

SAN ANTONIO MILITARY MEDICAL CENTER  
Fort Sam Houston, TX 78234  
Inpatient Obstetric Unit

Inpatient Obstetric Unit SOP  
No 5-43

11 May 2012

**VISITORS IN THE INPATIENT OBSTETRIC UNIT**

**PURPOSE:** This Standard Operating Procedure (SOP) provides guidelines for the visitors to the Inpatient Obstetric Unit.

**SCOPE:** This SOP applies to all personnel who are assigned, attached, or on contract to the Inpatient Obstetric Unit (IOU).

**REFERENCES:**

AAP and ACOG *Guidelines for Perinatal Care* (6th ed., 2008)

Institute for Family-Centered Care

**1. PROCEDURE:**

**1.1 General**

1.1.1 Patient privacy, safety, and sensitivity must be protected at all times.

1.1.2 Visiting hours

1.1.2.1 The IOU has no set visiting hours while the patient is on Labor and Delivery. Each family should decide on the time their visitors leave, dependent on time of birth and other extenuating circumstances.

1.1.2.2 Visiting hours on 5E/5W are from 8 am – 9 pm, except for extenuating circumstances. The IOU staff should not be the enforcers of visiting hours.

1.1.3 Family members/visitors will not be allowed to sleep on the floors or use the mattress as beds.

1.1.4 The number of visitors in a patient room at one time may be limited based on patient's condition. Ideally, there should be no more than 2 visitors in the room during labor.

1.1.5 There are no age restrictions for children visiting antepartum, laboring and postpartum patients. However, ALL children must be supervised by someone OTHER than the patient or patient's support person (during labor). If children are not being supervised, are being

disruptive, and creating an unsafe environment, they may be asked to leave. Children will not spend the night with a patient.

1.1.6 The patient's physician, nurse, and management reserve the right to refuse admission of any category of visitor or ask them to leave at any time the patient's needs or condition, unit activities, or visitor's behavior deem this appropriate. The staff reserves the right to call security to handle any unruly/violent family member or visitor.

1.1.7 Red Cross volunteers are not authorized to view procedures, unless approved by the Chief of the Obstetric Service or Department Chairman and with the patient's knowledge and permission.

1.1.8 Any visitor with an illness is encouraged to not visit. If, however, they do visit, then diligent hand washing is highly encouraged, as well as wearing a mask when around the infant.

1.1.9 Family/visitors may not congregate in hallways. They must be either in the patient's room or in the waiting room.

## **2. Guidelines for Persons Authorized to View Procedures/Deliveries**

2.1 SAMMC IOU personnel are permitted to observe procedures. Coordinate this with the patient's physician and nurse.

2.2 Students: Medical, nursing, Army's: 68WM6, LVN, and nurse practitioner students are permitted to observe procedures pertinent to their course of study. Coordinate this with the patient's physician and nurse. One nursing, LVN, medical technician student (not specifically on orientation to the unit) may attend an operative procedure with each staff member, but may not enter the operating room until the drape is placed and the procedure is going to begin (unless directed by the physician or nurse educator in the particular case).

2.3 Chaplains: Chaplains are permitted to attend the birth of an infant whose survival is uncertain, for the purpose of baptism only. This is done at the request of the parents. Coordinate this with the attending physician and nurse assigned to patient.

## **3. Guidelines for Husbands, Coaches, and Significant Others**

3.1 Husbands and significant others are encouraged to attend labor room deliveries, and may attend complicated deliveries to include cesarean sections, vaginal breeches, and midforcep deliveries when cleared by the attending physician. Husbands and significant others may attend operating room deliveries involving general anesthesia when cleared by the attending physician.

3.2 The attending physician determines when a visitor must leave the labor room or operating room. If an unforeseen emergency arises, the patient's nurse must ensure visitors leave the labor room or operating room.

## **4. Guidelines for Siblings Attending a Delivery**

4.1 Children/siblings may be in the labor room during labor as long as they are supervised by an adult other than the patient or the patient's labor support person. In the event the child/sibling needs to leave/be removed from the room, the laboring mother should not be left without her support person.

4.2 IOU personnel are not responsible for supervising children. Children under the age of 10 are not to be left alone in the IOU waiting room.

## **5. Guidelines for Persons Authorized Entry to Patient Rooms or Surgical Areas when Procedures are not being done.**

5.1 Maintenance personnel may enter surgical area in appropriate attire to perform maintenance and/or equipment repair.

5.2 Central Processing and Distribution personnel may enter surgical area in appropriate attire to accomplish biological testing of the sterilizers.

5.3 All other categories of visitors desiring to view the procedures must be cleared by the Chief of Obstetrical Services.

## **6. Guidelines for Use of Video and Camera Equipment by Visitors.**

6.1 Videos and pictures (via mobile phones, laptop computers, and digital cameras) can only be taken of staff members with their knowledge and permission.

6.2 Videos and pictures can be taken during the labor process as long as permission is obtained from the OB care team (e.g. nurse and OB provider, on a case-by-case basis).

6.3 Any member of the L&D staff may instruct that the use of any/all electronic devices cease if deemed necessary.

6.4 No filming and/or pictures of **medical care** will be captured using electronic devices.

6.4.1 This includes, but is not limited to, vaginal examinations, artificial rupture of membranes, placement of internal monitors, placement of regional analgesia, discussions regarding the patient's plan of care, and the actual birth process (delivery of the infant, use of forceps or vacuum, expulsion of the placenta, and repair of lacerations); this includes medical care of the infant, such as during resuscitation measures and circumcision.

6.4.2 If the staff obstetrician gives permission to photograph the actual birth, he or she must obtain verbal consent of all members of the delivery team (nurses, licensed vocational nurses, technicians, and other physicians) and document this in the patient's record.

6.4.3 This policy is due to reports of fraudulent editing of pictures and films for use in malpractice cases in an attempt to show that malpractice was committed when in fact none occurred. If this policy is violated, ask the visitor for the film or video.

6.5 Once the birth has occurred, pictures and videos of the new mother and newborn can be taken with the permission of IOU personnel.

6.6 IOU personnel may take pictures and videos of the patient, newborn, and visitors if patient care permits, and if they feel comfortable handling the video and photographic equipment. IOU personnel are not responsible for lost or damaged equipment under any circumstances.

REVIEWED BY:



LAWANDA M. CLARK, Maj, USAF, NC  
Clinical Nurse OIC, Perinatal Assessment Center

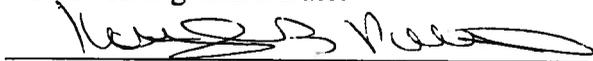
Reviewed/Signature/Date:

---

---

KATHY B. PORTER, LTC, USA, MC  
Interim Chief, MFM and Obstetrics and Gynecology,  
Perinatal Assessment Center

Reviewed/Signature/Date:

 16 May 2012

---

---

KENNETH S. LEFFLER, Col, USAF, MC, FS  
Chief, Obstetrics/Gynecology Department

Reviewed/Signature/Date:

 16 May 2012

---

---