

RULES AND REGULATIONS

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

NAME

The name of this organization shall be the Department of Obstetrics and Gynecology, Saint Cloud Hospital Medical Staff.

PURPOSE

The Department of Obstetrics and Gynecology shall provide quality care for obstetrical and gynecologic patients, provide educational programs for department members, the Medical Staff, and hospital personnel as necessary, and conduct peer review of activities in order to assure that appropriate treatment of obstetrical and gynecologic patients is provided by all members of the Medical Staff.

MEMBERSHIP

Practitioners who are members in good standing of the Medical Staff shall be eligible to be members of the Department of Obstetrics and Gynecology. Membership will be limited to those physicians who are eligible to take the Board of Obstetrics and Gynecology examination, or those physicians who have privileges in the Department of Obstetrics and Gynecology and limit their practices to Obstetrics and Gynecology and have education, training and demonstrated competence in the care and management of obstetrical and gynecologic patients.

The Department of Obstetrics and Gynecology will recommend membership in the department to the Credentials Committee.

ORGANIZATION

Officers: There shall be a Chair and Vice Chair whose election, tenure, qualifications, removal, functions and responsibilities are as provided for in the Medical Staff Bylaws (Article 3, Officers). The Vice Chair will represent the Chair in his/her absence.

FUNCTIONS

To provide standard of obstetric and gynecologic care to the fullest potential based on Department privileging and credentialing.

Consultation: Members of the Department of Obstetrics and Gynecology shall provide consultation to all members of the Medical Staff of Saint Cloud Hospital upon request.

Department members are encouraged to obtain consultations and/or referrals from other clinical specialties as appropriate.

It is the duty of the Chair of the Department of Obstetrics and Gynecology to see that those caring for obstetrical and gynecologic patients do not fail in the matter of ordering consultations or referrals when they are needed.

Uterine Isolation Procedure: The Uterine Isolation procedure may be used by the attending physician when, at the time of Cesarean Section, any additional pregnancy would be a significant risk to the life of the mother. The proper forms, to include patient consent for sterilization, are to be completed and part of the record at the time of the procedure.

The Department of Obstetrics and Gynecology will otherwise defer to comply with rules and regulations of the Medical Staff Office of the Saint Cloud Hospital.

Single Room Care: LDR/LDRP (Labor/Delivery/Recovery/Postpartum) rooms should be equipped for all types of delivery except cesarean delivery. Each room should have a birthing bed that can be positioned for delivery and can be moved to a delivery/cesarean birth room if the need arises. Equipment for neonatal resuscitation and temperature control should be present.

All personnel entering a delivery room shall be properly attired and prepared unless an immediate delivery is expected and an unattended delivery would result.

Recovery Period: All obstetrical patients shall be kept under close observation during the critical postpartum period for at least one (1) hour. The personnel in charge of this area shall have training and equipment similar to the PAR area.

Flexibility and Occupancy: Carefully selected gynecologic patients can be admitted when there are no beds available in other sections of the hospital.

MISCELLANEOUS RULES AND POLICIES

- (1) Physician/Advanced Practice Provider (APP) will be notified of all admissions.
- (2) Medical Screening exam and Physician/APP notification of patients presenting to the Family Birthing Center (FBC) will be made on admission (***See Also the Medical Screening exam for all patients presenting to the Family Birthing Center Policy***).
http://centranet/medstaff/bylaw_manual/Medical_Screening_Exam_for_all_pts_presenting_to_the_FBC.pdf
- (3) Physician/APP will be expected to respond or have a representative respond within 20 minutes of notification.
- (4) A prenatal record will be filled out and on file in the Medical Records Department prior to 36-weeks gestation.
- (5) When an on-call coverage system is used, the responsible Physician/APP will notify the Family Birthing Center of their coverage.
- (6) Please refer to the Oxytocin Induction/Augmentation policy regarding use of Pitocin on the Family Birthing Center (FBC).

Patient Designation

- 1.) Patients who have seen a physician for this pregnancy who practices at this hospital are “assigned”. CentraCare Family Health Center/Family Medicine Residency patients will be assigned to the appropriate family medicine attending physician, and consultation can be obtained as necessary from the OB Hospitalist. If they have seen a family physician, that physician or covering Family Medicine provider will be contacted. If charge nurse determines that case requires an OB-GYN, Family Medicine will still be contacted as will OB-GYN from that Family Medicine group. Family Medicine physicians will be expected to follow within his/her scope of practice.
- 2.) Patients not seen by a delivery provider within our system or unassigned by CMS definition are “unassigned” and will be seen as follows:
 - a. Obstetric Patients – Care provided by the daily assigned OB Hospitalist physician
 - b. Gynecologic Patients – Care provided by the daily assigned OB/Gyn CentraCare on call provider.
 - ◆ Every effort needs to be made to see that any patient already seen by a specific physician or group for this pregnancy either in clinic or hospital is assigned to that physician/group for subsequent admits. This is important for patient safety, continuity and liability.

ADOPTION AND AMENDMENT

Rules and Regulations shall be submitted and voted upon by the membership. A majority vote is required for adoption or modification. These rules and regulations will be adopted, amended, repealed or added to according to Article 8 of the Medical Staff Bylaws and will become effective when recommended by the Executive Committee of the Medical Staff and approved by the Board of Directors.

Reviewed: 6/14/2022

APPENDIX

I. [Medical Screening exam for all patients presenting to the Family Birthing Center Policy](#)