

Sample Policy and Procedure

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POLICY TITLE: Cesarean Section/Induction of Labor Scheduling Policy	
DEPARTMENT AND USERS DISTRIBUTION: Maternal Child Health, Labor and Delivery	

Original Date of Issue _____

Reviewed Date							
Revised Date							

Purpose

The purpose of this policy is to eliminate non-medically indicated (elective) deliveries prior to 39 weeks.

Policy Statement

Non-medically indicated cesarean section or induction of labor prior to 39 completed weeks gestation requires approval of the Obstetrics and Gynecology department chair or designee. Note: Amniocentesis and documentation of fetal lung maturity is not an indication for delivery <39 weeks.

Definitions

Medical and obstetric indications for cesarean section or induction of labor that DO NOT require approval from the OB/GYN department chair or designee include:

<u>INDICATION</u>		
<u>Obstetric and Medical Conditions (OK if <39 weeks)</u>		<u>Scheduled C/S (≥39 wks)</u>
<i>(need to deliver <39 weeks dependent on severity of condition)</i>		
<input type="checkbox"/> Abruptio	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Prior C/S
<input type="checkbox"/> Previa	<input type="checkbox"/> Liver disease (e.g. cholestasis of preg.)	<input type="checkbox"/> Prior classical C/S
<input type="checkbox"/> Preeclampsia	<input type="checkbox"/> Chronic HTN	<input type="checkbox"/> Prior myomectomy <i>(may be earlier with fetal lung maturity test)</i>
<input type="checkbox"/> Gestational HTN	<input type="checkbox"/> Diabetes (Type I or II)	<input type="checkbox"/> Breech presentation
<input type="checkbox"/> GDM with Insulin	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Other malpresentation
<input type="checkbox"/> ≥41+0 weeks	<input type="checkbox"/> Coag/Thrombophilia	<input type="checkbox"/> Patient choice
<input type="checkbox"/> PROM	<input type="checkbox"/> Pulmonary disease	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fetal Demise (current)	<input type="checkbox"/> HIV infection	<input type="checkbox"/> Twin w/o complication <i>(ok ≥38 wks)</i>
<input type="checkbox"/> Fetal Demise (prior)		<u>Elective Induction (≥39wks)</u>
<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Patient choice/social
<input type="checkbox"/> Polyhydramnios	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Perinatology consult obtained and agrees with plan: _____ <small>(consultant name)</small></div>	<input type="checkbox"/> Macrosomia
<input type="checkbox"/> IUGR		<input type="checkbox"/> Distance
<input type="checkbox"/> Non-reassuring fetal status		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Isoimmunization		
<input type="checkbox"/> Fetal malformation		
<input type="checkbox"/> Twin with complication		

Monitoring

Data will be collected using the hospital Data Collection Form. These data will be aggregated and shared with the clinicians on a regular basis.

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Procedures

1. Confirmation of Gestational Age

Gestational age needs to be confirmed using one of the ACOG criteria:

- “Ultrasound measurement at less than 20 weeks of gestation supports a gestational age of 39 weeks or greater.”¹¹
- “Fetal heart tones have been documented as present for 30 weeks by Doppler ultrasonography.”¹¹
- “It has been 36 weeks since a positive serum or urine human chorionic gonadotropin pregnancy test.”¹¹

If the patient does not meet ACOG’s criteria for confirmation of gestational age, an amniocentesis to confirm fetal lung maturity after 39 weeks or allowing the patient to go into labor should be considered.

2. Scheduling

- Provider or designee contacts the L&D scheduler with the request to schedule the induction or cesarean section. (This may be a phone call or the faxing of the scheduling form.)
- The provider or designee provides the L&D scheduler with the woman’s name and other patient identifiers as necessary, indication for the procedure, and the gestational age at the time of the scheduled cesarean section or induction. Note: All components of the hospital scheduling form must be communicated prior to the procedure being scheduled.
- If the gestational age is < 39 weeks, the L&D scheduler compares the information provided to them to the predetermined list of medical and obstetric indications for cesarean sections and induction of labor prior to 39 weeks. If the indication is on the list then the procedure is defined as medically indicated and gets scheduled.
- If the indication provided does not appear on the approved list AND gestational age is <39 weeks on the date the procedure is requested to be scheduled, the L&D scheduler will inform the provider. Note: If the provider requests that the non-medically indicated cesarean section or induction of labor be performed prior to 39 weeks, then the L&D scheduler will inform the provider that he is not authorized to schedule the procedure without documented permission from the OB/GYN department chair or designee.
- Women who have medical indications for delivery have priority over women having elective cesarean sections and inductions of labor. These decisions are the discretion of the L&D unit charge nurse in consultation with the designated physician leader.

3. Informed Consent

All patients with a scheduled non-medically indicated (elective) delivery (either cesarean section or induction of labor) prior to 39 weeks will have an informed consent discussion.⁴⁷ The informed consent discussion must be documented in the medical record. The informed consent discussion will include the usual discussion of risks and benefits of induction of labor or cesarean section and also include a discussion of the risks to the baby of being born electively prior to 39 weeks gestation. Note: Hospital leaders may choose to develop an informed consent form to be signed by the patient after her provider has discussed the treatment with her and before the procedure is performed. See Appendix A for sample consent forms developed for use at other hospitals around the country.

REFERENCES

ACOG. (2009). *Induction of labor. American Congress of Obstetricians and Gynecologist Practice Bulletin No. 107. Obstet Gynecol. 114(2), pp. 386-97.*

ACOG. (2004). *Informed Consent. American Congress of Obstetricians and Gynecologist Committee Opinion Number 439. August 2004:1-8.*