



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Department of Nursing (NRS)**  
**Maternal Child Health (MCH) Policies and Procedures**

**POLICY NO. 5261.00 Issue 1**  
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**SECTION:                   PATIENT CARE**

**SUBJECT:                 OBSTETRIC EMERGENCIES**

**APPROVED BY:** \_\_\_\_\_  
Nurse Manager

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**POLICY**

Obstetrical emergencies are cared for with a team approach including the Obstetric (OB) Team, Anesthesia Team, Pediatric Team, and the Rapid Response Team (RRT).

**PROCEDURE**

- I. Emergent maternal conditions include, but are not limited to, the following
  - A. Obstetric hemorrhage
  - B. Embolism (Pulmonary or amniotic)
  - C. Shock
  - D. Uterine rupture
  - E. Liver capsule rupture
  - F. Seizures
  - G. Trauma
  - H. Disseminated Intravascular Coagulation (DIC)
  - I. Stroke
  - J. Cardiovascular or respiratory collapse
  - K. Ruptured ectopic pregnancy
  - L. Delivery occurring outside of the Labor and Delivery (L&D) Department
- II. Emergent fetal conditions occurring in L&D include, but are not limited to, the following:
  - A. Category III fetal heart tracing
  - B. Shoulder Dystocia
  - C. Prolapsed cord
- III. The patient and fetus are continuously assessed for signs and symptoms of an emergent condition
  - A. Notify the OB Team of signs/symptoms of maternal or fetal deterioration. If necessary, notify the Anesthesia and Pediatric Team
  - B. Activate the RRT if necessary, for maternal conditions by calling extension 44444, see Administrative (ADM) Policy 620.07, Rapid Response Team
- IV. Initiate the chain of command for continued deterioration despite prescribed treatment or any time the Registered Nurse (RN) is concerned for the patient's safety despite prescribed treatment, see Department of Nursing (NRS) Policy 408.00, Chain of Command/Conflict Resolution

- V. The RN implements interventions for Category II and Category III FHR tracings as per Labor and Delivery (LND) Policy 247.00, Fetal Heart Rate and Uterine Monitoring
- VI. Documentation
  - A. Nursing assessments
  - B. Nursing interventions
  - C. Notification of OB Practitioner
    - 1. Situation requiring notification
    - 2. Response of OB Practitioner
    - 3. Orders given
  - D. Patient's response to treatment
- VII. Team debriefs are conducted after all obstetric emergencies

**REFERENCE:** Administrative (ADM) Policy 620.07, Rapid Response Team  
Department of Nursing (NRS) Policy 408.00, Chain of Command: Duty to intervene and/or conflict resolution  
Gilbert, E. S. (2010). *Manual of High Risk Pregnancy and Delivery*. (5<sup>th</sup> ed.). Mosby.  
Labor and Delivery (LND) Policy 247.00, Fetal Heart Rate and Uterine Monitoring  
Troiano, N. H., Witcher, P. M., & Baird, S. (2018). *High risk & critical care obstetrics*. (4<sup>th</sup> ed.). Wolters Kluwer Health/Lippincott Williams Wilkins.

**DEFINITIONS:** NA

**ATTACHMENTS:** NA

<b>APPROVAL DATE:</b>	<b>6/2/2025</b>	<b>Sheryl Wooldridge, Clinical Director II</b> Department/Service Director, Head or Manager
	<b>8/8/2025</b>	<b>Department of Women's Health Services</b> Applicable Administrator, Hospital or Medical Committee
	<b>8/28/2025</b>	<b>Nursing Standards Committee</b> Applicable Administrator, Hospital or Medical Committee
	<b>9/24/2025</b>	<b>Patient Safety and Quality Committee</b> Applicable Administrator, Hospital or Medical Committee
	<b>10/2/2025</b>	<b>Quality Management Committee</b> Applicable Administrator, Hospital or Medical Committee
	<b>10/23/2025</b>	<b>Medical Executive Committee</b> Applicable Administrator, Hospital or Medical Committee
	<b>1/13/2026</b>	<b>Board of Supervisors</b> Approved by the Governing Body

**REPLACES:** Labor and Delivery (LND) Policy No. 245.00 Issue 5

**EFFECTIVE:** 4/19/2002

**REVISED:** N/A

**REVIEWED:** N/A