

	OB CLINIC (35-37 week visit)	Day Prior to Surgery	Day of Surgery: L&D	Day of Surgery: Operating Room	Day of Surgery: Immediate Recovery	Day of Surgery: Postpartum	POD1: Postop Postpartum	POD2/ Day of Discharge
Assessment	<ul style="list-style-type: none"> -Identify pt as ERAS OB pt – mark as EPIC episode --Vital signs, pregnancy ht/wt -Standard baseline screening for 34-38 week OB visit 	<ul style="list-style-type: none"> -Phone call screening and readiness assessment by ERAS nurses -Reminder to bring personal items 	<ul style="list-style-type: none"> -Admit patient to L&D (HUC to do bedside admission) and verify pt as ERAS OB in EPIC -Vital signs per floor routine -Height and weight -OSA guideline initiated -Review home medications -Initiate fetal monitors and assess FHR/Fetal non-stress test 	<ul style="list-style-type: none"> -OR check in to confirm name, surgery type, etc -Assess block level -Assess FHR 	<ul style="list-style-type: none"> -Vital signs (VS) and monitoring per L&D recovery protocol -Continuous pulse oximetry monitoring (TWP standard – D/C for ambulation and breast feeding) 	<ul style="list-style-type: none"> -VS (Q4 per L&D protocol) -Breast and fundal checks -Assess uterine tone -Check lochia for amount, odor, and presence or size of blot clots, if any -Assess for signs of thrombophlebitis 	<ul style="list-style-type: none"> -VS (Q4 per L&D protocol) -Breast checks -Assess uterine tone -Check lochia for amount, odor, and presence or size of blot clots, if any -Assess for signs of thrombophlebitis 	<ul style="list-style-type: none"> -Assess patient for discharge readiness
Consults & Referrals			<ul style="list-style-type: none"> -Call anesthesia team when patient is ready for preop 		<ul style="list-style-type: none"> -Alert newborn attending/NP about ERAS OB patient (delivery time) 	<ul style="list-style-type: none"> -Alert pediatric team of location of mother and baby 	<ul style="list-style-type: none"> -Lactation nurse consult, if needed -Peds team should have assessed neonate 	<ul style="list-style-type: none"> -Lactation nurse consult, if needed -Peds team should have assessed neonate
Tests & Orders	<ul style="list-style-type: none"> -Use "OB ERAS Cesarean Birth General" under the ordersets tab for day of cesarean orders 		<ul style="list-style-type: none"> -CBC & PLT -Type and screen only (0 units) -Finger stick if diabetic -Neonatal Cord Blood Work Up 		<ul style="list-style-type: none"> Use "OB ERAS Cesarean Birth Post Op" for postop orders 		<ul style="list-style-type: none"> -CBC and PLT 1x POD1 (unless significant blood loss) -No routine labs to follow 	<ul style="list-style-type: none"> -No routine labs

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Additional Actions			-Clip/prep abdomen	-SCDs placed in OR -Delayed cord clamping (1-3min)		-Abdominal binder as needed -Remove foley catheter n+12 from patient arrival to postpartum unit	-Take shower	
Activities	-Surgical consents signed for cesarean section -Add ERAS OB Education points using the Preg Ed Checklist in EPIC navigator		-Verify informed consent for surgery	-Start skin-to-skin as soon as possible after delivery -Initiate breastfeeding	-Continue with breastfeeding and skin to skin	-Ambulate patient when full leg strength achieved (usually w/in 4-5 hrs of spinal placement) -Continue with breastfeeding and skin to skin	-Ambulate in hall X3 -Continue with breastfeeding and skin to skin	-Ambulate without assistance – up ad lib
Fluid management	-Instruct pt on oral fluids/Gatorade prior to surgery	-Reinforce importance of Gatorade hydration and clears until 2 hours before surgery	-Confirm clears/carbohydrate drink 2 hours before surgery - Gatorade 20 ounces (50 grams of carbohydrate) -Insert IV and saline lock	-Hang 1L plasmalyte in pressure bag and attach to IV but do not run immediately -Initiate fluids with initiation of anesthesia protocol (crystalloid co-load w/administration of anesthesia followed by 250cc/hr plus 15 units Pitocin per hour)	-Strict I&Os Q4 x24hrs	-LR @ 100mL/hr	-D/C all IV fluids and saline lock IV	
Medications	-Encourage use of prenatal vitamins, inclusive of iron and folic acid	-Follow orders re: Diabetic and anticoagulation medications	-Administer OR medications: Pepcid 20mg IV, Citric Acid-Sodium Citrate 30mL PO, Reglan 10mg IV	-Administer prophylactic antibiotics – Ancef – 2g/3g (Clind & Gent for allergy) -Start intraoperative anesthesia protocol -Following delivery, start Pitocin per protocol (no bolus unless needed)	-Ondansetron 4mg Q8 PRN PONV -Nubain 5mg IV Q6 PRN for opioid- induced pruritus		-Begin routine postpartum care meds -Colace 100mg PO nightly and Miralax 17g PO daily for bowel regimen	-Continue routine postpartum and bowel regimen meds

