



- L&D.6.1.2 Management of Ante-partum and post-partum hemorrhage.
- L&D.6.1.3 Augmentation of labor and the use of oxytocin.
- L&D.6.1.4 Use of partogram for woman in labor.
- L&D.6.1.5 Caesarian section, repeated caesarian section, and emergency hysterectomy.
- L&D.6.1.6 Management of fetal distress.
- L&D.6.1.7 The use of sedation.
- L&D.6.1.8 The use of cardio-tocography.
- L&D.6.1.9 The use of episiotomy.
- L&D.6.1.10 Induction of labor.
- L&D.6.1.11 Pain relief and regional anesthesia.
- L&D.6.1.12 Management of hypertensive disorders of pregnancy.
- L&D.6.1.13 Management of the diabetic patient in labor and postpartum.
- L&D.6.1.14 Suppression of pre-term labor.
- L&D.6.1.15 Management of multiple births.
- L&D.6.1.16 Management of abnormal positions and presentations.
- L&D.6.1.17 Instrumental vaginal delivery.
- L&D.6.1.18 Management of premature rupture of membranes.
- L&D.6.1.19 Management of un-booked deliveries.
- L&D.6.1.20 Neonatal identification and the immediate assessment and resuscitation of the new born.
- L&D.6.1.21 Infection control measures in labor and postpartum.
- L&D.6.1.22 Breast feeding.

L&D.6.2 The policies and procedures are collaboratively developed by obstetricians, pediatricians, anesthesiologists, delivery room nurses and midwives, and other staff as needed.

Standard Intent:

There must be policies and procedures to guide the care of women in labor including, but are not limited to all elements in sub-standards L&D.6.1.1- L&D.6.1.22. The policies and procedures are collaboratively developed by obstetricians, pediatricians, anesthesiologists, delivery room nurses and midwives, and other staff as needed.?

L&D.7 The obstetrics department has adequate resources that support the provision of safe care.

L&D.7.1 The obstetrics department has equipment, medications, and tools that meet the needs of patients, including: