POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Maternal-Child Health Nurse Manager
Prepared by: ______________________________
Supervised by: Chief Nursing Officer
Approved by: ______________________________
Date: ______________________________

Job Summary: Responsible for direction of patient care in the maternity and newborn care setting. Manages _____ staff members in the Nursery, Labor and Delivery and Postpartum units. Consults with staff, physicians, Chief Nursing Officer on nursing problems and interpretation of hospital policies to ensure patient needs are met. Maintains performance improvement activities within the department and participates in CQI activities. Assists in formulating the budget.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Coordinates and directs patient care to ensure patients’ needs are met and hospital policy is followed.

Responsible for the recruitment, interviewing and selection of staff for the Maternal-Child Health Department.

Provides leadership and direction in accordance with organizational and departmental goals and objectives.

Provides for professional growth and development of staff through identification of needs, sponsoring training programs, encouraging education (formal and continuing) efforts and evaluation of same.

Responsible for completion of regular performance evaluations for each staff member; conducts evaluations for new staff prior to completion of probationary period.

Responsible for the safety and comfort of patients and the health and safety of department staff.

Evaluates and sets standards for the department and equipment; monitors utilization of equipment and supplies.

Provides input and standards in formulating patient care policies and procedures for patient care services and the organization; works with the medical staff to coordinate medical and nursing management of patient care.

Provides direction for teaching patients and their families and other educational activities.

Serves as a clinical resource person to staff and other departments.

Stays current in Maternal-Child Health through continuing education, seminars, professional journals and societies.

Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes neonatal and the general patient population.

Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.
PURPOSE:

- Labor and Delivery nurses shall administer Magnesium Sulfate ad ordered by a physician/LIP for the following:
  - Prevention and treatment of seizures in women with pre-eclampsia or eclampsia.
  - Fetal neuroprotection if preterm delivery of 32 weeks gestation or less is anticipated.
  - Extension of pregnancy to allow for administration of antenatal steroids for women who are at risk of delivering within seven (7) days. The recommendation is to not exceed 48 hours. The FDA does not support the routine use of Magnesium Sulfate as a medication to stop preterm labor.

EQUIPMENT:

- IV pump with medication library capabilities
- Maintenance fluid ______ mL per hour as per physician order
- Pharmacy prepared Magnesium Sulfate as per physician order to run in as a piggy back with maintenance fluids.
- Second IV access. It is recommended to have a second IV access for administration of other IV medications.
- Calcium Gluconate one (1) gram (10 mL of a 10% solution) shall be available if magnesium toxicity occurs.
- Reflex hammer
- Cushions/padding for seizure protection
- Fetal monitor
- Cardiac monitor
PURPOSE:
To establish guidelines to ensure perinatal patients are screened and managed to reduce the potential transmission of invasive Group B Streptococcus (GBS). The Group B Strep Algorithm establishes a pathway of treatment for both the mother and the infant, with physician standing orders to facilitate timely intervention for the neonate.

PROCEDURE:
• Screening:
  • All pregnant women should be screened at 35 to 37 weeks’ gestation for vaginal and rectal GBS colonization. The Labor and Delivery RN shall review the patient’s record upon admission to determine GBS status.
  • Women with GBS isolated from the urine at any time during the current pregnancy or who had a previous infant with invasive GBS disease may not have a GBS screening at 35 to 37 weeks, as such women should receive intrapartum antibiotic prophylaxis and, therefore, do not need third trimester screening for GBS colonization.
  • At the time of labor or rupture of membranes, intrapartum antibiotic prophylaxis should be given to all pregnant women who tested positive for GBS colonization, except in the instance of cesarean delivery before onset of labor or rupture of membranes. Further details on identifying candidates to receive intrapartum antibiotic prophylaxis to prevent early-onset GBS are presented in Table 1.
  • Women in preterm labor with onset of labor prior to 37 weeks’ gestation (less than 37 weeks and 0 days) should be managed according to the algorithm provided in Figure 1. Women with rupture of membranes at less than 37 weeks’ and 0 days’ gestation should be managed according to the algorithm provided in Figure 2.
  • GBS specimen collection and processing should be conducted according to the recommendations provided in Table 1 and Figure 3.
  • Intrapartum antibiotic prophylaxis agents and dosing should be administered according to the recommendations in Figure 4.
  • To detect potential early-onset GBS cases in newborns as early as possible, newborns should be managed according to the algorithm provided in Figure 5.
DEFINITION:

Internal fetal monitoring is a sterile invasive procedure that uses a spiral electrode and intrauterine catheter to evaluate fetal status during labor. It is the most accurate means to evaluate fetal heart rate (FHR).

CONSIDERATIONS:

- Avoid confusion of maternal HR with FHR. Clinical conditions that increases risk are maternal tachycardia, obesity, maternal exertion during pushing in second stage of labor, repositioning and low fetal heart rate.

- In the event of fetal demise, maternal HR may be picked up.

INDICATIONS:

- Maternal diabetes
- Maternal hypertension
- Fetal postmaturity
- Suspected intrauterine growth retardation
- Meconium-stained amniotic fluid
- Need for precise determination of FHR pattern, as when abnormality is suspected on the basis of external monitoring

CONTRAINDICATIONS:

- Maternal blood dyscrasias, i.e., hemophilia
- Suspected fetal immune deficiency
- Placenta previa
POLICY:

Patient will be prepared for C-Section in a timely and organized manner.

EQUIPMENT:

- IV supplies
- Lab supplies
- Urinary Catheter Kit
- Pneumatic leg compression equipment

PROCEDURE:

- Identify patient using two (2) patient identifiers.
- Perform and document patient physical assessment and vital signs.
- Assess current and previous medical and obstetrical history.
- Document review medication reconciliation with patient.
- Review patient’s birth plan, what is important to them and collaboration of expectations.
- Verify patient NPO, noting date and time of last oral intake.
- Verify informed surgical consent present and signed by patient.
- Review/verify prenatal records are present and in patient’s medical record.
- Confirm physician’s H&P is in chart and has been updated within last 24 hours.
- Cover patient in warm blankets, cover hair with OR hat.
- Start IV.