



Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Care of Patient in Labor with Cardiac Disease		
Applies To:	All Labor And Delivery Room Staff		
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1. PURPOSE:

- 1.1 To establish a treatment plan to prevent potential complication during delivery.
- 1.2 To reduce strain to the heart and maintains adequate cardiac output to meet maternal and fetus needs.
- 1.3 To provide a safe delivery of the mother and the fetus.

2. DEFINITIONS:

- 2.1 **Cardiac Disease** – refers to a variety of structural malformation of the heart or great vessels.

3. POLICY:

- 3.1 Patient's history must be obtained to provide valuable information to help the patient and fetus to achieve a good outcome. History must include patient's ability to perform physical activity before and during pregnancy and any complaints of associated cardiovascular effects such as:
 - 3.1.1 Dyspnea on exertion.
 - 3.1.2 Palpitation.
 - 3.1.3 Chest pain.
 - 3.1.4 Fatigue.
 - 3.1.5 Cyanosis.
- 3.2 Complete physical assessment must be done:
 - 3.2.1 Maternal vital signs, blood pressure, hemoglobin, oxygen saturation and fetal heart rate must be monitored.
 - 3.2.2 Auscultation of the heart for abnormal heart sounds and breath sounds.
 - 3.2.3 Extremities and central body surface should be observed for edema and tenderness.
 - 3.2.4 Diagnostic test must be taken initially to determine baseline cardiac function and functional capacity.
- 3.3 ECG.
- 3.4 Chest X-ray.
- 3.5 Hemoglobin, WBC and Hematocrit.
- 3.6 PT, PTT, Clotting time and heparin assay if patient is receiving anti-coagulant therapy.
- 3.7 High risk consent must be explained by physician and signed by patient and husband.
- 3.8 Prophylactic antibiotic must be administered to prevent sub-acute endocarditis.
- 3.9 For patient taking anticoagulants, it should be discontinued during labor, and must be resumed 6 – 12 hours after delivery, if there's no postpartum hemorrhage.

4. PROCEDURE:

- 4.1 Wash hands.
- 4.2 Keep patient on bed rest in Fowler's or Semi Fowler's position.
- 4.3 Assess maternal vital signs every 1 to 2 hours as required:
 - 4.3.1 Check for cyanosis.

- 4.3.2 Inform immediately for breathlessness.
- 4.4 Position patient on the left side most of the time.
- 4.5 Monitor fetal heart rate and maternal uterine contraction by cardiotocography continuously.
- 4.6 Secure venous access.
- 4.7 Obtain Laboratory results especially WBC & Differential count.
- 4.8 Prepare oxygen and resuscitation equipment.
- 4.9 Allow patient and family to discuss their feelings regarding hospitalization and delivery.
- 4.10 If active labor started, suggest to the patient to keep the throat open and follow the natural urge, giving several short pushes.
- 4.11 Administer pain reliever as ordered.
- 4.12 Inform Pediatrician.
- 4.13 Recheck infant's resuscitation equipment for its readiness.
- 4.14 Administer medications as prescribed (antibiotic prophylaxis).
- 4.15 Assist the physician in delivering the fetal.
- 4.16 Observe patient for any postpartum complication, assess maternal vital signs.
- 4.17 As soon as possible, after the fetal is born, it should be handed over to the mother to cuddle and the sex of the newborn is shown.
- 4.18 Document all assessment and intervention for the mother and the newborn before transferring to the ward.

5. MATERIALS AND EQUIPMENT:

- 5.1 Stethoscope
- 5.2 Blood pressure apparatus
- 5.3 ECG machine
- 5.4 Pulse Oximetry
- 5.5 Oxygen and O₂ mask
- 5.6 Tray for blood extraction and IV insertion
- 5.7 Delivery set
- 5.8 Patient's Gown
- 5.9 ID tag for patient
- 5.10 Sterile Gloves
- 5.11 Sterile Gauze
- 5.12 Syringes
- 5.13 Antibiotics as prescribed

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses
- 6.3 Midwives

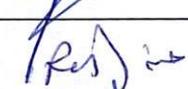
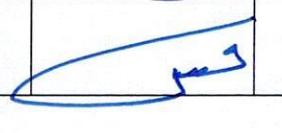
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ministry of Health, General Nursing Administration, Functions and Duties Policies and Procedure

9. APPROVALS:

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