

JABATAN KESIHATAN NEGERI SARAWAK
HOSPITAL KANOWIT

DOCUMENT : DEPARTMENTAL OPERATIONAL POLICIES AND PROCEDURES MATERNITY SERVICES	
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DOCUMENT: DEPARTMENTAL OPERATIONAL POLICIES & PROCEDURES
MATERNITY SERVICES

OBJECTIVE : To ensure the nursing care delivered to mother is effective , efficient
and safe in Hospital Kanowit

SCOPE : All Nursing Staff of Maternity Ward, Hospital Kanowit



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1.1 INTRODUCTION

- 1.1.1 Maternity services is one of the clinical specialty services provided by Ministry of Health hospitals.
- 1.1.2 The Maternity Services of Hospital Kanowit provides a 24-hour care for the population of Kanowit and its surrounding area.
- 1.1.3 The maternity services encompasses care during antenatal, intrapartum as well as postnatal care and family planning.
- 1.1.4 Management and care plans are based on holistic approach, focusing on mother's quality of care, health promotion and respect for human dignity.
- 1.1.5 This policy document encompasses key areas such as organisation, human resource, standards in mother management, clinical governance and ethics.
- 1.1.6 It is intended to guide all health care providers, hospital managers and policy makers on the requirements, operation and development of obstetrics and gynaecology service in Kanowit Hospital.
- 1.1.7 This policy shall be reviewed and updated every three years or earlier as the need arises.

1.2 VISION

To be a unit of excellence in delivering safe quality nursing care.

1.3 MISSION

To incorporate the values of corporate in caring of the sick, mainly teamwork, care and professionalism.

1.4 GOAL

The nurses have the hands to care and the heart to serve at all time in order to help the mother achieve and sustain their best functional health.

1.5 OBJECTIVES

- 1.5.1 To manage all mothers the same , regardless of the age, race, status and religion.
- 1.5.2 To ensure the safety of mother and baby during delivery.
- 1.5.3 To be able to detect early and initiate prompt referral and effective management of maternal and foetal complication.
- 1.5.4 To ensure the delivery of baby is a happy and enriching experience for mother.
- 1.5.5 To initiate breastfeeding and bonding as per Baby Friendly Hospital Initiative Policies.
- 1.5.6 To ensure the environment is safe and all the equipment are good functioning order.

1.6 SCOPE OF SERVICES

1.6.1 Maternity Care

- 1.6.1.1 Provision of Antenatal Care
- 1.6.1.2 Conduct of Hospital Deliveries
- 1.6.1.3 Provision of Emergency Caesarean Sections
- 1.6.1.4 Provision of Postnatal Care and Family Planning Services
- 1.6.1.5 Provision of Initial Immunization

1.7 COMPONENTS

1.7.1 Wards (Maternity)

Maternity ward in Hospital Kanowit is an integrated ward which consists of 16 beds, in which 13 beds are allocated for maternity mothers and another three beds are for nursery purposes.

1.7.2 Delivery room

Delivery room of Hospital Kanowit consist of only one delivery bed.

1.7.3 Main Operating Theatre

Main Operating Theatre is located in another block in front of the maternity ward, where emergency surgeries for Obstetrics and Gynaecological cases are performed.

1.8. ORGANIZATION & MANAGEMENT

1.8.1 The department is headed by a Director Hospital and a Medical officer, as a Person In-Charge and supported by Area Matron and Ward Nursing Sister In-Charge.

1.8.2 The Unit Person In-Charge of the ward shall plan the activities in the Unit including:

- I. Scheduling and monitor organization of the ward to ensure their smooth and efficient running.
- II. Promoting of inmother care ensuring optimal utilization of existing resources.
- III. Ensuring referrals and responses are prompt and appropriate.

1.8.3 The medical officer works closely with Hospital Director and Nursing Sister in planning, management and justification of the budget and resources utilization of the services.

1.8.4 The organization of Maternity Services is as shown in **Appendix 1**.

2. HUMAN RESOURCE DEVELOPEMENT & MANAGEMENT

2.1 HUMAN RESOURCE PLANNING

2.1.1. The maternity service together with the Hospital Director and Nursing Sister, is to ensure that there is a system to provide efficient and desirable work output based on the available staff strength.

2.1.2. Maternity service managers shall be responsible to identify the staff for further training to meet service needs and expansion plan of the Hospital.

2.1.3 All new staff are required to attend the Orientation programme at the hospital level. They will also receive specific orientation departmental level by the nursing sister or medical officer. Briefing will be given on departmental policies and procedures, rules and regulations and their roles and responsibilities in the ward. (**Appendix 2** - Orientation Form).

2.1.4. Record of orientation program done/ attended will be kept in a staff orientation file in the ward.

2.2 CONTINGENCY PLAN FOR STAFF SHORTAGE

2.2.1 If the medical officer in charge of the ward is away, the hospital director will appoint another medical officer to cover for their duty in the ward.

2.2.2 To ensure an effective internal nursing staff deployment plan is in place.

2.2.3 Deployment of staff shall be arranged by the Matron and Nursing Sisters.

2.2.4 To ensure that appropriate training has been given to nurses in performing specific tasks to mother's care.

2.2.5 To ensure appropriate training on Infection Prevention and control prevention for all relevant staff.

2.2.6 Nurses working at COVID Ward shall be on regular working shifts:

AM SHIFT: 7 AM – 2 PM

PM SHIFT: 2 PM – 9 PM

NIGHT SHIFT: 9 PM – 7 AM

2.2.7 Staffing:

There are a total of five Staff Nurses, five Community Nurses and five medical attendants to run the maternity ward.

