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PURPOSE:


1. To initiate or augment labor
2. To improve quality of contractions
3. To aid in the descent of presenting fetal head
4. To assess for presence of meconium stained amniotic fluid

OBJECTIVE:

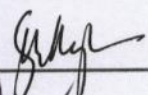
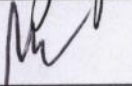
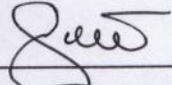

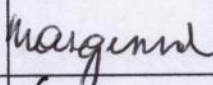
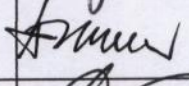

To promote and perform procedure according to quality standard.


RESPONSIBLE PERSON:

Attending Physician, OB Gyne Resident, Registered Nurse, Registered Midwife

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APPROVAL:

	Name/Title	Signature	Date
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Verified:	MA. CARMELA O. HECHANOVA, RN Delivery Room Head Nurse		
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	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		11/16/2020
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		12/15/2020


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EQUIPMENT NEEDED:


1. Sterile Gloves
2. Lubricating Jelly
3. Sterile Allis or Amniotome
4. Prep / Flushing Tray
5. Bed pan
6. Adult Diaper

PROCEDURE:

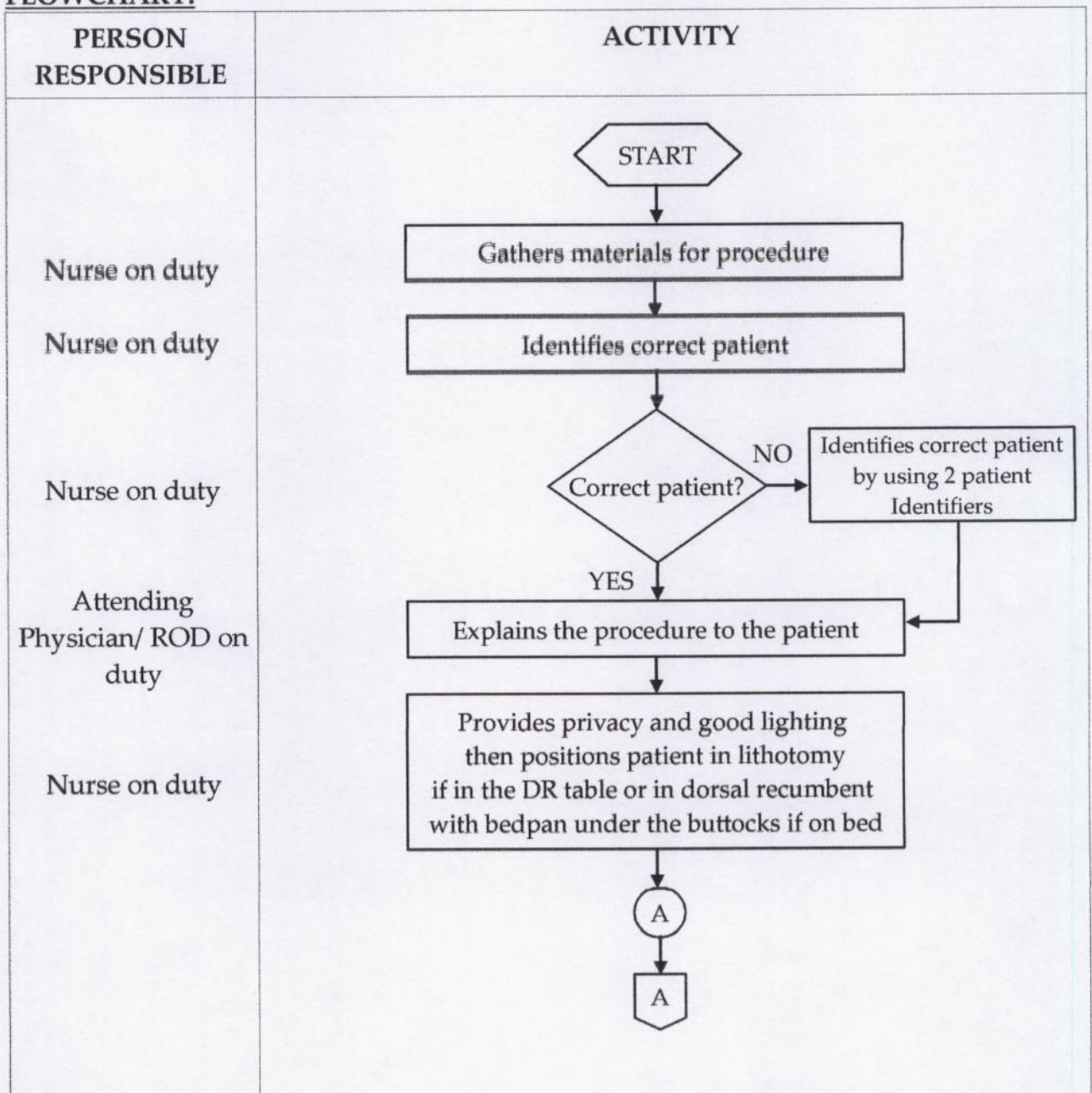
1. Nurse on duty gathers materials at bedside and identifies the patient correctly.
2. Attending physician or ROD explains the procedure to the patient.
3. Nurse on duty provides privacy and good lighting then positions patient in lithotomy if in the DR table or in dorsal recumbent position with bedpan under the buttocks if on bed.
4. Nurse on duty performs hand washing before the procedure.
5. Nurse on duty cleanses vagina or does perineal flushing.
6. Nurse on duty serves sterile gloves to the doctor then hands the amniotome.
7. The doctor performs the Amniotomy procedure.
8. Once ruptured, nurse notes for the time of rupture, color and characteristic of amniotic fluid then check for the fetal heart rate and note for any irregularities in tone and rhythm


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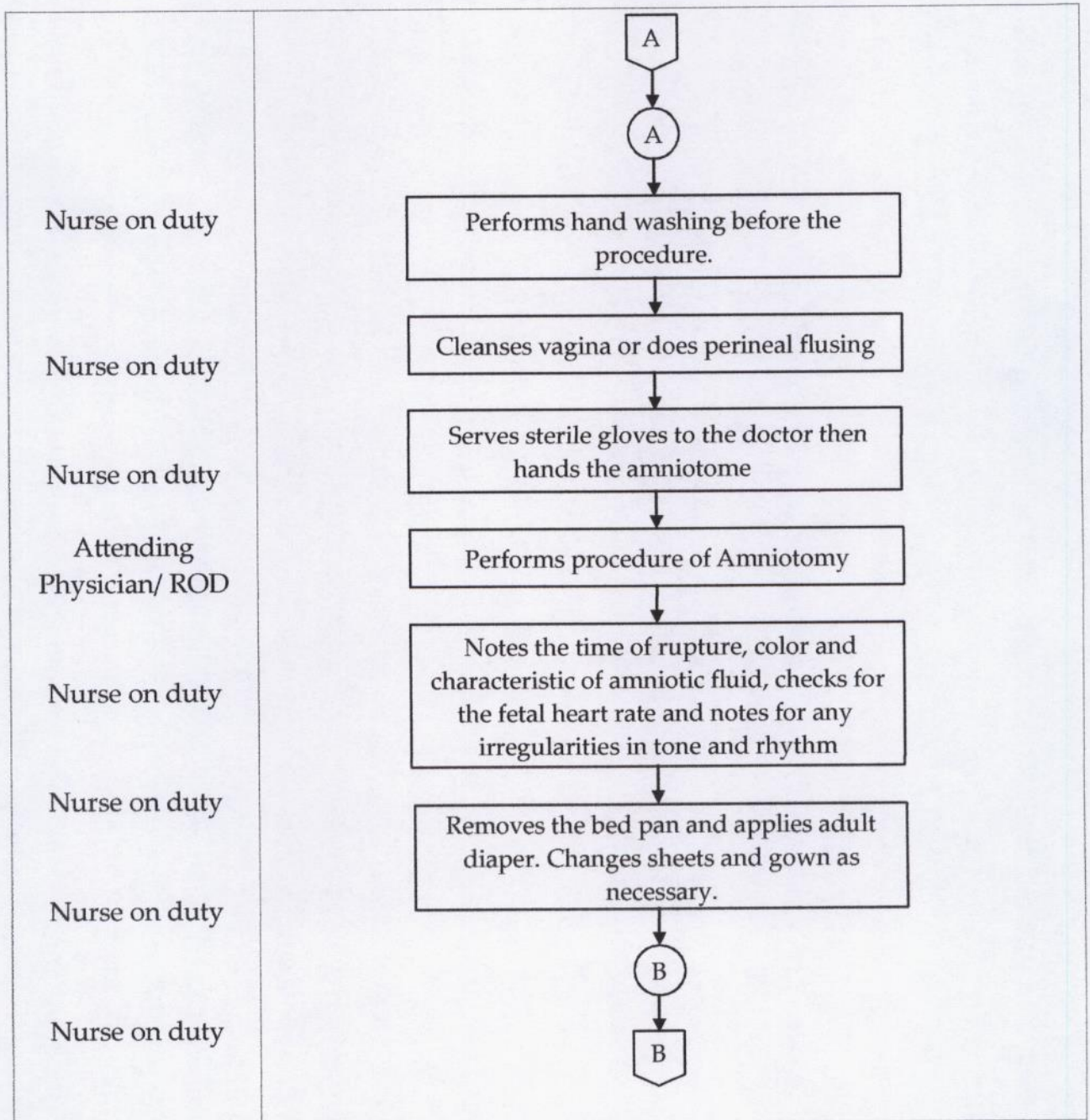
9. Nurse on duty removes the bed pan and applies adult diaper. Change sheets and gown as necessary.
10. The nurse instructs patient not to get off the bed to avoid sudden gush of amniotic fluids and lessen the risk of cord prolapse.
11. Nurse on duty does aftercare then discards used gloves and washes amniotome for sterilization.
12. All medical team perform hand washing before and after the procedure.
13. Document the procedure – time of amniotomy, characteristic of amniotic fluid, fetal heart beat and if there are abnormalities in tone and rhythm.
14. Monitor fetal heart beat every hour or as often as necessary and watch out for any signs of fetal distress or signs of cord prolapse. Immediate referral to OB resident should be done in case of cord prolapse or fetal bradycardia

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FLOWCHART:



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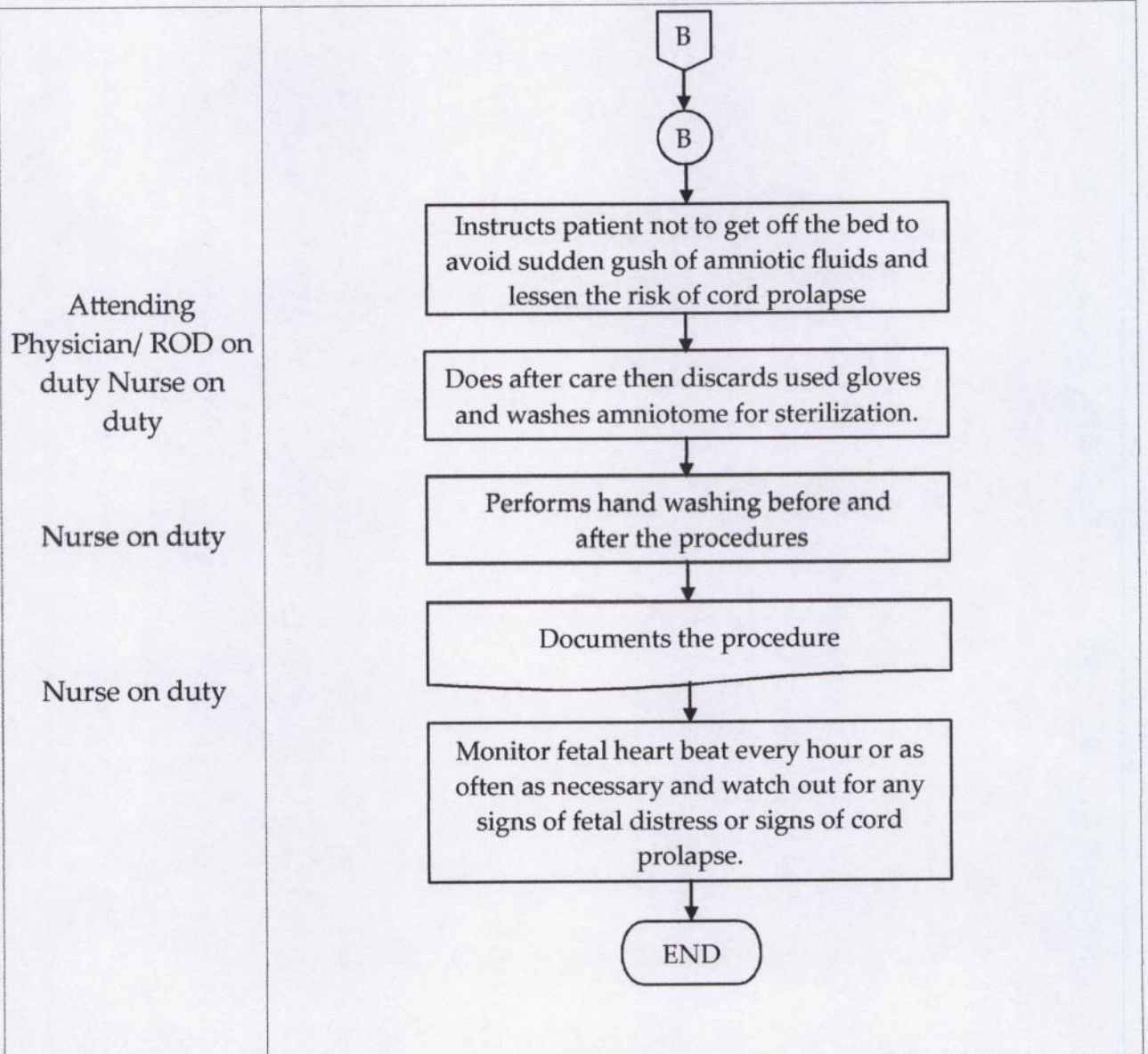





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WORK INSTRUCTION:

Nurse on duty

1. Gathers materials for procedure.
2. Identifies correct patient.
3. Provides privacy and good lighting then positions patient in lithotomy if in the DR table or in dorsal recumbent with bedpan under the buttocks if on bed.
4. Cleanses vagina or does perineal flushing.
5. Serves sterile gloves to the doctor then hands the amniotome.
6. Notes for the time of rupture, color and characteristic of amniotic fluid check for the fetal heart rate and note for any irregularities in tone and rhythm.
7. Removes the bed pan and applies adult diaper. Changes sheets and gown as necessary.
8. Instructs patient not to get off the bed to avoid sudden gush of amniotic fluids and lessen the risk of cord prolapse.
9. Does aftercare then discards used gloves and washes amniotome for sterilization.
10. Documents the procedure.
11. Performs hand washing before and after the procedures.
12. Monitor fetal heart beat every hour or as often as necessary and watch out for any signs of fetal distress or signs of cord prolapse.
13. Informs OB resident should be done in case of cord prolapse or fetal bradycardia.

Attending Physician/ ROD

1. Explains procedure to the patient
2. Performs procedure of Amniotomy
3. Performs hand washing before and after the procedure

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