

Institutional Handbook of Operating Procedures
Policy 09.13.44

Section: Clinical Policies	Responsible Vice President: Executive Vice President and CEO Health System
Subject: General Clinical Procedures	Responsible Entity: Nursing Administration Women & Infants

I. Title

Activation of the Obstetrical (OB) Emergency Notification System

II. Policy

All healthcare professionals working in The University of Texas Medical Branch (UTMB) Galveston caring for obstetrical (OB) patients are to ensure the consistent, efficient response of obstetrical and neonatal team members in the event of an obstetrical emergency. This system will not replace the adult code team response for emergencies not of an obstetrical nature. *Refer to policy 09.13.01 Cardiopulmonary Resuscitation.*

III. Procedures

The emergency notification system will be initiated according to the criteria noted in the definitions below and initiation of the alert would be communicated to the clerk.

- A. The registered nurse (RN) will push the emergency button in the room and state which alert has been identified and the team is needed at bedside.
- B. The Unit Clerk or desk attendant will call the operator at 24000 and have the requested team paged to the exact location of the emergency.
- C. The operator will then send a group page to the OB or Maternal Alert Team.
- D. The clerk will call overhead 163000 and repeat the team and specific location of the emergency until personnel arrive to bedside.

*Please refer to Addendums A and B for Angleton Danbury and Clear Lake Campuses alert information.

IV. Definitions

OB Team Alerts- Requires the STAT arrival of obstetrical personnel, anesthesia personnel, the labor and delivery charge nurse, and neonatal personnel to bedside.

Conditions warranting OB Team Alerts include:

- Precipitous Deliveries
- Shoulder Dystocia
- Postpartum Hemorrhages
- Cord prolapses
- Maternal seizure
- Emergent OR cases

Maternal Alert - Requires the STAT arrival of obstetrical personnel, anesthesia personnel, and the labor and delivery charge nurse to the bedside.

Conditions warranting Maternal Alerts include:

- Postpartum Hemorrhage

Maternal Seizure
Maternal Syncope
Sudden altered mental status

V. Related UTMB Policies and Procedures
[IHOP - 09.13.01 Cardiopulmonary Resuscitation](#)

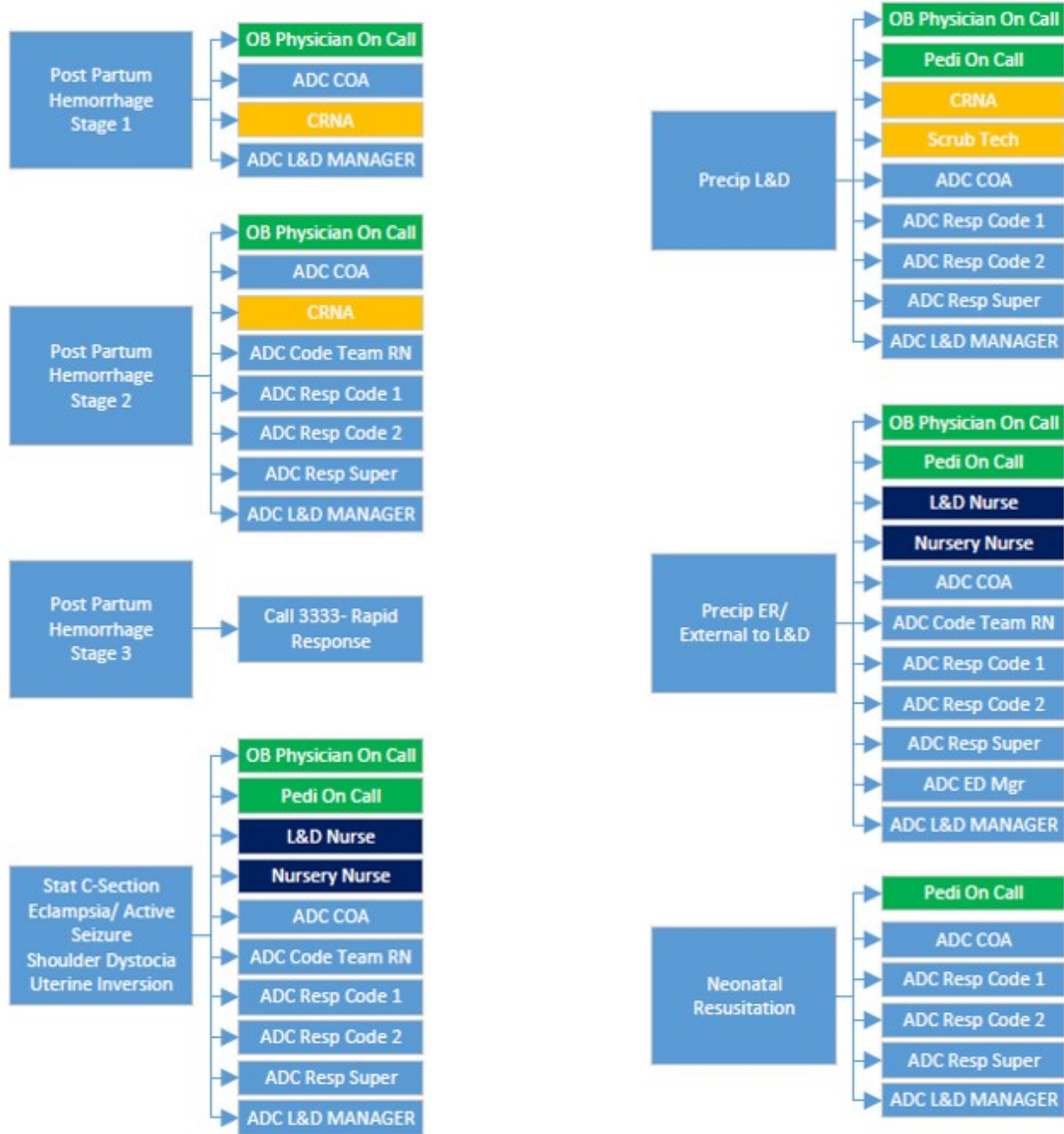
VI. Dates Approved or Amended

<i>Originated: 09/28/2020</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
	10/17/2023

VII. Contact Information
Labor & Delivery/High Risk Obstetrics Management
(409) 772-2364

ADDENDUM A

ADC OB Alerts



ADDENDUM B

Clear Lake Campus Obstetric Emergent/Urgent Request to the Bedside

Emergent calls to a provider indicate an immediate need at the bedside where a delay in decision-making might seriously jeopardize the patient's or fetus' life or health. These situations include but are not limited to severe bleeding, unresponsiveness, prolapsed cord, eclampsia, Category III fetal heart rate, shoulder dystocia, shock, acute respiratory distress, and imminent delivery. Emergent calls are made directly to the most suitable provider. **The use of text messaging is not permitted.**

Personnel can call an OB Team alert for any emergency that requires a team response. Any care team member can activate the alert by calling 15200 and stating "OB Team Alert" and the location. Activating the alert triggers the operator to make an overhead announcement. The obstetrician on service, NICU provider on service, NICU RN if available, and all available L&D staff are responsible for responding to the alert. Anesthesia on service receives a call to the anesthesia phone and the overhead page. The COA may react to the alert if available.

Urgent calls to a provider indicate a need for bedside assessment within 30 minutes. Situations that require urgent calls to the bedside include but are not limited to impending delivery, vital signs outside of parameters (MaMA triggers), concerning fetal heart rate changes, confusion, agitation, oliguria <35ml/hour over 2 hours, pre-eclampsia with a non-remitting headache, shortness of breath. Urgent calls are made directly to the most appropriate provider. **The use of text messaging is not recommended.**

To summon immediate assistance with urgent non-obstetric-related situations, care team personnel can make a rapid response call. Any care team member can activate the rapid response system by calling 15200, requesting a rapid response call, and giving the location.

Nurses must document the time of placing the emergent/urgent calls and the arrival time of the provider in the EPIC flowsheets under "Provider Communication."

Contact information for all providers is available at the L&D nurse's stations. Providers are responsible for updating contact information.

	Name	Title	Date
Written by:	A. Hill RNC	MPM	
Approved by:	C. Alvarez MD	MMD	6/21/2023
	T. Medellin	Nurse Manager	6/27/2023