2.3 HUMAN RESOURCE MANAGEMENT & DEVELOPMENT

- 2.3.1 The staff of Maternity services are qualified and trained to meet the demands of their respective roles and positions.
- 2.3.2 Personal records on training, staff development and leaves are maintained by Matron, Nursing sister in charge through their 'file meja', personal file, Continuing Professional Development (MYCPD2) and egHRMIS.
- 2.3.3 Every staff is expected to update their logbooks from time to time.
- 2.3.4 Privileging of medical officer are granted by specialist whom after observation and assessment are deemed fit and competent to perform the procedures independently. The credentialing and privileging committee will carry out official privileging of staff concerned.
- 2.3.5 The maternity Services shall plan and encourage all of the staff to undergo appropriate educational programme to maintain and augment their professional competency. Participation in these educational or training activities shall be documented.
- 2.3.6 The O&G Services shall promote continuing professional educational activities through organization of Continuing Nursing Education (CNE) session and obstetric drills 4-monthly (**Appendix 3**– *Jadual CNE dan Obstetrik dril*).

3.0 POLICIES & PROCEDURES

3.1 GENERAL MATERNITY

3.2 OBSTETRIC WARD

3.3 LABOUR ROOM

3.4 DELIVERY BY CAESAREAN SECTION/PROCEDURE IN OPERATION THEATRE (OT)

3.5 DELIVERY FOR COVID POSITIVE MOTHERS

3.6 POSTNATAL CARE

3.7 DISCHARGE, REFERRAL AND FOLLOW UP

3.8 OBSTETRIC EMERGENCY- CODE RED

3.9 CARE OF PREGNANT MOTHER WITH POTENTIAL HIGHLY INFECTIOUS ILLNESS

3.10 MANAGEMENT OF DEATH

3.1 GENERAL MATERNITY

- 3.1.1 All relevant cases, including ‘walk-ins’ with a gestation of ≥ 24 weeks will be admitted to maternity ward. All mothers examined by the male medical staff shall be chaperoned by a female staff.
- 3.1.2 All referrals shall be in accordance with existing guidelines as stated in the “*Garis panduan Rujukan*” in the hospital.
- 3.1.3 Cases under police custody shall be guarded by the police.
- 3.1.4 The Baby Friendly Policy shall be in practice. Breast-feeding shall be encouraged.
- 3.1.5 No infant Formula Milk Products samples shall be allowed in the ward. The “Code of Ethics in relation to Infant Formula Milk (*Tata Etika Susu Formula Bayi KKM 1995*)” shall be in practice.
- 3.1.6 Visitors and visiting hours.
- Two visitors to one mother in one time is allowed during visiting hours.
- 3.1.7 The department shall accept cases referred from the OPD or emergency department after discussion with medical officer. Antenatal women with gestation more than 24 weeks may walk in or self-refer if they have any obstetric complaint or for delivery.
- 3.1.9 Registration shall be recorded in the ‘Admission Registration book’.
- 3.1.10 All high risk mothers (code red) and those with emergency such as pre-eclampsia or bleeding placenta previa should be informed to medical officer immediately and attended to by medical officer promptly.

3.1.11 Mothers with moderate risk should be attended by medical officer without delay.

3.1.12 Appropriate referrals to another department shall be made accordingly.

3.1.13 All entry in the case notes must include:

- a) Date (Day/month/Year)
- b) Time (use the 24 hour clock)
- c) Signature and name clearly printed or stamped

3.1.14 Self-inking rubber stamp is recommended with MMC or registration number enclosed.

3.1.15 When notes are written on behalf of specialist/consultant, the names of the specialist should head the entry:

S/B : SEEN BY

D/W: DISCUSSED WITH

S/W: SEEN WITH

3.1.16 Mothers in labour shall be admitted directly to labour room/ labour room. Otherwise, the mothers will be provided a bed in the maternity ward within 10 minutes of arrival.

3.1.17 Postnatal mothers who have home birth or birth before arrival (BBA) within 24 hours shall be assessed at Emergency Department. Both mother and baby are checked by a medical officer and will be admitted directly to the maternity ward together with their babies if both mother and baby are well. For newborn baby with complications, the newborn shall be referred to Sibuh Hospital.

3.1.18 All mothers for admission need to have an admission (Borang Arahan Kemasukan Wad – JRP3/94(Pin.1/06). A Bed Head Ticket (BHT) shall be open for each mother.

3.1.19 All mothers for admission need to fill up an acknowledgment form regarding their valuables/ belongings (Borang Akuan Harta Benda Pesakit).

- 3.1.20 All mothers shall be given a wrist identification tag and the babies would also be tagged accordingly.
- 3.1.21 All blood investigation taken must be traced and reviewed with signature and official stamp by Medical Officer on the day itself.
- 3.1.22 Maternity ward in Kanowit Hospital are integrated wards (combined antenatal and postnatal care).
- 3.1.23 All new admissions from the OPD or ETD need to be clerked, assessed and documented in mother's records by medical officer in the maternity ward.
- 3.1.24 Each mother's assessment includes an evaluation of physical, psychological, social and economic factors. A relevant medical history should be obtained and appropriate physical examinations performed.
- 3.1.25 The assessment(s) of mother provide the information to :
- a) understand the care the mother is seeking
 - b) select the best care setting for the mother
 - c) form the initial diagnosis
 - d) understand the mother's response to any previous care
- 3.1.26 Relevant investigations to form the diagnosis shall be sent :
- a. Refer circulars on handling/ordering of lab investigations (*Pengendalian Spesimen Makmal*)
 - b. Ordering radiological investigations (*Permohonan Pemeriksaan Radiologi*)
- 3.1.27 Mothers more than 32 weeks of gestation will have a CTG done and should be reviewed by a medical officer and the CTG should be pasted and kept in the case note.
- 3.1.28 All mothers will have their diagnosis and plan of management explained in detail by the attending doctor. The spouse/ husband will be informed as well.

