

## **Obstetric management in 118 during H1N1 pandemic**

### **Contact Numbers**

On Call Obstetric Registrar	1622
Co-ordinating midwife	1597
Labour Ward extension (24hours)	22544
Neonatal Unit	22601/22602
Neonatal Unit emergency phone	22603

Emergency's call 2222 and ask for Obstetric emergency team (Paediatrician, Obstetrician, midwife, anaesthetist and support team)

### **Monitoring & Review by Obstetric Team**

All pregnant patients in 118 will be reviewed twice daily by obstetric ward round

>28weeks gestation requires daily CTG monitoring  
CTG machine requires to be kept in 118– arrange through Co-ordinating midwife

Risk of premature labour requires increased monitoring by ICU team for PV bleeding/ruptured membranes

### **Obstetric Operative Interventions: Caesarean Section or Forceps Delivery, Post Partum Haemorrhage, Retained Products**

Transfer patient to obstetric theatre (theatre 3)  
Route along back theatre corridor, enter through automatic doors at the end of cardiothoracic theatre suite (theatre 4) turn left into obstetric theatre corridor (labour ward opposite)

If patient too unstable to transfer aim to undertake procedure in 118 cubicle.

### **Emergency kit to be stored in 118**

- Delivery packs x 2
- Obstetric drugs (store in fridge)
- Resuscitair – organise transfer through Co-ordinating midwife/neonatal unit when patient admitted (pregnancies over 23 week's gestation)
- Supplies for newborns/labour
- Sterile trays- 1 C-Section tray and, 1 x forceps tray

Contact labour ward to organise return of resuscitair and CTG once patient discharged and replacement of any trays of kit used.