Case Study: Implementation of Elective Induction Policy in a Small/Rural Hospital

St. Vincent Frankfort Hospital
(Ascension Health)
1300 S. Jackson Street  Frankfort, IN 45041
Contact: Kristi Bledsoe, klbledso@stvincent.org

The St. Vincent-Frankfort labor induction policy is included herein. Please consider the additional information below that was provided by St. Vincent-Frankfort:

Size of Area/Region Served: Clinton County, Indiana (population 33,000 in 2000 census), in addition to some service to Carroll, Boone and Tipton Counties

Number of Beds: 25 (critical access hospital)

Number of LDRPs: 2 LDR’s; one triage room and one procedure room, both of which can double as LDR’s if needed.

Number of Delivering Practitioners: 4 (2 OB/GYNs and 2 Family Practice)

Number of Deliveries/Year: 238 in 2009

About St. Vincent-Frankfort’s Implementation Process

Q: When did you implement the 39-week standard?
A: May, 2006

Q: How was it communicated to staff and/or nursing?
A: OB unit meetings

Q: Do OB unit meetings include both nursing and physicians?
A: Only nursing.

Q: How is the policy enforced?
A: CNO is contacted any time an induction is scheduled for a patient under 39 weeks. If not within the parameters of the policy, the physician planning to induce is contacted directly by the CNO.

Q: Why go to the CNO and not the OB department chair or a physician? Was there a concern about physicians not wanting to disagree with a colleague?
A: The physicians are aware of the parameters and if anything is outside the parameters, the CNO will contact them. She has a very good rapport with all our physicians and they respect her authority.

Q: Have you experienced any limitations due to access to providers?
A: No.

Q: Have you experienced any limitations due to social pressures or concerns?
A: Yes, many patients want to be induced early. We have a large Hispanic population who often request to plan around family availability. However, we hold to our policy unless the patient demonstrates a clinical need met by the policy.
St. Vincent Frankfort
Hospital

DATE:  11/2009

TITLE:  Pitocin Induction

AUTHOR:  OB

COLLABORATIVE DEPARTMENTS:  OB, Pharmacy

POLICY:  Pitocin is indicated for the induction or augmentation of labor to achieve vaginal delivery when this is considered to be desirable for reasons of maternal or fetal concern. To meet criteria for Induction of Labor, a patient must be 39 weeks gestation or 36-39 weeks gestation, no prior uterine incision except for primary low transverse cesarean section (single) and with one of the following:

- Preeclampsia
- IUGR
- Insulin Dependent Diabetes – gestational or Type I or II prior to pregnancy
- Oligohydramnios
- Premature Rupture of Membranes

If an induction needs to be done prior to 39 weeks for a medical condition not listed above, it can be scheduled provided another physician with obstetrical privileges at St. Vincent Frankfort Hospital has reviewed the prenatal records and is in agreement with the medical necessity of the induction prior to 39 weeks. All induced deliveries prior to 37 weeks shall have a physician with pediatric privileges present at delivery.

Gestational Age at Delivery:

If clinical gestational age is less than 35 weeks and a patient is in labor every attempt shall be made to stabilize the patient and transport for delivery at a facility with a qualified neonatal intensive care unit. A physician with pediatric privileges shall be at delivery for all deliveries less than 37 weeks gestation.

Meconium Stained Fluid

All deliveries complicated by thick particulate meconium staining shall have a physician with pediatric privileges present at the delivery.
PROCEDURE:

I. **Contraindications:**
Maternal or fetal conditions that would NOT receive a beneficial maternal/fetal effect from initiation of labor, i.e., placenta previa, malpresentation, or severe fetal distress.

II. **Drug facts:**
When given for the induction or stimulation of labor, Pitocin must be administered intravenously and with adequate medical supervision.

A. **Adverse Reactions:**
1. Excessive dosage or hypersensitivity to the drug may result in uterine hypertonicity, tetanic contractions, tumultuous labor, uterine rupture, cervical laceration, postpartum hemorrhage, utero-placental hypoperfusion, and fetal compromise or death.
2. Anaphylactic reaction, afibrinogenemia, nausea, vomiting, cardiac arrhythmias and pelvic hematoma have been reported.

B. **Drug Interactions:**
1. Severe hypertension has been reported when given with vasoconstrictors.
2. When used concomitantly with cyclopropane anesthesia, hypotension and arrhythmias may result.

C. **Overdose:** Management consists of immediate discontinuation of Pitocin, and symptomatic and supportive therapy.

III. **Physician's Responsibility:**
A. Document type of induction (elective or indicated), and that pt. has been informed of and accepts potential complications, including possible cesarean section delivery. Fetal maturity, cervical and membrane station, and presentation must have been assessed within 48 hours prior to induction and must be documented.
B. Be readily available, within minutes of hospital, while Pitocin is being infused.
C. Frequently observe the patient's progress.
D. Pitocin 20 units per 1000 ml Ringers lactate to be utilized as per physician order.

IV. **Nurse's Responsibility:**
A. Patient receiving Pitocin must be continuously observed by a qualified member of the nursing staff.
B. Obtain 15 minute baseline monitor strip of fetal heart rate and uterine activity.
C. Begin primary IV of Lactated Ringers solution with a large bore catheter and infuse IVF at a rate sufficient to keep the vein open.
D. Vital signs, fetal heart rate, and contraction pattern should be recorded every 15 minutes.
V. Dosage and Administration:
A. Control of IV Pitocin dosage is achieved by using a constant infusion pump.
B. Piggyback Pitocin solution into primary solution by inserting the needle into the most proximal port on the primary line.
C. Set rate on the infusion pump to correspond to dosage ordered, and start.
D. The nurse must remain with the patient continuously for the first 20 minutes to evaluate labor pattern and FHR response. If no abnormalities are noted, Pitocin may be increased as ordered until contractions are established every 2-3 minutes, of moderate to strong intensity and last approximately 60 seconds.
E. Once a regular contraction pattern is established, hold the Pitocin infusion at that rate to determine if a regular pattern will be sustained.
F. When a 30 mU/min. dose is reached without achieving the desired contraction pattern, notify the physician for further orders.
G. If the contraction pattern slows and labor is not well established, notify the physician.
H. Check the infusion at least every thirty minutes as to amount being infused and rate of infusion.
I. If at any time a question arises about abnormal fetal heart rate pattern, the nurse will immediately:
   1. turn off the Pitocin
   2. turn pt. onto left side
   3. start oxygen by mask at 6 to 8 liters/min.
   4. notify the physician.
J. Hyperstimulation is defined as greater than 5 contractions in a 10 minute period, or contractions lasting longer than 60 seconds and a physician should be notified immediately.
   * If at any time there is any doubt about the response of the patient or fetus to Pitocin, turn the Pit off and notify the physician immediately.

REFERENCES:
DISTRIBUTION:  OB/Gyn, Pharmacy, Master File


APPROVAL and DATE

OB Manager _________________________________

Chief Nursing Officer ________________________________

Director of Pharmacy _______________________________

Chief of Perinatal _________________________________