- 3.1.29 All new mothers in ward should be informed to the medical officer in charge. If after office hours, the on call O&G medical officer shall be informed. High risk mothers must be reviewed by the medical officer.
- 3.1.30 Medical officer shall do ward rounds at least once a day.
- 3.1.31 All single mothers or unwed mothers or underaged mothers shall be referred to the Medical Social Welfare Officer, if available.
- 3.3.32 All mothers admitted shall be orientated on the facilities available in the ward and made aware of the rules and regulations of the hospital. (Appendix – mother orientation list)

3.2 LABOUR ROOM

- 3.2.1 Labour room is a specialized area for managing mothers in labour. To ensure optimum mother care and safety to mothers and their babies, appropriate guidelines should be followed for all procedures and activities.
- 3.2.2 Cases managed in the labour room shall abide by the policies of the labour room.
- a) Sarawak General Hospital Labour Room Manual 2020 (or any latest edition if available)
- 3.2.3 Partogram should commence once the mother is in active phase of labour.

3.2.4 During the 2nd stage of labour:

- a) Mothers should not be left alone unless the current situation is partner-friendly.
- b) If the cervical opening is 6cm and above, at least 1 designated midwife to standby until delivery completed.
- c) Call for help from others if need to attend other mother at the same time, e.g.: collect mother from OT, attending new case, blood taking, etc.
- d) To carry out medical officer's plan as given.
- e) To be aware of possible complications in high risk cases.

3.2.5 Kanowit Hospital is a baby friendly hospital and all procedures and activities in the labour room are in line with BFHI policies and practice.

3.2.6 Management of the placenta: '*Pengendalian Uri*'

- a) Nurses shall confirm with the postnatal mother immediately after delivery regarding the placenta disposal.
- b) Mothers who are keen to take back the placenta will receive their placenta which is wrapped and given 2 pairs of disposable glove to them before they are transferred out of the Labour Room.
- c) Biohazard case placenta are strictly PROHIBITED to be brought home. Placenta shall be disposed in line with the clinic waste management policies of the hospital.

3.2.7 Ensure babies' safety.

Refer '*Pekeliling Ketua Pengarah Kesihatan Bil 1/2007: Garispanduan Sistem Kawalan Keselamatan Bayi di Hospital-Hospital Kementerian Kesihatan Malaysia*' (Guidelines on Safety of Babies in Ministry of Health Hospitals)

3.2.8 Baby tagging process.

- a) Immediately after delivery, the baby and the sex is shown to the mother and the baby is allowed for bonding with the mother. The baby shall then be tagged immediately according to the sex. (Pink tag for baby girl, blue tag for baby boy).
- b) Tagging of the baby is done in front of the mother and particulars on the tag are to be confirmed by the mother prior to being placed onto the baby.
- c) The tag should be kept on baby until discharge.
- d) Particulars on the tag are to include baby of (mother name) registration number (RN), date and time of birth, gender of the baby and birth weight.
- e) Name tag should also be placed on stillborn babies.

3.2.9 All cases with prematurity (less than 36 weeks of gestation), pathological CTG, meconium stained liquor, foetus with foetal growth restriction, chorioamnionitis and instrumental deliveries must be referred to Paediatric team/ medical officer on call to standby during the delivery.

3.3 DELIVERY BY CAESAREAN SECTION/ PROCEDURE IN OPERATION THEATRE(OT)

3.3.1 Cases of emergency lower segment caesarean section shall be decided at the specialist level.

The medical officer shall discuss the case with the on call specialist in Sibu Hospital.

3.3.2 Anaesthetic team and Paediatric team should be referred regarding the case.

3.3.3 Mother's pre-operative preparation shall be done appropriately:

- a) Consent from mother or legal guardian. If the mother is unable or not fit to give consent and no legal guardian available, the consent shall be signed by attending specialist/ senior medical officer and hospital director or two specialists after considering mother's best interest for treatment.
- b) Mother's husband or next of kin shall be informed prior to the surgery.
- c) Prophylaxis against aspiration in caesarean sections shall be given before sending mother to OT. (IV Pantoprazole/ Omeprazole will be given instead of IV ranitidine)
- d) Prophylactic antibiotics shall be given to mother in the operation theatre.
- e) Mothers shall be put in an Operation Theatre attire.
- f) Paediatric medical officer/ passive medical officer shall be on standby for every delivery via caesarean section.
- g) Mother shall be transferred to OT on trolley by the maternity ward staff once mother is called to OT.
- h) Case shall be passed over to OT staff and foetal heart rate shall be checked. Foetal heart rate will be checked again after mother is given regional anaesthesia.
- i) Foley's catheter shall be inserted in the operation theatre after the mother has been anaesthetised for elective case or in labour room for emergency case.
- j) Refer Standard Operating Procedures of Operation Theatre.

3.3.4 The caesarean section should be attended by JM or SN to assist the Paediatric medical officer/ Passive medical officer in neonatal resuscitation. In selected high risk cases such as foetal bradycardia or thick meconium-stained liquor, another staff nurse will be present as well. If there is insufficient staff to cover the labour room, the labour room staff nurse in-charged should inform on call nursing sister and the nurse from paediatric ward or emergency department can go into operation theatre to help with the neonatal resuscitation.

3.4 DELIVERY FOR COVID POSITIVE MOTHERS

3.4.1 All mother positive covid -19, will be referred to Sibu Hospital for delivery.

3.4.2 If the condition of mother comes to the ward with her cervical os is fully dilated, vaginal delivery and intrapartum care for mothers with covid-19 infection will be managed accordingly:

- a) ALL staffs managing should at least use a face shield, N95 mask, gloves and aprons
- b) Number of staffs managing should be kept to a minimum
- c) The labour room should ideally be well ventilated
- d) The mother should wear a mask throughout the labour process
- e) Maternal observations should include hourly respiratory rate, temperature, oxygen saturation and do watch out for red flags sign such as RR> 30 per minute, SpO₂<94%, reduce urine outputs or drowsiness
- f) Partners and birth companions are discouraged, to reduce risk of infection.
- g) Routine shortening of 2nd stage of labour is not recommended.
- h) Mother and baby will be referred to Sibu Hospital for further management after discussed with specialist on call.

