

APPENDIX

RECOMMENDED CRITERIA FOR MIXED OBSTETRIC AND GYNECOLOGIC FLOORS

New Jersey.

(REVISIONS ADOPTED BY THE STATE DEPARTMENT OF HEALTH, EFFECTIVE JUNE 6, 1973)

I. Qualifications for Participating Hospitals

Hospitals must request permission in writing from the New Jersey State Department of Health in order to conduct a mixed obstetric and gynecologic floor and must meet the following requirements:

1. The hospital must have a Department of Obstetrics and Gynecology or independent separate Obstetric and Gynecologic Departments of the medical staff.
2. Maintain a maternity log book (Maternity Service Record).
3. Maintain a log book of all gynecologic/female surgical patients admitted to the maternity floor (See Roman Numeral VI).
4. Establish a committee which will have as members at least one of each of the following:
 - a. Obstetrician and Gynecologist
 - b. Pathologist
 - c. Internist or General Practitioner
 - d. Maternity Nurse
 - e. Pediatrician
 - f. Record Room Librarian
 - g. Representatives of administration and/or admission office
5. The committee should meet at least once annually and at other times upon request of its chairman. A monthly report, however, shall be prepared and reviewed by the Chief of Obstetrics and signed. It would include the following:
 - a. Review of the monthly summaries in the Gynecologic/Female Surgical Log Book and the Maternity Service Record.
 - b. Review of all gynecologic/female surgical patients that were transferred from the maternity floor making note of the reason for transfer and the organisms found on culture in those patients who were transferred for morbidity or infection.
 - c. Review of all cases of maternal morbidity and causes, making note of the results of the cultures.



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- d. Review of all cases of infant morbidity and the causes, making note of the results of the cultures.
 - e. Review of problems involving administration of the program.
6. Accreditation by the Joint Commission for the Accreditation of Hospitals or the American Osteopathic Association and approval by the Hospital Licensing Board.

II. Selection of the Gynecologic and Approved Female Surgical Patients and Rules Governing Their Stay on the Maternity Floor

1. Gynecologic/female surgical patients are admissible to the non-segregated maternity floor only by members of the Medical Staff who have surgical privileges for the procedure planned.
2. Gynecologic/female surgical patients must never be placed on the maternity floor to the point of excluding maternity patients. Gynecologic/female surgical patients, except those involved in pregnancy, may not be admitted unless the minimum number of empty beds available for maternity patients exceeds the average number of deliveries for that hospital within a twenty-four hour period. If necessary, gynecologic/female surgical patients must be transferred to another part of the hospital so that at no time will the division be so full that a prompt acceptance of a patient from the delivery room area will be delayed.
3. Obstetrical patients shall mean any woman who is pregnant at any stage, parturient or recovering from parturition. Patients delivering a fetus weighing less than 500 Gms. must comply with all the gynecologic rules governing their stay on the maternity floor.
4. A check-sheet and questionnaire form will be attached to the chart of each patient admitted to the mixed obstetric and gynecologic floor (sample of suggested format attached). The contents of this form will be as follows:
 - a. Admission Questionnaire-to include answers to all questions listed on the sample form, and to be completed at the time of admission of each gynecologic/female surgical patient.
 - b. Operating Room Questionnaire-to include answers to all questions listed on the sample form, and to be completed on each patient undergoing surgery before return of the patient to the maternity floor.

c. Daily Check-Sheet-to include answers to all questions listed on the sample form, and to be completed on all patients in the labor-delivery area. It is to be completed at approximately the same time every day, and information recorded will be for the preceding calendar day.

d. Transfer/Morbidity/Infection Questionnaire-to include answers to all questions listed on the sample form, and to be completed on all patients admitted to the maternity service, exclusive of patients in the labor-delivery area.

5. The selection of gynecologic/female surgical patients to be admitted or to stay on the maternity floor will be under the control of the Chief of Obstetrics or his designee. The Chief of Obstetrics or his designee will screen all admissions and indicate his approval by signing the admission questionnaire. The selection will be governed by the following rules:

a. Type of Gynecologic/Female Surgical cases that may be admitted:

- (1) All elective or emergency gynecologic and selected approved female surgical cases considered to be free of infection and provided the diagnosis does not appear in the list that may not be admitted. Some so-called cases of infection or conditions thought to be the result of infection such as chronic cervicitis, erosion of the cervix, polyp of the cervix and endometrial polyp may be admitted and are purposely omitted from the list of cases that may not be admitted.
- (2) Types of surgical procedures that may be performed are:
 - (a) Dilation and curettage of the uterus.
 - (b) Conization or biopsy of the cervix.
 - (c) Vaginal plastic repair and vaginal hysterectomy.
 - (d) Pelvic laparotomy for ectopic pregnancy, ovarian cysts, endometriosis, myomata and other benign conditions. This includes total abdominal hysterectomies.

