

## **OB Clinical Team**

<b>Clinician*</b>	<b>Contact</b>	<b>Indication</b>
Senior OB Resident	Pager 32074	Routine Questions Change in Clinical Status <sup>†</sup>
OB Attending	Pager 13212	Obstetric or Medical Emergencies Clinical Concerns
Labor and Delivery Nurse in Charge	Pager 11382	Coordinate Fetal Monitoring or RN Support Notification of Emergent Cesarean Delivery
Code Blue OB Team	STAT Line	Spontaneous Vaginal Delivery Maternal Cardiac Arrest
Maternal-Fetal Medicine Attending	Pager 38557	Non-Emergent Clinical Concerns

\*Clinicians all carry virtual pagers and are in house 24/7. The MFM Attending is on home call at night and weekends.

<sup>†</sup>Adopt a low threshold to call OB with any questions, concerns, or change in clinical status.

## **Suggestions for Notification of Change in Clinical Status<sup>‡</sup>**

<b>Clinical Change</b>	<b>Suggested Target<sup>§</sup></b>
Increasing oxygenation requirement	SpO <sub>2</sub> > 95% or PaO <sub>2</sub> > 70 mmHg
Worsening ventilation	pCO <sub>2</sub> < 45 and pH > 7.35
Increasing vasopressor requirement	MAP > 65
Worsening acidemia	pH > 7.35
New onset hypertension with SBP > 160 or DBP > 100	
New onset tachycardia (possible sign of labor) or arrhythmia	
Unexplained increase in sedation requirement based on RASS or BIS (possible sign of labor)	
Obstetric issues such as vaginal bleeding or leakage of amniotic fluid	

<sup>‡</sup>This list is not exhaustive but includes scenarios that may benefit from multidisciplinary management or could warrant increased fetal monitoring.

<sup>§</sup>These targets are far from absolute and are designed as a starting point from which to individualize care.