

MANAGEMENT OF ANTEPARTUM PATIENTS REQUIRING ADMISSION (4-15-20)

The following guidelines should be used once the MFM team, OBT team, or MCH team determines patient meets criteria for admission to MFM or MCH antepartum service:

- Huddle (via zoom or phone as needed) with MBU RN sup, L&D RN sup, R3 OB resident, L&D attending and admitting service to determine if patient would be best managed on L&D vs MBU
 - Goal is to keep higher risk patients on L&D and move others to MBU as appropriate
 - Women with advanced cervical dilation, high risk for bleeding, or PPROM with malpresentation should be prioritized for labor and delivery. However, each case should be reviewed and these conditions should not be precluded from going to MBU.
 - Patients admitted for non-obstetrical concerns (i.e. buprenorphine or methadone starts) may be admitted to MBU at any gestational age.

Patients admitted to L&D:

- Assign to “Floor Status”
- Assign service MFM-FL vs MCH-FL
- Patients will be reviewed daily by primary team at 7:30am/7:30pm board sign-out
- MFM or MCH service (MCH fellow and FMOB attending involved) will round on each antenatal patient and review antenatal surveillance similar to routine care on WSC
- Nursing concerns will be addressed to chief resident of each service and communicated to teams as noted below

Patients admitted to MBU

- MFM or MCH service (MCH fellow and FMOB attending involved) will round on each antenatal patient and review antenatal surveillance similar to Routine care on WSC
- Nursing concerns regarding appropriateness of continued antenatal care on MBU will be addressed to chief resident of each service and communicated to teams as noted below

Census management on Mother Baby Unit

- We anticipate that MBU capacity may not be adequate to care for usual volume of postpartum dyads
- Collaborate with NBN and MCH services to facilitate 24-36 hour discharge of term newborns with follow-up at NB clinic and additional sites. UNM FM/MCH will expand newborn care at Tucker Clinic. Further guidance is forthcoming on discharge criteria and discharge planning that can be initiated at time of admission
- Milagro Buprenorphine MAT inductions may occur in outpatient setting for low risk patients beyond 22 weeks estimated gestational age in consultation with MCH Addiction Medicine specialists
- Milagro Buprenorphine inductions may be conducted in OB triage with a maximum 6 hours stay, in consultation with MCH Addiction Medicine specialists. This will be dependent on overall volume in OBT and requires a huddle with L&D RN supervisor, MBU RN supervisor, OB and MCH attendings to review overall census on the units.

MANAGEMENT OF ANTEPARTUM PATIENTS REQUIRING ADMISSION (4-15-20)

Provider Contact for MFM patients:

Mon-Wed

7am-5pm

First Contact: Tiger Connect Kathryn Puma or Amlon "MFM DAY CNP"

Second Contact: Tiger Connect "OB MFM Resident"

5pm-6pm

First Call: Tiger Connect as "Ob MFM Resident"

Second Call: Amion "MFM DAY HO3"

Thurs-Fri 7am-6pm

First call: Tiger Connect "Ob MFM Resident", Amlon "MFM HO2"

Second Call: Tiger Connect "OB MFM Fellow"

Weekends/Nights

First call: Tiger Connect "Ob MFM Resident"

Second Call: Tiger Connect "OB L&D Resident"

Provider Contact for MCH patients:

- a. First contact for: Contact "FM MCH team" in Tiger Connect
- a. Second contact: Contact "FM MCH fellow" in Tiger Connect