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Optimizing the OB Surgical Patient

Our goal in evaluating our current practice of care for the OB surgical patient was to provide comparable care in the OB setting to that given to surgical patients in the general surgical population. According to an article in Obstetric Anesthesiology (Wong, 2009), cesarean delivery is the most common surgical procedure in the United States. OB patients are generally healthy, yet, more patients are presenting with advanced maternal age, obesity, and pre-existing conditions. Unfortunately, these factors impact the rise in maternal deaths. The Joint Commission's Sentinel Event Alert, "Preventing Maternal Death", states that we should have a heightened awareness and screening of pre-pregnant and pregnant women with pre-existing conditions and associated risks should be optimized (joint commission.org, 2010). Optimization is the stabilization and functional improvement in pre-existing conditions that can impact the OB patient. Optimization reduces morbidity and mortality, and length of hospital stay (Surgery, 2004). The first focus in the pre-operative assessment was evaluating for the presence of pre-existing conditions. Optimization included: standardization of lab requests and consults; establishing a standard process for communication of test results and recommendations from consults; and initiating a plan of care with the surgical team and caregivers involved. An interdisciplinary approach was used to develop and implement a reference guide that included input from Pre-Surgical Services Management, OB Medical Group, and Anesthesia Medical Group. Education was provided to office personnel, OB Medical Groups, and hospital nursing and support staff. A review of all pre-op visits on scheduled surgeries over an eight month period revealed 25%-40% of all pre-op patients each month had pre-existing conditions that required optimization. This optimization process has provided many benefits including :improved patient safety shown by no extended stay and no post-operative complications; increased patient satisfaction related to patient involvement in care planning for their surgical experience; and improved communication and relationships within all disciplines of the surgical team. The three fold outcome of this optimization project has been: optimization of our scheduled cesarean deliveries; optimization of our perinatal perioperative nursing; and optimization of all OB patients due to the potential for surgical intervention.