3.5 CORD BLOOD COLLECTION FOR CORD BLOOD BANKING

Cord blood collection for cord blood banking service is currently not available at Hospital Kanowit.

3.6 POSTNATAL CARE

3.6.1 Maternity Ward staff shall transfer mothers and their babies from Labour room to wards.

3.6.2 On receiving the mother and baby, the ward staff shall check their tags to verify their identification – ‘Correct baby to the correct mother’. Ward staff shall go through the checklist that is available.

3.6.3 Every mother shall be encouraged and helped with breastfeeding in accordance with Baby friendly Hospital Initiative (BFHI).

3.6.4 The newborn requiring admission to Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) shall be sent to Sibuloh Hospital for further management.

3.6.5 Mothers who have a perinatal death shall be nursed away from other postnatal mothers preferably in the side room whenever possible and the mothers would be discharged home faster if they have no complications during or after delivery.

3.7 DISCHARGE, REFERRAL AND FOLLOW UP

3.7.1 DISCHARGE

Referring or discharging a mother to health care professional outside the organization, another care setting, home or family is based on the mother's health status and need for continuing care or services. The family is included in the discharge planning process as appropriate to the mother and her needs.

3.7.1.1 The minimum length of stay for the uncomplicated postnatal primigravida and grand multipara (para 5 or more) mothers and their babies shall be up to 12 hours. For multipara mothers, minimum stay should not be less than 6 hours.

3.7.1.2 Postnatal mothers with complications and delivered operatively shall be discharged appropriately (not less than 24 hours after delivery) after assessed by medical officer.

3.7.1.3 Postnatal mothers should have been able to pass urine before discharge. The newborn should have been able to pass urine and have their bowels opened before discharge. Every newborn will be assessed by medical officer before discharge.

3.7.1.4 Mothers shall be discharged together with their babies unless the babies require prolonged stay in the hospital. Facilities are provided for mothers to room in with their babies.

3.7.1.5 Identification, verification of babies and relevant administrative matters/education, shall be carried out by the nursing staff before leaving the ward. A checklist shall be filled up.

3.7.1.6 Every postnatal mother will receive family planning counselling prior to discharge.

3.7.1.7 Mothers should be assessed by a medical officer and appropriate follow-up plan should be given to the mother. Every mother's information, birth details and follow up plan and location where mother will stay for confinement will be informed to the primary health side through IKS (*Informasi Kelahiran Sarawak*) system. This is to ensure continuity of care by the primary care after the mother is discharged from the hospital.

3.7.1.8 Mothers shall be charged according to the Fees (Medical) Act.

3.7.1.9 No leave of absence shall be granted to mothers.

- 3.7.1.10 Mothers who wish to leave the hospital against medical advice need to do so in writing in an appropriate form (DAMA form).
- 3.7.1.11 Physically disabled and mentally incompetent mothers shall be discharged to the legal custodian with written acknowledgement.
- 3.7.1.12 The police shall be informed of any mother found missing, after all efforts to trace the mothers have failed. Such cases shall be informed to the doctor in charge of the mother, sister in charge of the ward and the hospital director. Formal police report should be lodged and report number should be recorded in the case note. Discharge shall be done after 24 hours of the mother being noted to be missing.
- 3.7.1.13 All discharges of antenatal and postnatal mothers shall be recorded in the antenatal card – ‘Home based antenatal card (*Rekod Kesihatan Ibu*) (KIK/1(a)/96).
- 3.7.1.14 Discharge summary for antenatal or postnatal mothers should be done by a medical officer. A copy of the discharge summary shall be attached to the antenatal card for the mother/ the health officers responsible for the mother’s continued and follow up care.
- 3.7.1.15 Discharge summary shall include the following:
- a) Reason for admission.
 - b) Significant diagnoses and co-morbidities.
 - c) Diagnostic and therapeutic procedures performed.
 - d) Significant medications and other treatment.
 - e) The mother’s condition on discharge.
 - f) Discharge medication.
 - g) Follow up instructions.
- 3.7.1.16 The medical records shall be dispatched to medical record department within 3 working days after the discharge.

3.7.2 Referral

- 3.7.2.1 The department shall cooperate with health care practitioner and outside agencies to ensure timely and appropriate referral.
- 3.7.2.2 All interdepartmental referral shall have an input from the specialist/ consultant.
- 3.7.2.3 High risk mothers who need consultant-led care shall be discussed with specialist or consultant from Sibuh Hospital to decide the management plan including decision for mother transfer.
- 3.7.2.4 Transfer to Sibuh Hospital shall be made in response to a mother's need for specialized consultation and treatment or facilities such as a ventilator.
- 3.7.2.5 The mother have to be in a stable condition and fit for transfer.
- 3.7.2.6 An appropriate level of staff shall accompany the mother to the referral health care centre depending on mother's condition and requirement for monitoring.
- 3.7.2.7 A proper documentation shall be written in the mother's record regarding the name of the health care services, the name of the specialist agreeing to receive the mother, the reason(s) for the transfer and mother condition before and during transfer.
- 3.7.2.8 The mother and the family shall be counselled regarding the mother's condition, the indication and the arrangement for transfer to tertiary hospital.

3.7.3 Follow-up

Mothers and as appropriate, their families shall be given understandable follow-up instructions at referral or discharge.

3.7.3.1 The name and location of sites for continuing care shall be informed to mother and family.

3.7.3.2 Appropriate appointment dates shall be given to mother if any return to for the services in the department is needed.

