



- 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:



L&D.7.1.1 Cardio-tocography machines (at least one capable of simultaneous recording of twin fetal hearts).

L&D.7.1.2 Automated blood pressure monitoring machines.

L&D.7.1.3 Pulse oximetry.

L&D.7.1.4 Appropriate delivery bed.

L&D.7.1.5 Intravenous infusion pumps.

L&D.7.1.6 Adequate light source appropriate for surgical care.

L&D.7.1.7 Specific obstetric instruments such as amnihooks, vacuum extractor and obstetric forceps.

L&D.7.1.8 Infant resuscitation equipment and supplies.

L&D.7.1.9 Emergency obstetric medications (e.g., oxytocics).

Standard Intent:

Adequate resources as equipment, medication and tools are adequately available in obstetric department to meet the patient care needs and provision of department services including; Cardio-tocography machines (at least one capable of simultaneous recording of twin fetal hearts), automated blood pressure monitoring machines, pulse oximetry, appropriate delivery bed, intravenous infusion pumps, adequate light source appropriate for surgical care, specific obstetric instruments such as amnihooks, vacuum extractor and obstetric forceps, infant resuscitation equipment and supplies and emergency obstetric medications (e.g., oxytocics and other medications used for controlling postpartum hemorrhage).

L&D.8 Newborns receive the proper care by qualified nurses.

L&D.8.1 There is a qualified and competent nurse to receive the newborn during delivery.

L&D.8.2 The attending nurse is qualified to perform the following for each newborn:

L&D.8.2.1 Suction.

L&D.8.2.2 Placing an identity band with the medical record number and other identifier(s) according to the hospital policy.

L&D.8.2.3 Finding and documenting the APGAR score.

L&D.8.2.4 Obtaining the footprint of the newborn and the thumbprint of the mother.

Standard Intent:

Qualified and competent nurses must be adequately available in obstetric department in general and in delivery room in specific to carry the newborn care during delivery as immediate suction, complete identification of the newborn by placing identity band/s with medical record number and other identifiers according to hospital policy, finding and documenting APGAR score, obtaining the footprint of the newborn and the thumbprint of the mother. Neonatal identification with reference to the mother should be done in the room where the delivery took place whether a delivery room or