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WRHN
Waterloo Regional Health Network

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Owner	Kim Moran
Area	Childbirth and Children's Program

Code Obstetric

PURPOSE:

Code Obstetric is used to mobilize the multidisciplinary team in the event of an obstetrical emergency. The code will generate timely and consistent notification to obstetric, paediatric and anaesthesia teams to initiate rapid response in the case of an obstetric emergency, many of which will require emergency Caesarian birth. The code will also notify other hospital teams that an obstetric emergency is in progress.

Situations may include but are not limited to:

- Prolapsed cord
- Ruptured uterus
- Placental abruption
- Unresolved shoulder dystocia
- Abnormal fetal heart/premortem/terminal bradycardia
- Acute vaginal bleeding with physiologic instability of patient or fetus
- Imminent birth outside Childbirth (eg Emergency Dept)

POLICY STATEMENT:

Code Obstetric will be activated by a health care professional in order to alert the team to a clinical emergency involving an obstetric patient, requiring urgent, multidisciplinary response. Code Obstetric will enhance coordination and timely assessment and management of a clinical emergency.

A debrief with participants will be conducted after each Code Obstetric, led by the Childbirth physician and/or RSN/Charge nurse. The case will also be considered for review at the monthly Childbirth Perinatal Review Committee.

INCLUSION CRITERIA:

Patients having an obstetric emergency within the Childbirth department requiring rapid assembly of the obstetric, paediatric and anaesthesia team

Patients experiencing a precipitous birth event outside of Childbirth at the Grand River campus, requiring rapid response from the obstetric and paediatric teams (Anaesthesia team would not typically be required)

DEFINITIONS

RM - Registered midwife

RSN - Resource nurse

STANDARDS:

1. The health care professional (physician, midwife, nurse etc) will communicate to Switchboard by dialing "77" and asking for "Code Obstetric" to be announced overhead.

2. Switchboard will announce "Code Obstetric" three times as well as location of care. Should emergency C/Section be required, the code would be called to the patient's current location as well as the 4D operating room to accelerate preparations. Example: "Code Obstetric: 4D room 44 to 4D operating room #1."

3. All team members will understand that a Code Obstetric page requires timely attendance. The following personnel will report to the announced location(s):

- Obstetrician on call or delegate
- Anaesthesiologist on call or delegate
- Paediatrician on call or delegate
- Childbirth Resource/Charge nurse
- Nurse from sister unit (4A or 4D)
- NICU nurse
- Social worker (if on site)
- Registered Respiratory Therapist
- Unit Assistant

4. Switchboard will notify the Anaesthesiologist on call by cell phone after the overhead page has been placed. Overhead pages may not be heard in the Main surgical suites. If the Anaesthesiologist on call does not answer their phone, the call will be placed again within 3 minutes. If still no answer by the Anaesthesiologist on call, Switchboard will immediately call the cell phone of the 2nd Anaesthesiologist on call to advise of the Code.

5. If required personnel do not present immediately, the Obstetrician on call or RSN/charge nurse will ask

Switchboard for a second overhead call to be placed for that specific team member.

6. The obstetrician and/or nurse/RM will give a brief summary of patient history to the responding team and faciliate communication to all responders regarding plan of care for the patient.

7. As time allows, the usual preparatory and safety measures will be taken when preparing patient for emergency Caesarean Section. Nursing staff will begin preparing patient for surgery as directed by the Obstetrician on call.

9. If surgery commences without a surgical count, an X-ray will be ordered by the surgeon upon completion of the case to ensure the abdomen is absent of foreign material. Refer to policy "SS-4-4140 Surgical Count.".

10. Childbirth staff not directly involved with the Code Obstetric will report to the nursing station to coordinate care of remaining patients on the unit.

11. Following completion of the Code Obstetric, the Obstetrician on call and/or the Childbirth RSN/ Charge Nurse will initiate a debrief of the code. A SafetyNet will be submitted.

12. The Clinical Manager will be notified of Code Obstetric, location and outcome by the next business day

DOCUMENTATION AND/OR COMMUNICATION:

Safety Net submission

EDUCATIONAL REQUIREMENT:

- team review in Huddles and newsletter

- in person training and review

- Mock simulations involving the multidisciplinary team

DEVELOPED IN CONSULTATION WITH:

Department of Reproductive Medicine

Department of Paediatrics

Department of Anaesthesia

Emergency Preparedness Committee

REFERENCES:

Women & Children's Program. (2023). Obstetrical Alert (OBS Alert). Lakeridge Health, Oshawa, ON

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Approval Signatures

Step Description	Approver	Date
VP Program	Kate Robertson-Cain [VC]	04/2025
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