

Section: UTMB On-line Documentation Subject: Healthcare Epidemiology Policies and Procedures Topic: 02.15 - Labor and Delivery	02.15 - Policy 2/20/2025-Revised Author: 1975
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02.15 - Labor and Delivery

Purpose	To establish infection control guidelines for healthcare workers (HCWs) in the Labor and Delivery area
Audience	All HCWs, contract workers, volunteers, and students in the Labor and Delivery area; this also includes physicians and anesthesiologists.
Definitions	<ul style="list-style-type: none"> • Restricted area: The restricted areas include the Labor and Delivery OR suites 1, 2, 3, and 4. • Semi-restricted area: The semi-restricted areas include the hallway outside the OR/birthing rooms and the infant resuscitation area.
Labor and Delivery Personnel	<ul style="list-style-type: none"> • Personnel shall comply with the pre-employment and the annual employee health requirements. • Employees shall eat and drink only in designated areas (lounge, conference rooms, etc.). • All personnel working in semi-restricted and restricted areas shall wear the appropriate surgical attire, which consists of: <ul style="list-style-type: none"> ○ Scrub apparel (e.g., two-piece pantsuit, scrub dress, long sleeved jacket) ○ Head covering that covers all hair ○ Facial hair cover that covers beard and sideburns, as applicable ○ During deliveries, surgical mask (level 2 or higher) and eye protective shield, sterile gloves, and sterile gown shall be worn by all personnel involved in deliveries that take place in the restricted area. • Standard Precautions shall be followed for all patients. • Sharps shall be disposed of in puncture-resistant leakproof containers. The containers shall be closed and replaced when $\frac{3}{4}$ full. • Handwashing <ul style="list-style-type: none"> ○ A surgical scrub (or alcohol gel) is required prior to each delivery or surgical procedure (see policy 01.14 – Hand Hygiene for all Healthcare Workers). ○ Circulating nurses and observers need not scrub but shall wash their hands between cases. ○ Good handwashing is also essential before and after routine patient contact (as in the labor and recovery rooms), after using the restroom and before eating.

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Patients	<ul style="list-style-type: none"> • Pre-operative and operative surgical preps shall be conducted as ordered by the operating surgeon and as outlined in the Nursing Procedure Manual. The healthcare worker conducting the surgical prep must don sterile gloves to perform this task. Placement of IV lines, Foley catheters, fetal monitors, etc. shall be done according to established standards (see: Nursing Policy and Procedure Manual). • Isolation will be initiated when appropriate (see policy 01.19 – Isolation Precautions).
Family Members	<ul style="list-style-type: none"> • Family members will be asked to don appropriate OR attire prior to entering the Labor and Delivery suite. • Appropriate OR attire for family members consists of scrubs (two-piece pantsuit) or bunny suit, head covering (required for <u>all</u> individuals and covering all hair on head), face covering (covering <u>all</u> hair on face, as applicable), surgical mask and shoe covers. Hand hygiene should be performed prior to entry.
Non-OR Personnel	<ul style="list-style-type: none"> • Personnel who are not permanently assigned to the OR, but who must enter the Labor and Delivery OR must follow the dress code as described in the Labor and Delivery Personnel section. Caps that cover <u>all</u> the hair on the head and face are required.
Antimicrobial Prophylaxis for Cesarean Sections	<ul style="list-style-type: none"> • Indications for antimicrobial prophylaxis: <ul style="list-style-type: none"> ○ Laboring patient: If a patient has already received antibiotics for any of number of reasons, it will be at the discretion of the surgeon whether to administer any at the time of cesarean section. This decision may be based on the duration of time since an antibiotic was administered, the indication for antibiotic use, the pharmacokinetics of the medications used, the clinical condition of the patient, and circumstances occurring at the time of the surgery. ○ Emergent cesarean section.
Antibiotic Choice	<ul style="list-style-type: none"> • The choice of antibiotic will be left to the surgeon. The antibiotic generally used is a cephalosporin, but circumstances may necessitate use of a different antibiotic in some cases.
Timing and Administration	<ul style="list-style-type: none"> • The antibiotic will be given intravenously by the anesthesiologist. The antibiotic should be administered up to 60 minutes prior to skin incision.

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- Documentation**
- The decision not to administer prophylaxis should be made by the obstetrician; a physician's order to withhold antibiotics should be placed in the patient's chart in this case.
 - If prophylaxis is ordered, the anesthesiologist will administer it and document this on the anesthesiology OR flow sheet.
 - The circulating nurse will also document whether prophylaxis was administered or not on the OR nurse records. When prophylaxis is not given, the nurse will document the reason it was not given in the OR nurse records.
- OR Suite Setup**
- Vaginal delivery packs will be opened and instrument tables set up for no longer than 12 hours. A label with date and time will be placed on the table when set up. After this time, the tables will be cleared, instruments will be reprocessed and other items discarded or reprocessed.
 - Cesarean section trays and packs will be opened and tables set up for no longer than 8 hours when covered with sterile Z drape. The sterile field should be covered for any delays. A label with date and time will be placed on the table when set up. After this time, the tables will be cleared, instruments will be reprocessed and other items discarded or reprocessed. Anesthesiology staff will not set up the fluid warmer "Hot Line" in advance of cases.
 - Arterial and central venous pressure lines and transducers will be set up for no longer than 24 hours. The lines will be labeled with the date and time they were set up. After this time, the fluid and tubing will be discarded.
 - The intravenous setup for peripheral IV's will be assembled and placed in the warmer for no longer than 24 hours. The assembly will be labeled with date and time when set up. The IV set up will be placed in a bag to prevent inadvertent touch contamination. After 24 hours, the tubing and fluids must be discarded.
- Monitoring Post-Cesarean Section Surgical Site Infections**
- The appearance of the surgical site in patients with suspected infection should be documented in the patient's medical record.
 - Drainage (purulent, serous, serosanguinous)
 - Erythema
 - Swelling
 - Tenderness.
 - Specimens of drainage or a swab of tissues in a newly opened surgical site should be sent for culture.
 - When a surgical site infection is diagnosed, the diagnosis should be documented in the patient's medical record and the causative microorganism recorded when established by culture
- Environment**
- Traffic in and out of the OR delivery rooms shall be kept to a minimum to

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prevent air turbulence created by activity. Surgical caps must be worn in all semi-restricted and restricted areas.