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Pain Management			-No preop pain meds	-Administer Duramorph (200 mcg pf) plus Fentanyl (15-20mcg) and Bupivacaine (12-15mg) as spinal anesthetic upon patient's arrival to OR -No additional intraoperative opioids without attending approval	-Initiate IV ketorolac 30mg IV followed by 15mg IV Q6 x3 doses followed by naproxen 500mg PO Q8 then Q12 -Initiate acetaminophen 975mg PO Q6 x4	-Continue IV ketorolac 30mg IV followed by 15mg IV Q6 x3 doses -Continue acetaminophen 975mg PO Q6 x4 doses then Q8 -Roxicodone 5/10mg PO PRN for moderate/severe pain	-Continue acetaminophen 975mg PO Q8 -Ketorolac followed by naproxen 500mg PO Q8 then Q12 -Maintain pain management schedule -Roxicodone 5/10mg PO PRN for moderate/severe pain	-Maintain pain management schedule
Nutrition	-Instructions on regular diet until midnight the day before surgery. Clear liquids up until arrival		-Clears until 2 hours prior to surgery -Carbohydrate drink for morning of surgery (20oz Gatorade)		-Clear liquids as tolerated (ice chips, soda, advance to crackers)	-Transition to normal diet as tolerated	-Maintain regular diet	-Regular diet as tolerated
Education	-Provide patient with ERAS OB notebook and pt checklist -Go over ERAS OB instructions and preparation for surgery -Document ERAS OB Education points using the Preg Ed Checklist in EPIC navigator -Encourage attendance at childbirth classes and scheduling lactation consultant meeting with UVA Breastfeeding Medicine and signing up for hospital tour/visit	-Reinforce ERAS expectations -Remind to bring ERAS notebook and (if used) CPAP machine to hospital -Standardized reminder to bring bag from home with personal items	-Ask patient if they have their notebook and review ERAS OB pathway	-Bring dedicated care partner into OR -Encourage breast feeding, and skin to skin	-Encourage breast feeding, and skin to skin	-Postop activity, breast feeding, and skin to skin	-Postop activity, breast feeding, and skin to skin -Additional education on postop birth control options	-Discharge instructions, review handbook, when to call -RN to verify phone number for postop follow-up call

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Discharge Planning	<ul style="list-style-type: none"> -Assess for discharge needs -Patient education checklist for items needed after discharge -Plan for 6week follow-up apt -Contact insurance about breast pump 						<ul style="list-style-type: none"> -Assess for discharge needs – RX for oxycodone and/or lovenox if applicable -Ensure 6week f/u appt 	<ul style="list-style-type: none"> -OB RN to call patient 24-48 hrs after discharge
Outcomes	Preop OB assessment completed	Patient demonstrates readiness for surgery	<ul style="list-style-type: none"> Fluid and electrolyte balance maintained Patient demonstrated hemodynamic stability Patient is ready for surgery 	<ul style="list-style-type: none"> Fluid and electrolyte balance maintained Pain management is effective Hemodynamic stability 	<ul style="list-style-type: none"> Fluid and electrolyte balance maintained Pain management is effective Hemodynamic stability 	<ul style="list-style-type: none"> Skin to Skin and Breastfeeding attempted/ achieved Pain management is effective Patient demonstrated hemodynamic stability Ambulates 	<ul style="list-style-type: none"> Skin to Skin and Breastfeeding attempted/ achieved Adequate pain control Diet transition Fluid balance maintained Ambulates 	<ul style="list-style-type: none"> Adequate pain control (VAS<3) Hemodynamic stability Tolerates regular diet Voids without problems Bowel movement or bowel sounds Ambulates without assistance Family support available

ALTERNATIVE PATHWAY OR PLAN OF CARE INITIATED FOR THIS PATIENT ON: DATE _____ INITIALS _____

Guidelines are general and cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of using any specific procedure or guideline with a particular patient remains with that patient's physician, nurse, or other health care professional, taking into account the individual circumstances presented by the patient.