healthy Babies; Healthy Children Assessment reviewed with patient and L&D component completed? Yes ___ No ___ If No, reason: _____ |
| Pathway Reviewed with Patient/Family (Initial) | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Patient/Family Satisfied with Progress? | <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes | <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes | <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, see progress notes |
| Signatures: | Initials _____ _____ _____ | Initials _____ _____ _____ | Initials _____ _____ _____ |



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| | / / Time: hrs | / / Time: hrs | / / Time: hrs |
| INTERVENTIONS: | | | |
| Assessments | Assessments as per Policy & Procedure: Triage Assessment Vital signs Obstetrical Assessment | Completion of Data Base Verbal review of patient's plan for Labour & Delivery Effectiveness of pain management strategies Maternal vital signs Frequency, duration, strength of contractions Descent, flexion rotation and position of cervix Cervical effacement and dilation Fetal Health Surveillance Colour, odour, consistency of amniotic fluid Vaginal show Refer to Policy: Labour - Care of Client | Completion of L&D Summary VS, fundus, lochia, episiotomy & elimination q15min x 1h |
| Consults | Obstetrician prn Members of Multidisciplinary Team prn | Anaesthesiologist prn Paediatrician prn Obstetrician prn Members of the MD Team prn | Anaesthesiologist prn Obstetrician prn Members of the MD Team prn |
| Tests | NST Urine test for protein, ketones and glucose Antenatal bloodwork if required Biophysical profile Ultrasound as indicated | CBC, OB Mom Group and reserve prn Urine test for protein, ketones and glucose | Placenta to Pathology as per policy Cord blood gases OBBAB Fetal cell screen if Rh - ve and fetal demise or stillborn |
| Treatments | | | Ice packs prn IV as per orders |
| Medications | | | Oxytocin at delivery Discontinue epidural Analgesic prn |
| Nutrition | DAT | DAT | DAT |
| Activity/Safety | AAT | AAT Continuous labour support | AAT Initiate Maternal-Newborn contact |
| Elimination | BRP | Encourage voiding | Encourage voiding |
| Pain Management | Refer to: Pain Management Strategies Determinants of Pain Perception | Refer to: Pain Management Strategies Determinants of Pain Perception | Refer to: Pain Management Strategies Determinants of Pain Perception |



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| Phase: | Transition (3C) | Preparation for Discharge | | | | | | | | | | | | | | | | |
|--|--|--|------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Date: | / / Time: hrs | / / Time: hrs | | | | | | | | | | | | | | | | |
| Patient Outcomes | <p>Vital Signs within normal limits: Temp less than or equal to 37.5 degrees C: _____ BP plus or minus 20% baseline: _____ Fundus: Midline, firm at or below umbilicus: _____ Lochia: Rubra, less than 1/2 Attends saturated within 1/2 h: _____</p> <p>Perineum: Suturing intact prn, minimal edema, bruising, hemorrhoids may be present: _____ Elimination: Voiding qs, no bladder distention: _____ Motor Function: Moving legs freely: _____</p> <p>Check Hepatitis B, HIV, VDRL Rubella, and Varicella status on antenatal records: All results documented: _____ Follow-up required (specify): _____</p> <p>Immunization Required: Yes [] No []</p> | <p>Vital Signs within normal limits: Temp less than or equal to 37.5 degrees C, pulse less than 100, BP less than 140/90: _____ Fundus: Midline, firm at or below umbilicus Lochia: Moderate rubra or less</p> <p>Perineum: Suturing intact prn, minimal edema, bruising, hemorrhoids may be present Elimination: Voiding qs, no bladder distention Breasts/nipples: Soft/filling, tender on initial latch only Maternal pain: controlled with oral analgesics Rh Immune Globulin: IM if patient is Rh negative and baby Rh positive or stillbirth: _____ Mother's blood group checked: _____ if Rh negative Check Baby's blood group: _____ Additional dosage if required to be advised by Transfusion Medicine based on Fetal cell screen Clinical Indicator #3: Mother will verbalize/demonstrate ability to care for self and newborn Yes _____ No _____ If No, reason: _____</p> <p>Immunization Complete: Yes [] No []</p> | | | | | | | | | | | | | | | | |
| Teaching | <p>Admission to 3C Postpartum care and safety Breast changes Pain management Bleeding - normal/abnormal Urine/bowels Postpartum blues Signs of Wellness - exercise Other:</p> | <table border="1"> <thead> <tr> <th>Date</th> <th>Initial</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> | Date | Initial | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | | | | | | | | | | | | | | | | | |
| Discharge Planning Criteria | <p>Discharge criteria: Provide Child Tax Credit Form, Birth Registration Form, and Ontario Health Infant coverage (collected) Normal G.I. and G.U. Afebrile Mod. Lochia Rubra Visit MRP 6 weeks HBHC completed Ontario Early Years Discussed Discharge instructions reviewed and understood Pt. Signature: _____ Date: ____/____/____</p> | | | | | | | | | | | | | | | | | |
| Pathway Reviewed with Patient/Family (Initial): | _____ Yes _____ No | _____ Yes _____ No | | | | | | | | | | | | | | | | |
| Patient/Family Satisfied with Progress? | YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes | YES <input type="checkbox"/> NO <input type="checkbox"/> if NO, see progress notes | | | | | | | | | | | | | | | | |
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| | / / Time: hrs | / / Time: hrs |
| | INTERVENTIONS: | |
| Assessments | At transfer, 2h, 4h & prn: VS, fundus, lochia, episiotomy & elimination Bladder & bowel function, breasts, nipples, hemorrhoids & activity Healthy Babies, Healthy Children | At 8h, at 12h, prn & discharge: VS, fundus, lochia, episiotomy & elimination Bladder & bowel function, breasts, nipples, hemorrhoids & activity Healthy Babies, Healthy Children |
| Consults | Members of Multidisciplinary Team prn Obstetrician prn Paediatrician prn Lactation consultant prn | Members of Multidisciplinary Team prn Obstetrician prn Paediatrician prn Lactation consultant prn |
| Tests | Fetal cell screen if patient Rh negative and baby Rh positive or stillbirth Antenatal bloodwork if required | |
| Treatments | Pericare / ice prn Support of mother, baby & family | Pericare / ice prn Support of mother, baby & family |
| Medications | As per orders | As per orders Rh Immune Globulin IM if patient is Rh negative and baby Rh positive or stillbirth Additional dosage if required to be advised by Transfusion Medicine based on Fetal cell screen |
| Nutrition | DAT | DAT |
| Activity/Safety | Ambulate with assistance Assist with infant care/feeding | Ambulates independently Assist with infant care/feeding Demonstrates total care self/infant |
| Elimination | First void within 8 hours Catheterize prn | Voiding qs |
| Pain Management | Refer to: Pain Management Strategies Determinants of Pain Perception | Refer to: Pain Management Strategies Determinants of Pain Perception |