(e) Breast biopsies.

(f) Those hospitals which are not able to always adequately use all of the available empty beds because of an inadequate number of gynecologic patients who qualify for admission may admit selected female surgical patients. These cases would be limited to inguinal and femoral hernias, umbilical hernias, incisional hernias, varicose vein strippings and ophthalmic surgery.

b. Type of Gynecologic/Female Surgical cases that may not be admitted:

(1) Patients with an admission temperature (oral) of 100.4°F. or higher.

(2) All cases of known or questionable infection such as:

(a) Acute diffuse inflammation of genital organs. (vulvovaginitis, endometritis, salpingo-oophoritis)

(b) Chronic diffuse inflammation of genital organs. This would not include patients admitted for occluded tubes, pelvic adhesions, etc., thought to be due to an old, not inactive, pelvic inflammatory disease as proven by a laboratory test such as the sedimentation rate.

(c) Any abcess of genital organs.

(d) Cullulitis.

(e) Recto vaginal fistula.

(f) Uterorectal fistula.

(g) Batholin cyst.

(h) Venereal disease.

(i) Pyometra.

(j) Pyosalpinx.

(k) Septic abortion.

(3) Cases of known malignancy requiring extensive surgery or use of radium.

- (4) In all cases when the patient or household contacts have a history of Staphylococcal infection occurring within the month prior to admission, or history of any other evidence of infection or contagious diseases.
- (5) Patients on whom a hemorrhoidectomy is planned as an additional procedure with the exception of the excision of small hemorrhoidal tabs.
- (6) Any major associated surgery not on the approved list will be performed during the same admission. If the planned sequence of events is such that the associated surgery will be done on a different date than the approved surgery and will follow the approved surgery, the patient may be admitted to the mixed obstetric and gynecologic floor, but must be transferred upon the day of the associated surgery.
- (7) Patients who have received antibiotics or who have been admitted to a non-obstetric hospital unit during the two week period prior to this current admission.

Type of Gynecologic and Selected Female Surgical cases that must be transferred from the Maternity Floor:

- (1) When unexpected pus, infection is discovered at the time of surgery. It also does not include chronic "burned out" pelvic inflammatory disease when the only findings are pelvic adhesions or anomalies of the tubes thought to be the result of an old P. I. D.
- (2) Patients on whom a mastectomy is performed.
- (3) When surgery includes insertion of radium.
- (4) When patients require bowel surgery with the exception of incidental appendectomies or the excision of small hemorrhoidal tabs.
- (5) When extensive surgery for malignancy is performed.
- (6) When patients require intraperitoneal drains.
- (7) When morbidity is present, using the same standard adopted for maternity patients, except that it will be based on 100.4°F. on any two successive days of the first ten post-operative days, exclusive of the first post-operative day. (See Roman Numeral IV, 1).

- (8) When breakdown in incision or other condition requiring frequent change in dressing has occurred.
- (9) When other infections not related to the gynecologic or surgical condition are present.
- (10) When diarrhea occurs.
- (11) When ordered by the Chief of Obstetrics or his designee who will make daily rounds to review the records of all gynecologic/female surgical patients and determine which patients should be transferred from the maternity floor.
- (12) When a temperature of 100.4°F. or higher occurs pre-operatively, except when such elevation is directly related to the administration of a pre-operative blood transfusion.
- (13) When antibiotics are used (See exceptions, Roman Numerals III,6).