3.7.3.3 The instruction shall be explained to mother and family and provided in writing.

3.8 OBSTETRIC EMERGENCY – CODE RED

CODE RED is an emergency protocol for obstetric emergency. There is a policy available for Code Red to guide the staff in dealing with obstetric emergencies. This will appropriately and effectively reduce the related risk as various level of care including consultants/ specialist from other departments (etc Anaesthesia) are involved.

3.9 CARE OF PREGNANT MOTHER WITH POTENTIAL INFECTIOUS ILLNESS

Pregnant mothers with potential highly infectious illness such as tuberculosis (TB) or influenza-like illness should be treated the same way as non-pregnant mothers.

- 3.9.1 The mother should be clerked and managed in the isolation room in ward by a medical officer.
- 3.9.2 If the mother is unstable or require ventilation support, the mother should be transferred to a tertiary hospital after discussed with consultant.
- 3.9.3 All mothers suspected to have Influenza-like illness or Tuberculosis(TB) who are stable should be admitted to the ward and put inside an isolation room.
- 3.9.4 The mothers who are admitted should be reviewed by a medical officer at least once per day, depending on which stage of labour the mother is in. If mother is on second stage of labour, the medical officer should review four hourly or more regularly.
- 3.9.5 Cross infection precaution includes frequent hand washing and strict adherence to perusal of personal protective equipment (PPE) including N-95 mask by all staffs in contact with mother.
- 3.9.6. If the mother goes into labour, the delivery should be in the labour room. All staff working on that shift should be informed for arrangement of delivery bed, CTG machine, infant warmer with resuscitation equipment, transport incubator and staff for labour care.
- 3.9.7. The Policies and Procedures on Infection Control, Hospital Kanowit should be adhered.

3.10 MANAGEMENT OF A DEATH

Mothers care in the department may end up or complicated with the death of the mother. The management is in accordance with *Hospital Kanowit Mortuary Service Policy*.

- 3.10.1 Death Certificate shall be signed immediately by medical officer and the accurate cause of death shall be written.
- 3.10.2 The next of kin shall be informed of mother's death, in the ward or via the phone and documented in the mother's record.
- 3.10.3 The parents shall be informed/ counselled regarding perinatal death by medical officer/ specialist and offered a post-mortem in a tertiary hospital. The perinatal death format shall be filled up and sent to the health officer of the district concerned and a copy shall be kept in the department for future references.
- 3.10.4 The deceased shall be sent to mortuary within one hour for release to the next of kin or for post-mortem.
- 3.10.5 Any mother/ mother who dies in the hospital shall be transported on a cadaver trolley to the mortuary by the mortuary attendants.
- 3.10.6 All maternal deaths shall be notified to the health officer immediately by the hospital maternal death coordinator. The relevant documents shall be documented by the medical officer/ specialist involved after the maternal mortality meeting and submitted to the relevant authority within 2 weeks.
- 3.10.7 All maternal BID cases need to be discussed with Sibuh Hospital O&G Specialist.

4.0 SPECIFIC AREAS

4.1 MEDICATION MANAGEMENT AND USE

4.2 FOOD AND NUTRITION THERAPY

4.3 PAIN MANAGEMENT

4.4 END OF LIFE CARE

4.1 MEDICATION MANAGEMENT AND USE

4.1.1 Medication, as an important resource of mother care, must be organized effectively and efficiently.

4.1.2 Medication management is not only the responsibility of the pharmaceutical services but also of managers and clinical care providers.

4.1.3 All medications shall be written using the generic names and not the trade name (example Methyldopa and not Aldomet).

Standard:

An appropriately licensed pharmacist, technician, or other trained professional supervises the pharmacy or pharmaceutical use.

Intent:

A qualified individual directly supervised the activities of the pharmacy or pharmaceutical service. The individual is appropriately licensed, certified, and trained pharmacist.

Standard

An appropriate selection of medications for prescribing or ordering is kept in stock and made readily available.

Intent

1. Department has available medication for prescribing and ordering.
2. Medication selection considers mother need and safety as well as economics.
3. The pharmacist shall notify prescribers of the shortage and suggested substitutes.
4. The pharmacist will inform the Head of Department or Head of Units on a 3 monthly basis regarding further request for drugs, budget and the drugs not utilized.

Standard:

Medications are properly and safely stored

Intent

1. Medications may be stored at mother care unit or wards.
2. Refer Guideline on Management of Drugs in the Ward:
Pengendalian Ubat-ubatan di Wad
3. Ensure that all medications require a cold chain and are stored according to the requirements in the ward and clinic.

Standard

Emergency medications are available, monitored and safely stored

Intent

1. In emergency situations, quick access to appropriate emergency medications is essential.
 - i. Emergency medications shall be kept in the emergency trolley
 - ii. The medications shall be checked by the staff nurse in charge in every shift to ensure availability and documented properly. The medications are replaced when used, damaged or out of date.

Standard

Prescribing, ordering and transcribing are guided by the hospital policy

Intent

1. Safe prescribing, ordering and transcribing are guided by the hospital policy.
2. Prescribing has to be in the chemical name of the drug.

Standard

Prescription needs to be complete and accurate

Intent

1. To improve mother safety, complete order of prescription required :
 - a) Mother's identification (name and IC/ No.RN)
 - b) The medication required (chemical name)
 - c) Route of administration (IV or oral or suppository)
 - d) Frequency and duration of medication needed(example-OD,BD,TDS, for 1 week, 1 month)
 - e) Prescription shall be signed clearly with the doctor's stamp
 - f) Mother's allergy clearly stated in the prescription slip
2. Medication shall not be released by the pharmacy if there is incomplete, illegible or unclear medication order.

Standard

Medication prescribed and administered are written in the mother's record

Intent

The record of each mother who receives medications contains a list of medications prescribed or ordered for the mother and the dosage and times the medication was administered.

Standard

A qualified individual are identified to administer medications

Intent

Administering a medication to treat mother requires specific knowledge and experience. In the department, all doctors, sisters and staff nurses are given this responsibility.

Standard

Medication administration includes a process to verify the medication is correct based on the medication order.

Intent

The safe administration of medication includes verifying the :-

- a. Identity of the mother – full name
- b. Medication with the prescription or order
- c. Time and frequency of administration with the prescription or order
- d. Dosage amount with the prescription or order
- e. Route of administration with the prescription or order

Standard

Medication effects on mothers are monitored

Intent

1. The mother, his or her physician, nurse and other care providers work together to monitor mothers on medications.
2. The purpose of monitoring is to evaluate the medication's effect on the mother's symptoms or illness.
3. Monitoring medication effects includes observing and documenting any adverse effects.

Standard

Medication errors are reported in the time frame required.

Intent

The medication errors shall be identified and reported using the Ministry of Health standardized form (Incident Reporting Form)

4.2 FOOD AND NUTRITION THERAPY

Standard

A variety of food choices, appropriate for the mother's nutritional status and consistent with his or her clinical care, are regularly available.

Intent

Appropriate food and nutrition are important to mother's wellbeing and recovery. In certain mothers, the exact number of calorie must be calculated and the appropriate food ordered according to the calorie requirement of the mother.

Standard

Food preparation, handling, storage and distribution are safe.

Intent

1. Food preparation and storage shall reduce the risk of contamination
2. Food shall be distributed to the mothers at specified times.

Standard

Mother at nutrition risk receive nutrition therapy

Intent

On initial assessment, mothers are screened to identify those at nutritional risk. Mothers are referred to a nutritionist for further assessment and a plan for nutrition therapy is carried out. The mother's progress is monitored and recorded in their record.

4.3 PAIN MANAGEMENT

Standard

Mothers are supported in managing pain effectively in line with Pain Free Hospital Programme

Intent

1. Mother's pain needs to be assessed and managed appropriately.
2. Identify mother with pain during assessment and reassessment.
3. For labour pain, non-pharmacological method such as aromatherapy, music therapy are allowed.
4. Allow one birth companion (If Covid RTK negative and within 24 hours) to accompany and support mother during the labour process.
5. Encourage mother to ambulate and light meals during early labour especially if the mothers are of low-risk.
6. Encourage mother to adopt her preferred birth position during advanced stage of labour.
7. Providing management of pain according to availability of pain management services. IM pethidine is available upon mother request.
8. Communicating and educating mothers and family about pain.
9. Educating health care providers about pain and management.

4.4 END OF LIFE CARE

Standard

The department addresses end of life care.

Intent

Mothers who are in pain and dying have unique needs for respectful, compassionate care. All staff needs to be aware of the unique needs of mothers in pain or at the end of life. Concern for the mother's comfort and dignity shall guide all aspects of care during the final stages of life.

Care shall include:

- a) Providing appropriate treatment for any symptoms according to the wishes of the mother and family.
- b) Sensitively addressing issues such as autopsy and organ donation
- c) Respecting the mother's values, religion and cultural preferences
- d) Involving the mother and family in all aspects of care
- e) Responding to the psychological, emotional, spiritual and cultural concerns of the mother and family.

Standard

Care of the dying mother optimizes her comfort and dignity

Intent

The department shall ensure appropriate care of those in pain or dying:

- a) Manage their pain and primary or secondary symptoms
- b) Prevent worsening of symptoms to the extent reasonably possible
- c) Address mother and family psychological, emotional and spiritual needs regarding dying and grieving
- d) Address mother and family religious and cultural concerns
- e) Involve the mother and family in care decisions.

5.0 FACILITIES & EQUIPMENT

- 5.1** The Head of Department shall plan for the equipment and assets needed and monitor the department equipment and assets.
- 5.2** The ward sister in-charge shall maintain an updated inventory of all ward equipment and assets. She shall ensure all equipment are regularly maintained in good functioning condition by the concession company.
- 5.3** The nursing sister shall indent surgical supplies, drugs and non-drug items from pharmacy and stores on regular basis to ensure sufficient stock is available at all times.
- 5.4** The contents of the emergency trolley shall be checked regularly and replenished accordingly.

6.0 SAFETY & QUALITY IMPROVEMENT ACTIVITIES

Quality improvement

1. There shall be continuous process of collection and compilation of clinical data to establish the changing pattern of clinical practice, morbidity and mortality.
2. Whenever possible, these data shall be collected using a standard procedure of format throughout the Ministry of Health hospitals for the purpose of comparison and analysis.
3. There shall be a mechanism for audit findings to be used effectively for ongoing improvement of mother care.
4. To achieve of above objectives, the department shall participate in the following existing Ministry of Health quality initiatives:
 - a) Incident reporting
 - b) Key performance indicators
 - c) Maternal mortality review
 - d) National Indicators
 - e) National audit
5. In addition to the above, the department shall also conduct hospital and department specific quality improvement activities, studies and monitoring which includes:
 - Quarterly performance and assessment meeting
 - HPIA
 - Unit specific performance indicator/ target/ monitoring
 - Departmental CME & Emergency drills

