



## Chapter IX

# Labour & Delivery (L&D)

Scoring:



**Labour &  
Delivery  
(L&D)**

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
L&D.1. The department head of Obstetrics & Gynecology is a qualified physician.					
L&D.2. There is a qualified nurse with training in L&D in charge of the unit.					
L&D.3. The medical staff has a staffing plan based on patient volume and patient acuity.					
L&D.4. There is a nurse staffing plan that is based on patient volume and patient acuity.					
L&D.5. There is written Admission and Discharge criteria.					
L&D.6. The department head in collaboration with others as needed, writes all of the policies and procedures that include but are not limited to:					
L&D.6.1 Ante partum hemorrhage.					
L&D.6.2 The use of Syntocinon.					
L&D.6.3 Caesarian section and repeated C-section.					
L&D.6.4 Emergency hysterectomy.					
L&D.6.5 Fetal distress.					
L&D.6.6 Sedation used.					
L&D.6.7 Spinal and epidural anesthesia.					
L&D.6.8 The use of CTG monitor.					
L&D.6.9 The use of episiotomy.					
L&D.7. The department head in collaboration with others as needed, writes all of the policies and procedures that are related to the clinical care of the unit that include but are not limited to:					
L&D.7.1 The use of amniotomy.					
L&D.7.2 Vaginal examination.					
L&D.7.3 Call the Pediatrician to the Labour and Delivery area.					
L&D.7.4 Preeclampsia.					
L&D.7.5 Eclampsia					
L&D.7.6 Assist in delivery and use of suction machine or instrument.					
L&D.7.7 Multiple births.					
L&D.7.8 Abnormal presentation.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	L&D.7.9 Infection control					
L&D.8.	There is evidence that there is continuous training with competency assessment (e.g. written test, return demonstration, etc.) for the following:					
	L&D.8.1 Neonatal assessment.					
	L&D.8.2 Interpretation of CTG reading.					
	L&D.8.3 Advanced medication administration, including syntocinon.					
	L&D.8.4 Nursing management of delivery emergency situations.					
	L&D.8.5 Infection control, including sharp disposal, discarding placenta, etc.					
	L&D.8.6 CSSD policy.					
	L&D.8.7 Maintain a sterile field for C-sections.					
	L&D.8.8 Safety issues, including electrical.					
	L&D.8.9 Use of equipment, including infant resuscitator.					
	L&D.8.10 Care of eclampsia and pre-eclampsia patients.					
	L&D.8.11 Positioning of the patient.					
	L&D.8.12 Vaginal examination.					
	L&D.8.13 Cord blood sampling.					
L&D.9.	Midwives are qualified by education and experience in L&D (registered nurses with experience in Midwifery).					
L&D.10.	Midwives are allowed to deal with only uncomplicated deliveries, and physician back up is immediately available.					
	L&D.10.1 There is a protocol that reflects the scope of practice for nurse midwives.					
L&D.11.	Pediatrician coverage is readily available to attend to labour and delivery, and in the case of caesarian section, has to be physically present in the room.					
L&D.12.	The unit has the following necessary equipment:					
	L&D.12.1 Crash cart fully stocked with emergency supplies and medications, defibrillator.					
	L&D.12.2 Monitor for vital signs, including pulse oximetry.					



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L&D.12.3 Infusion pump.					
L&D.12.4 Glucometer					
L&D.12.5 CTG monitor/CTG for twins.					
L&D.12.6 Amniohook					
L&D.12.7 Instruments for assisting delivery (forceps and Ventose).					
L&D.12.8 Infant resuscitator					
L&D.13. The following medications are available:					
L&D.13.1 Syntocinon					
L&D.13.2 Methergin					
L&D.13.3 Magnesium Sulphate					
L&D.13.4 Calcium gluconate					
L&D.13.5 Ritodrin					
L&D.13.6 Xylocaine					
L&D.13.7 Hydralazin					
L&D.13.8 Valium					
L&D.13.9 Prostaglandin					
L&D.13.10 Narcan					
L&D.14. There is a qualified and competent nurse or midwife to receive the newborn who can perform the following:					
L&D.14.1 Suctioning of newborn.					
L&D.14.2 Placing ID band with medical record number.					
L&D.14.3 Perform APGAR score.					
L&D.14.4 Obtain newborn footprint and mother's thumbprint.					
L&D.15. A partogram is used for every patient who is in labour.					