- Doors shall be kept closed in the OR delivery rooms. Movement and conversation during cases shall be minimized.
- The back door leading from the delivery suite shall not be used as a short cut to transport supplies to or from any area.
- All organic matter on the floor shall be immediately wiped up by a gloved hand and an absorbent cloth. This cloth shall be immediately discarded in the linen hamper. The gloves shall be removed and hands washed before any further handling of supplies for the case. Spills shall be cleaned up appropriately (see policy 01.32 - Exposure Control Plan for Healthcare Workers).
- Sponge buckets shall have waterproof liners.
- All waste that is saturated or dripping with blood or other bloody body fluids shall be discarded in a red bag as biohazardous waste.
- Birthing Room Environment:
 - Items in the room (furniture, drapes, pictures, etc.) shall be made of durable materials with a smooth impervious surface which can be cleaned and disinfected easily.
 - Routine terminal cleaning of the room(s) shall be performed after the room has been vacated.

Housekeeping

- Termination of Case
 - Linens: The linen shall be bagged and taken to the soiled linen area.
 - Kick Buckets: Kick bucket bags and sponge bags shall be securely closed before disposal. If the contents are saturated with blood or bloody body fluids, these bags shall be placed in a red biohazard bag before discarding.
- Equipment
 - All reusable items shall be sterilized or properly disinfected prior to reuse.
 - All disposable items shall be discarded after use.
 - Floors shall be wet mopped after each case.
 - All instruments and operating tables shall be thoroughly cleaned after each case.
 - All blood spills or spills of bloody body fluids shall be cleaned up with an EPA-registered tuberculocidal (hospital-grade) disinfectant.
- Daily Cleaning
 - Floors shall be thoroughly cleaned.
 - All horizontal surfaces and furniture (i.e., operating tables, instrument

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tables, and cabinet doors) shall be cleaned and disinfected.

- Kick buckets shall be cleaned, disinfected and relined.
- Wheels and castors shall be cleaned and inspected carefully for debris.
- Sinks and faucets shall be cleaned with a suitable abrasive.
- Lounges, offices, workrooms, and janitorial closets shall be cleaned daily and kept in good order.
- Cleaning equipment shall be taken apart, cleaned with a detergent germicide, and allowed to dry.
- Routine cleaning schedules shall be established for the autoclave, warmers, refrigerators, cabinets, storage areas, and other permanent equipment. Cleaning of these items/areas shall be documented.
- Floors are scrubbed on a weekly basis and whenever soiled with blood or other body fluids.
- All blood shall be handled as if it were infectious. Bulk blood and bloody body fluids shall be carefully poured into the sewage system for disposal.
- Equipment shall be cleaned with an EPA-registered tuberculocidal (hospital-grade) disinfectant. Disposable items that are saturated with blood or bloody body fluids shall be placed in a red biohazard bag and discarded.

Specimens

- Culture specimens shall be sent immediately to the laboratory in appropriate sterile specimen containers. The outside of the container shall be clean and labeled appropriately (see policy 01.32 - Exposure Control Plan for Healthcare Workers).
- Specimens going to Pathology shall be cautiously handled as infectious material.
 - Frozen specimens are to be put in a 4X4 moistened with saline and then placed into a sterile specimen container. Pathology shall pick up these specimens after they have been called.
 - All other specimens shall be placed in a clean container with a sealed lid. Formalin fixatives are used for other specimens, placentas, and fetuses.
 - Large specimens shall be placed in a sealed container and then placed in a plastic bag.
 - The containers for all pathology specimens shall be free of any soilage and have a clean label attached to the outside for identification.
- All specimens that cannot be sent immediately to pathology shall be placed in the appropriate refrigerator. No food, medicine or blood shall be placed in the same refrigerator.

Disinfection and Sterilization

- Disinfection and sterilization shall be carried out according to the hospital guidelines. Refer to policy 01.05.02 – Infection Control Policy on Sterilization

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of Semi-critical and Critical Medical Devices.

- Items to be sterilized are sent to Sterile Processing.
- All sterilized items shall be labeled with the name of the item. The policy for event-related sterility shall be followed.

Storage of Clean and Sterile Supplies

- All clean/sterile supplies shall be stored on shelves and be dust free.
- All sterile supplies inside each sterile pack shall be checked routinely for expiration dates.

Medications

- Multidose vials of medication shall be discarded according to the UTMB Pharmacy Policy. Single dose vials shall be supplied whenever possible. Irrigation fluids such as saline and water shall be discarded 24 hours after opening.

References

1. Costantine MM, Rahman M, Ghulmiyah L, et.al. Timing of perioperative antibiotics for cesarean delivery:a metaanalysis. Am J Obestet Gynecol 2008;199:301.e1-301.e6.
2. Mackeen AD, Packard RE, Ota E, Berghella V, Baxter JK. Timing of intravenous prophylactic antibiotics for preventing postpartum infectious morbidity in women undergoing cesarean delivery. Cochrane Database Syst Rev. 2014, Dec. 5:1-37.