7.0 WHOLE HOSPITAL POLICY

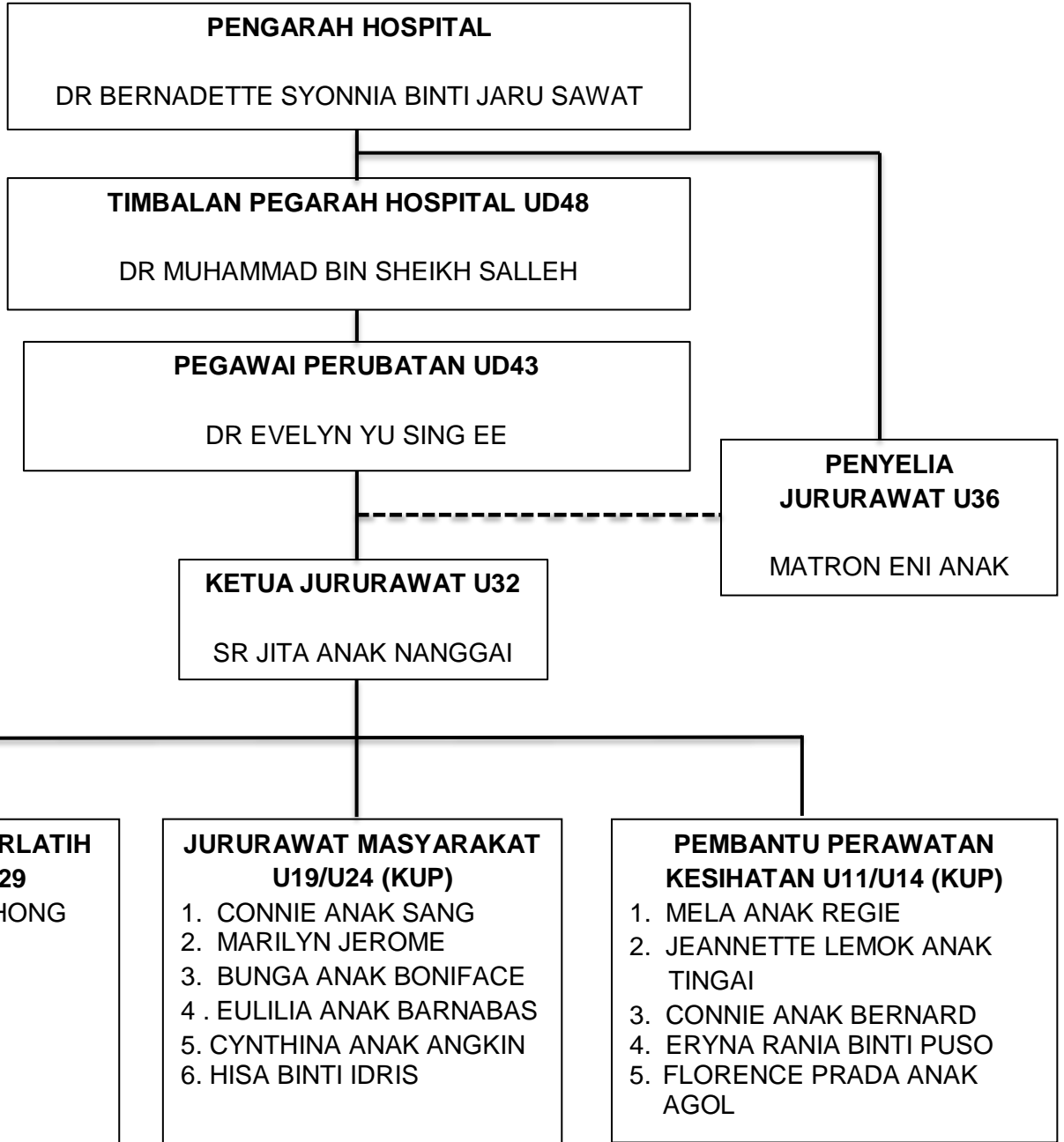
Relevant aspects of the whole hospital policies shall be observed.

Appendix 1

ORGANIZATION CHART

The day to day running of the ward shall be by the sister in charge.

CARTA ORGANISASI WAD BERSALIN



**HOSPITAL KANOWIT
SENARAI SEMAK ORENTASI
WAD BERSALIN**

BIL	PENGENALAN	TARIKH	DIBERI OLEH	TANDATANGAN
1	Hospital Kanowit adalah hospital yang telah diakreditasi semenjak tahun 2008. Hospital rakan bayi semenjak tahun 2009. Hospital mesra ibu semenjak tahun 2015.			
1.2	Hospital rakan bayi semenjak tahun 2009.			
1.3	Hospital mesra ibu semenjak tahun 2015.			
2	STRUKTUR ORGANISASI			
2.2	Objektif Unit			
2.3	Visi,misi			
2.4	Carta Organisasi Unit			
3	STRUKTUR UNIT			
3.1	Pengenalan kepada kakitangan lain			
3.2	Penempatan lokasi			
	Bilik Ketua Jururawat			
	Bilik Bersalin			
	Bilik Rawatan			
	Stor linen dan barangan			
	Bilik penyediaan makanan/Pantri			
	Ruang rehat/Menunggu			
3.3	Sistem perhubungan			
	Hospital directory			
4	PERATURAN DAN GARIS PANDUAN			
4.1	Manual Prosedur Kerja			
4.2	Fail Meja			
4.3	Protokol			
4.4	Pekeliling			
4.5	Buku Maklumat			
4.6	Buku Alamat			
4.7	Rekod CPD			
4.8	Cuti Rehat/Kecemasan/Sakit			
4.9	Perakam muka			
4.10	Kod Pakaian			
4.11	Laporan Media/Social media			

BIL		TARIKH	DIBERI OLEH	TANDATANGAN
5	SENARAI TUGAS/TANGGUNGJAWAB			
5.1	Jadual tugas/assignment			
5.2	Rekod Pemerhatian pesakit			
	TPR chart/Observation chart			
	I/O chart/Pain score			
	chart/thrombophlebitis chart/Mo			
6	TANGGUNGJAWAB			
6.1	Morse fall chart/BSP chart/Gcs chart Labour chart/Partograph/PE chart Pad chart			
6.2	Pemeriksaan oleh Doktor/Ward Round			
6.3	Pengurusan/Penjagaan peralatan/			
6.4	Harta modal & Inventori			
6.5	Lawatan Ketua Jururawat/Penyelia Jururawat			
6.6	Laporan Harian			
6.7	Penulisan Laporan pesakit			
6.8	Penyerahan laporan pesakit			
6.9	Laporan Incident/Adverse occurrence in blood & blood component transfusion			
6.10	Senarai tugas harian			
6.11	Rekod/Repot/Pemerhatian dan lain-lain (Rujuk MPK)			
6.12	Kemasukan Pesakit			
6.13	Pemindahan Pesakit			
6.14	Discaj Pesakit			
6.15	Pengurusan kematian			
6.16	Tugas-tugas lain yang tercatat di MPK/Fail Meja			
6.17	Pengunaan/ Penjagaan peralatan			
	Katil Pesakit			
	Perabot			
	Mobile oxygen flowmeter			
	Loceng panggilan(Doorbell/Counter bell			
	Infusion Pump/Syringe Pump			
	Troli kecemasan			
	Peralatan pernafasan/nebulizer			
	Monitor/Defibrillator			
	Mesin CTG/Daptone/BP set/Pulse			

	Oximeter/Phototherapy			
	Baby resuscitator			
BIL	PENGENALAN	TARIKH	DIBERI OLEH	TANDATANGAN BIL
6.18	Laporan kerosakan - HSS 082-752333 (ext 220) Assis Sistem			
7	PENGURUSAN DENGAN UNIT HASIL Discaj			
7.1	Pengiraan bayaran Wad			
7.2	Pengecualian			
8	PENGURUSAN DENGAN UNIT SAJIAN			
8.1	Permohonan makanan pesakit dalam -Diet biasa -Diet Therapeutic			
9	PENGURUSAN DENGAN AMO U32 (A&E) -Permohonan ambulan untuk pemindahan pesakit ke Hospital Sibu -Kereta Jenazah			
10	PENGURUSAN DENGAN MAKMAL			
10.1	Borang Ujian			
10.2	Botol/bekas untuk ujian			
10.3	Permohonan darah untuk Group & X-match/GSH			
10.4	STAT/Urgent order			
11	PENGURUSAN DENGAN FARMASI			
11.1	Permohonan/indent/system PHIS Waktu Pejabat/lepas waktu Pejabat Ubat khas-DDA (Khamis) Local Purchase			
11.2	Pengurusan Ubat Rekod/pemeriksaan Penyimpanan/floor stock Pemulangan ubatan			
11.3	Pengurusan dengan Medical Stor Pesanan barang-barang Surgical(Selasa)			
12	PENGURUSAN DENGAN UNIT PENGIMEJAN			
12.1	Permohonan X-ray			
12.2	Ujian Khas dan Persediaan			
13	PENGURUSAN DENGAN PEJABAT REKOD			

	Pengurusan nota pesakit Discaj/ kematian			
	Census 24 jam			
	Permohonan nota lama			
14	PENDIDIKAN			
14.1	Pendidikan Kesihatan kepada pesakit			
14.2	Risalah			
15	PERMOHONAN PERALATAN/ALAT TULIS			
15.1	Stor alat tulis/ Pejabat Am			
16	STANDARD PRECAUTION			
	Hand hygiene			
	Pembuangan sampah dan bahan tajam			
	Pengurusan linen			
	Spillage(tumpahan)			
	Laporan Needle Stick Injury			
17	CONTIGENCY PLAN			
17.1	Disaster Plan			
17.2	Kebakaran			
17.3	Putus Bekalan Elektrik			
17.4	Putus Bekalan Air			

BIL	PENGENALAN	TARIKH	DIBERI OLEH	TANDATANGAN
18	LAIN-LAIN			
	Pengurusan			
	Aduan dan laporan			
	Pengawasan tugas kebersihan			
	Pengurusan linen			
	Jabatan Kebajikan			
	Jabatan Pendaftaran			
	Kantin Hospital			
	Pakar Rujuk Agama			
	Jurualih Bahasa untuk Hospital			
	Kumpulan Sokongan Penyusuan susu ibu			
	Staff Quarters			
19	Pengurusan kematian			
	Kes biasa			
	Kes Polis			
	Kes berjangkit			
20	Hospital Support Services			
	BEMS			
	FEMS			
	CLEANSING			

	CLINICAL WASTE			
	LINEN			

ORIENTASI KEPADA PEGAWAI TERSEBUT TELAH DISEMPURNAKAN

TARIKH : _____

TANDATANGAN PEGAWAI : _____

TANDA TANGAN KETUA JURURAWAT : _____

TANDATANGAN JURURAWAT YANG MEMBANTU : _____

KES YANG PERLU DIRUJUK DAN PERLU DIBINCANG DENGAN O&G SPECIALIST

1. PRIMIGRAVIDA
2. PREVIOUS SCAR (NOT TESTED)
3. PREM (<35 WEEK)
4. PIH
5. PRE-ECLAMPSIA (BP> 160/100MMHG)
6. ECLAMPSIA
7. APH
8. PPH
9. IOL
10. MATERNAL PYREXIA TEMP > 38⁰C
11. RETAINED PLACENTA
12. 3RD / 4TH DEGREE TEAR
13. SEVERE POST PARTUM HPT
14. PROLONGED 2ND STAGE / LABOUR
15. PPROM / PROM
16. MATERNAL HAEMORRHAGE
17. SEVERE ANEMIA

FETAL

1. ABNORMAL FHR (FHR <110 OR >160/MIN)
2. MACROSOMIC BABY
3. ABNORMAL CTG
4. CORD PROLAPSE
5. BREECH IN LABOUR / TRANVERSE LIE
6. MMSL / TMSL