

**SANTA MONICA-UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL
OBSTETRICS AND GYNECOLOGY SERVICE
RULES AND REGULATIONS - 2021**

I. NAME

The name of this Service shall be the Obstetrics and Gynecology Service of the Medical Staff of Santa Monica-UCLA Medical Center & Orthopaedic Hospital as provided for in the Bylaws of the Medical Staff.

II. ORGANIZATION

A. The Chief of the OB/GYN Service shall be the member elected by the Active Staff of the Service as representative on the Medical Staff Executive Committee.

B. The OB/GYN Committee is composed of members of the Service appointed by the Chief of Staff. There shall be at least one member from the Family Medicine Service and the Division of Anesthesia.

Ex-officio members without vote shall include the Chief Medical Officer, Chief Nursing Officer, Director of Quality and Patient Safety, and Director and Assistant Director, Women's and Children's Services.

C. The OB-Perinatal Peer Review Committee is a subcommittee of the Service. The OB-Perinatal Peer Review Committee shall be composed of at least five Service members. The Committee shall be responsible for performing ongoing practitioner performance evaluations (OPPE) for the Service.

III. DUTIES OF THE OB/GYN COMMITTEE

A. To be responsible for the administration of the policies of the Medical Staff.

B. To establish and modify operating policies dealing with the basic care of the obstetrical or gynecologic patient as is indicated in the best interest of the patient and hospital.

C. To hold Service meetings at least ten times a year for the purposes of Service administration, quality improvement, education, and promoting a spirit of cooperation among the members of the Service.

D. To establish criteria for the granting of privileges (i.e., education, training, current competence).

E. To make recommendations to the Credentials Committee on any issues pertaining to credentialing or privileging of applicants and Service members.

F. To make recommendations to the Medical Staff Executive Committee for disciplinary action regarding Service members, when necessary.

G. To monitor the quality of obstetrical and gynecologic care as presented by the Ongoing Practitioner Performance Evaluation Program.

H. To investigate all concerns referred by other Medical Staff committees and make appropriate recommendations.

IV. MEMBERSHIP

- A. All members of the OB/Gyn Service must participate in the Ongoing Practitioner Performance Evaluation Program pertaining to their patients. Non-compliance will result in a referral to the Medical Staff Executive Committee.
- B. Each member with Admit privileges must provide, in writing, the names of current medical staff member(s) who have agreed to provide coverage in the event of the member's unavailability.
- C. Privileges
Privileges allowed each member are posted on the Medical Staff Web Site <https://www.uclahealth.org/medical-staff/privileges>
- D. Proctoring
Proctoring requirements for specific privileges are listed on the Privilege Form. Upon appointment members are provided with Medical Staff Policy MS 128: Focused Professional Practice Evaluation (Proctoring) as well as appropriate proctoring forms for the privileges requested. Reciprocal proctoring is also available (Medical Staff Policy MS 120: Reciprocal Proctoring).
- E. Reappointment
Criteria for reappointment includes patient activity. Patient activity requirements are listed on the privilege form as well as in the Medical Staff Bylaws and determine the membership category assigned every two years.

V. OBSTETRICS/GYNECOLOGY PROTOCOL

- A. Obstetricians are expected to be on time for deliveries.
- B. An obstetrician charged with the management of a laboring patient must be able to initiate the C-section within 30 minutes of that decision.
- C. Patients requiring oxytocin agents shall be evaluated prior to induction either in the office or the hospital by the attending physician, another staff member with obstetrical privileges, a second year or above OB resident, or a third year family practice resident, who shall then be continuously available within 30 minutes during the duration of the drug use.
- D. Patients with threatened or incomplete abortions and post-therapeutic abortions are to be admitted to hospital units other than labor & delivery or post-partum.
- E. Labor and Delivery Guidelines
- L&D operative procedures should be scheduled before 1700 Monday through Friday and 0730-1500 on Saturday
 - L&D OR schedule will be limited to THREE scheduled operative procedures between 0730-1700 Monday through Friday and 0730-1500 on Saturday
 - Scheduled operative procedures should not be scheduled after 1700 Monday-Friday, 1500 on Saturday and all day Sunday.
 - All high-risk cases should be scheduled Monday through Friday from 0730 to 1700. These cases include, but are not limited to:
 - Placental Abnormalities
 - Any patient requiring T&C

- Multiples greater than 2
- Scheduled procedures for Main OR include:
 - Scheduled C-Hyst
 - Any scheduled C/S with a surgical consult

F. Emergency Room Coverage

The physician must be within a reasonable distance from the hospital when on OB/GYN or Emergency Department Call.

G. Documentation

1. Prenatal records should be available when the patient is admitted to labor & delivery.
2. A preoperative note is required prior to surgery.
3. A dictated delivery note is required immediately following the procedure and should include course of labor, delivery and complications.
4. Delivery records and postpartum orders are to be completed after delivery and the patient must not leave the recovery room until such has been done.
5. An operative note is required immediately following surgery.
6. The physician's portion of the hospital record should be completed prior to the patient's discharge, including the prenatal record and any dictation regarding surgery and/or complications.
7. The physician is responsible for all verbal orders and must sign them within 48 hours of transmission.

H. Assistant Surgeons/Surgical Assistants

1. Competent surgical assistants should be available for all major obstetric and gynecologic operations. In many cases, the complexity of the surgery or the patient's condition will require the assistance of one or more physicians to provide safe, quality care. Often, the complexity of a given surgical procedure cannot be determined prospectively. Procedures including, but not limited to, operative laparoscopy, major abdominal and vaginal surgery, and cesarean delivery may warrant the assistance of another physician to optimize safe surgical care.
2. A physician may perform a post-partum tubal ligation without an assistant.
3. When an elective pelviscopy is scheduled, an appropriate assistant shall be available on 15-minute call.
4. It is the primary surgeon's judgment and prerogative, based on the complexity of the surgery or the patient's condition, to determine the number and qualifications of surgical assistants.