III. Rules Governing Hospital Care of Patients

1. Gynecologic/female surgical and obstetric patients are not to be placed in the same room except that a gynecologic/female surgical patient may be placed in the room with a mother who has delivered a stillborn infant.
2. Gynecologic/female surgical patients may not visit rooms occupied by obstetric patients.
3. Hospitals having two maternity floors may place the gynecologic/female surgical patients on either floor.
4. Nurses working on the non-segregated service may not be assigned to the labor room, delivery room or newborn nursery during the same tour of duty without the necessary scrub and gown change technique. In no case may a nurse from a department other than the maternity division be assigned to the non-segregated service during the same tour of duty.
5. Gynecologic/female surgical patients placed on the maternity floor will be subject to the same visiting limitation.
6. The surgery for the gynecologic/female surgical patients not involving pregnancy must be performed in the operating rooms and not in the delivery room.
7. The use of antibiotics or chemotherapeutics shall not be permitted with the following exceptions:
 - a. Local application of antibiotics, including bladder irrigation, local preparation of the vagina, etc.

b. Pre-operative sterilization of the bowel when it is known that negligible amounts of the drugs selected will be absorbed from the gastro-intestinal tract.

c. Methamine Mandelate or Nitrofunatoin in the presence of or following the use of an indwelling catheter.

d. When a post operative patient develops urinary tract infection which has been proven by urinalysis is related to catheterization, the use of antibiotics or chemotherapeutics will be permitted. However, cultures must be obtained prior to the administration of the antibiotics.

e. When the attending physician orders antibiotics for suspected urinary tract infection related to the catheterization and the microscopic urinalysis indicates less than 10 WBC/HPF, the progress notes must indicate evidence for treatment. The Chief of the Department of Obstetrics and Gynecology or his designee must be contacted for approval to retain the patient on the unit.

IV. Definitions

1. Maternal Febrile Morbidity-Defined (as accepted by the American College of Obstetricians and Gynecologists and the American Association for Maternal and Child Health) as temperature of 100.4°F. or higher which occurs on any two successive days of the first ten postpartum days, exclusive of the first twenty-four hours following delivery, to be taken by mouth by a standard technique (as noted below under Specific Methods) at least four times daily. Temperature of 100.4°F. or higher on the first postpartum day will be counted if they occur more than twenty-four hours after delivery.

2. Reportable Infant Morbidity-Defined as any newborn which exhibits one or more of the following indices:

a. Temperature of 100.4°F. or higher at any time, to be taken by a standard technique as noted below under Specific Methods.

b. All pustular skin lesions regardless of size.

c. When diarrhea occurs.

V. Specific Methods

1. Temperature Recording-Readings will be taken four times daily on all obstetric, gynecologic and female surgical patients. They will be oral and the thermometer will be left in the mouth at least three minutes. Infant temperature

will be taken either axillary or rectally twice a day (every twelve hours) and the thermometer left in place at least three minutes.

2. Cultures are to be done on newborn infants, obstetric and gynecologic/female surgical patients as follows:
 - a. On all incisions that break down, including episiotomy.
 - b. On all suspected infections that are non-obstetric, non-gynecologic or non-surgical.
 - c. Nasal and cervical (vaginal) cultures when morbidity by definition occurs in adult patients, or when 100.4°F. or higher occurs in pre-operative patients.
 - d. All pustular skin lesions of infants regardless of size.
 - e. Nasal and umbilical stump cultures on infants if temperature reaches 100.4°F. or higher.

All organisms will be recorded on the hospital charts by their generic names. Further identification of coagulase positive Staphylococcus by page typing will not be required.

VI. Reporting

The hospital may be asked to submit a report at any time. Any statistical information which might be requested should be readily available provided the following requirements have been met:

1. The hospital has complied with all of the rules and regulations and other provisions of the "Criteria for Mixed Obstetric and Gynecologic Floors".
2. The Maternity Log Book (Maternity Service Record) has been accurately maintained. The book which is already in use at New Jersey hospitals includes columns for the following items:
 - a. Hospital chart number
 - b. Delivery
 - (1) Date
 - (2) Time
 - c. Name of Patient
 - d. Age
 - e. Color
 - f. Gravida
 - g. Para
 - h. Weeks of pregnancy
 - i. Care
 - (1) None
 - (2) Clinic
 - (3) Private