VI. THE LABORIST ROLE IN THE CARE OF OB AND/OR GYN PATIENTS

- A. If an assigned pregnant OB patient presents to the ED with an immediate issue, the Laborist on call will provide care for the patient until stable. After the patient is stabilized, the OB is to be contacted to assume care for the patient.
- B. If an assigned OB/Gyn patient presents to the ED, who has already delivered their infant, the OB/Gyn on call is to be contacted for care. If there is no time to wait for the OB/Gyn on call or there is difficulty reaching them, the Laborist will step in to stabilize until their arrival.
- C. Unassigned OB/Gyn patients in the ED are assigned to the Laborist Team.

VII. CERTIFIED NURSE MIDWIFE ROLE IN THE CARE OF OB PATIENTS

Certified Nurse-midwives practice within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the patient. The Certified Nurse-Midwives' legal basis for practice in California is defined in the Nurse Practice Act, Business and Professions Code, Division 2, Chapter 6, Article 2.5. The Certified Nurse-Midwives at the Santa Monica-UCLA Medical Center & Orthopedic Hospital follow the written Nurse-Midwife protocols.

The UCLA Nurse-Midwife practice will care for low risk pregnant women as follows:

- Management of normal labor and delivery, including the following when indicated:
- Routine laboratory tests.
- Amniotomy during labor.
- Fetal monitoring during labor including placing internal fetal monitoring.
- Administration of local anesthesia.
- Episiotomy.
- Repair of episiotomy and lacerations.
- Resuscitation of the newborn
- Management of the normal postpartum period.
- Management of the normal newborn.

The nurse-midwife may order therapeutic, pharmacological, and diagnostic regimens, including, but not limited to, the following:

- IV fluids
- Analgesics, including narcotics
- Oxytocic medications
- Hypnotics and sedatives
- Medications and routine laboratory tests for the postpartum course
- Diagnostic tests
- Consultation with other departments

Obstetrical and /or medical complication may necessitate consultation with the Obstetrician. The patients' history and physical will be presented to and reviewed by the Obstetrician who will develop a plan of care, and if appropriate, delegate implementation of the plan of care to the CNM. The CNM will apprise the physician of untoward events or worsening of the condition. This collaboration will be documented in the medical record.

VIII. CARE OF THE UNASSIGNED OB PATIENT IN THE EMERGENCY ROOM

The Laborist will be responsible for any unassigned patients who present to the ER. The on-call physician should review the patient chart, only as time permits, and determine if the patient does, indeed, have an assigned OB. In an urgent, emergent situation the Laborist is responsible for caring for the patient until the assigned OB is determined, if at all.

In turn, the ER staff are to ask the patient if she has an assigned OB that has provided consistent care. The ER staff, also are to review the patient's chart and determine if there is an OB physician who has provided consistent care in the past. If the patient has an OB who has provided consistent care, in the recent past, that physician is to be called and asked to come in and care for the patient. This process is only to be done if time permits without affecting the patient's need for immediate care.

IX. ANESTHESIA

- A. An obstetrical anesthesiologist will be present in the hospital whenever there is any patient admitted in labor. If there is no patient in labor the anesthesiologist must be readily available and must return to the hospital upon notification of admission of a laboring patient by labor & delivery personnel.
- B. It is the responsibility of the anesthesiologist on call to keep informed of the situation in labor & delivery.
- C. Non-anesthesiologist physicians may only give local and pudendal anesthesia. All other forms of anesthesia must be given by an anesthesiologist, except in an emergency.

X. PEDIATRICS

- A. The physician designated as the infant's physician is to be listed as the attending physician on the infant's chart regardless of the physician's specialty.
- B. Apgar scores should be assigned by someone other than the delivering physician, if possible.

XI. LABOR & DELIVERY OBSERVERS

- A. Labor & delivery observers may accompany the patient to the delivery room if approved by the attending physician, anesthesiologist and nurse.
- B. Photographs during the delivery may be taken when appropriate and at the direction of the delivering physician and the labor nurse. Video recording of deliveries, cesarean sections, or surgeries is not allowed unless approved by the attending physician.
- C. Labor and delivery observers may remain with the expectant mother in the labor room subject to the discretion of the obstetrical nursing staff and attending staff physician.

XII. LABORATORY TESTS/BLOOD

- A. Upon admission of all pregnant women, the following lab tests will be done:

- 1. CBC
- 2. A clot tube to be held for type and screen will be done prior to surgery.

If no prenatal record is available, the following lab tests will be done upon admission:

- 1. CBC
- 2. Type and Rh (on all patients)
- 3. RPR
- 4. Rubella titer
- 5. Hepatitis B
- 6. Group B Strep
- 7. HIV Testing

- B. Cord blood will be drawn on all infants and will be run on all Rh negative mothers as well as all type O mothers.

XIII. SURGERY SPECIMENS

- A. Surgical specimens recovered during surgical procedures shall be forwarded to the Pathology Department with the appropriate information on the pathology requisition and with the ordering physician's signature.

Exceptions to this, at the discretion of the physician, are specimens that by their nature or condition do not permit fruitful examination, such as excised scar tissue, placentas, laminaria, foreskins and follicle aspirations.

- B. Where indicated, a pathologist's report of the findings will be filed in the patient's medical record.

OB/Gyn Service: 02/01/2021
Medical Staff Executive Committee: 02/23/2021
Governing Body: 02/28/2021