- j. **Pregnancy**
 - (1) Single
 - (2) Twins
 - (3) Triplets
- k. **Total length of labor to nearest hour**
- l. **Delivery**
 - (1) Spontaneous breech or vertex
 - (2) Low forceps
 - (3) Mid forceps
 - (4) High forceps
 - (5) Primary Caesarian Section
 - (6) Repeat Caesarian Section
 - (7) Caesarian Hysterectomy
 - (8) Assisted Breech
 - (9) Breech Extraction
 - (10) Version and Extraction
 - (11) Other, specify under other procedures
- m. **Other procedures**
 - A.
 - (1) Episiotomy
 - (2) Tubal Ligation
 - (3) Cervical Circlage (Shirodkar, etc.)
 - (4) Elective Induction
 - (5) Indicated Induction
 - (6) Stimulation of Labor
 - (7) Antepartum Oxytocics
 - (8) Amniotomy 1 hour A. P. or more
 - B. **Post Partum**
 - (1) Hysterectomy
 - (2) D & C
 - (3) Packing
 - (4) Artery Ligations
 - C. **Anesthesia**
 - (1) Inhalation
 - (2) Conductive (Caudal, Saddle, etc.)
 - (3) Local
 - (4) Paracervical
 - (5) No Anesthesia
- n. **Maternal Tranfusion (s)**
- o. **Name of physician attending and/or consultant**
- p. **Blood loss**
- q. **Maternal Complications**
 - (1) BOW ruptured over 24 hours
 - (2) Antepartum infections
 - (3) Post partum morbidity
 - (4) Morbidity after Caesarian Section
 - (5) Preeclampsia
 - (6) Eclampsia
 - (7) Other toxemia

- (8) Placenta praevia
- (9) Abruptio placenta
- (10) Post partum hemorrhage
- (11) Heart disease
- (12) Diabetes
- (13) Fetal distress
- (14) Isoimmunization
- (15) Arrested progress
- (16) Fetopelvic disproportion
- (17) Mal presentation
- (18) Lacerations, all including cervix
- (19) Ruptured uterus
- (20) Maternal death
- r. Weight of baby
- s. Sex of baby
- t. Live birth
 - (1) Apgar 6 or less
 - (2) Apgar 7 or more
 - (3) Premature Apgar 6 or less
 - (4) Premature Apgar 7 or more
- u. Died in hospital
 - (1) Apgar 6 or less
 - (2) Apgar 7 or more
 - (3) Premature Apgar 6 or less
 - (4) Premature Apgar 7 or more
- v. Admitted after birth and died in hospital
- w. Fetal death
 - (1) Term
 - (2) Premature
- x. Newborn complications
 - (1) Malformations
 - (2) Respiratory
 - (3) Diarrhea
 - (4) Eye Infection
 - (5) Skin Infection
 - (6) Erythroblastosis
 - (7) Jaundice, all causes
 - (8) Exchange transfusions
 - (9) Cord less than 3 vessels
 - (10) Other infant complications
- y. Other maternal and newborn complications
- z. Other maternal and newborn procedures

The data recorded in this log book shall be used for the purpose of preparing a monthly summary. This would include a list of all complications. The hospital chart number of all cases with morbidity will be placed in this summary, making note of the cause of morbidity or the statement "cause unknown."

It is also suggested that infant morbidity as defined on page B-7 be included in the log book under infant complications. If this is not feasible, the nursery is to keep a record of all infant morbidity.

3. The log book of gynecologic/female surgical patients admitted to the maternity floor has been accurately maintained and includes columns for the following items:
 - a. Patient's name
 - b. Hospital chart number
 - c. Age
 - d. Date of admission
 - e. Date of discharge
 - f. Date of surgery
 - g. Number of hospital days
 - h. Admission diagnosis
 - i. Gynecologic or surgical discharge diagnosis
 - j. Other non-gynecologic or non-surgical diagnosis (Medical Complications)
 - k. Names of operations
 - l. Major or minor gynecologic or approved female surgery
 - m. Major or minor associated procedures (incidental appendectomy not included)
 - n. Morbidity
 - o. Cause of morbidity
 - p. Transferred or discharge in lieu of transfer (use T or D)
 - q. Reason for transfer
 - r. Hospital day of transfer
 - s. Post-operative day of transfer
 - t. Surgeon

The data recorded in this log book shall be used for the purpose of preparing a monthly summary. This would include the number of gynecologic/female surgical patients admitted to the maternity floor, the number of patient days and the number of major or minor operations. The hospital chart numbers of all cases transferred from the maternity unit should be listed making note of the causes of morbidity, if known, or the statement "cause unknown". This summary should also include the hospital chart numbers of all patients inadvertently permitted to stay on the maternity unit even though they did not meet the Criteria.

