


OPERATIONAL POLICY FOR LABOUR UNIT, FROM DEPARTMENT OF OBSTETRIC AND GYNAECOLOGY, HKL (1990) FOR MINISTRY OF HEALTH MALAYSIA

Jabatan Obstetrik & Ginekologi,
Hospital Bersalin,



Datu Selva
Dr. Nury
Dr. Masha
Dr. Saiful
11.1.1991.
Dr. Dimp
Senara Pegawai
Pelaksana
Perlu mengesah

Y.Bhg. Dato' Dr. Che Rus bin Mohd. Noor,
Pemangku Pengarah Perkhidmatan Perubatan,
Kementerian Kesihatan Malaysia,
Jalan Cenderasari,
Kuala Lumpur.

Hospital Langkawi
Hospital Cameron Highlands
Tuan, Hospital Baling *megeh yang jadi*
Re: OPERATIONAL POLICY FOR LABOUR UNIT *rule diaphan dalam*
RMB yang telah
di Tahr.

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A meeting was held in Johor Bahru on 4.8.1990 to formulate an Operational Policy for Labour Units in the country. This meeting was preceded by a visit to both the Labour Suites of Singapore General Hospital and Singapore National University Hospital to study some of the latest in technological developments. The doctors who attended the meeting were as follows:-

Dato Dr. N. Subramaniam	- Ketua Jabatan O&G HBKL.
Dr. Alex Mathews	- Ketua Jabatan O&G HBJB.
Dr. N. Sivalingam	- Ketua Jabatan O&G HB Ipoh.
Dr. T.A.Arumanathan	- Ketua Jabatan O&G Penang.
Dr. Rajender Singh	- Pakar Perunding HD Teluk Intan.
Dr. Gunasegaran P.T.Rajan	- Pakar Klinikal HBKL.
Dr. Lim Kuan Joo	- Bhg. Pembangunan KKM.
Dr. Shahidah	- Bhg. Hospital KKM.
Assoc. Prof. Nik Nasri Ismail	- Ketua Jabatan O&G UMM.
Dr. Jamil Sharif	- Pensyarah Jabatan O&G UKM.
Assoc. Prof. Arulkumaran	- Pensyarah National University S'pore.

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TPU

This meeting was a follow up to the persidangan Pakar-Pakar O&G in Kuala Lumpur held in December 1989 where the recommendations were tabled and accepted by the Ketua Pengarah. I hope the following recommendations will be taken into consideration and would appreciate if these proposals could be forwarded to appropriate divisions in Ministry of Health.

The following were the recommendations:-

1. Naming of Labour Unit
 - 1.1 All delivery places that were previously named Labour Room, Labour Wards, etc. shall now be standardised as Labour Unit or Unit Kelahiran. This is more appropriate of its role as an intensive care unit.
 - 1.2 In future planning for staffing and equipments it should be considered as a unit.

2. Number of Labour Units

- 2.1 There shall be only one Labour Unit that caters to all 1st, 2nd and 3rd class patients. This would be in line with ICU and O.T. which are classless.
- 2.2 Individual rooms can be modified to suit the different types of cases e.g. pre-eclampsia.

3. Location of Labour Unit

- 3.1 It should be on the same floor and easily accessible to the A&E, General O.T., ICU and Special Care Nursery.
- 3.2 This is preferably on the 1st floor.
- 3.3 It is preferable that the entrance be easily accessible by car. There should be a separate road leading to the area on the ground floor which is under the labour unit.

4. First stage area

- 4.1 There should not be a separate first stage area anymore.
- 4.2 All patients in 1st stage of labour will be admitted direct to the Labour Unit and will be there until delivery.

5. Husbands to accompany

- 5.1 Husbands are encouraged to be accompany the patient throughout the labour but this will be at the discretion of the attending specialist.
- 5.2 A consent form for husbands is to be considered to absolve the staff from any harm sustained during his stay in the Labour Unit.

6. Operational Procedures

6.1 Admission

- 6.1.1 Any patient that presents for admission will be assessed in the assessment/examination room.
- 6.1.2 Patients in labour will be admitted to the Labour Unit.
- 6.1.3 Patients not in labour but has specific problems will be admitted to the antenatal ward.
- 6.1.4 Patients in whom labour cannot be clearly excluded will be observed for a few hours in observation area.

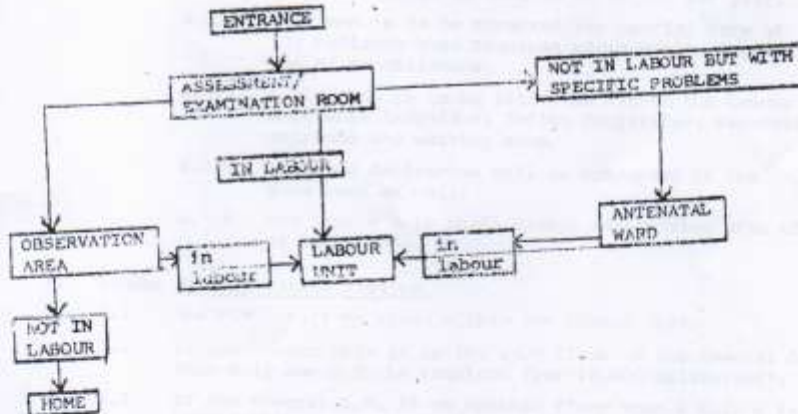
6.1.5 Patients not in labour will be sent home.

6.2 Examination

6.2.1 This will be done by the doctor in the examination room.

6.2.2 The examination room is adjacent to the Labour Unit.

PATIENT FLOW IN LABOUR UNIT



6.3 Observation Area

6.3.1 This area is adjacent to the examination room and Labour Unit.

6.3.2 It will consist of at least 2 labour beds and sofas for patients to rest.

6.3.3 Husbands should be allowed here.

6.4 Waiting Area

6.4.1 There should be a waiting area with chairs and cushions for relatives of the patient near to the Labour Unit.

6.5 Labour Unit

- 6.5.1 Individual rooms for patients are recommended for privacy. The assembly line concept is to be done away with for future planning.
- 6.5.2 This room should be at least a minimum of 10 x 13 feet in size.
- 6.5.3 2 rooms will share one toilet facility.
- 6.5.4 These should be one room for every 600 deliveries.
- 6.5.5 The ideal maximum number of deliveries per hospital should be limited to 10,000 per year.
- 6.5.6 One room is to be reserved for special care of ill patients that requires close monitoring and use of ventilators.
- 6.5.7 A VIP room is to be allocated within the Labour Unit with individual toilet facilities, separate entrance and waiting room.
- 6.5.8 Assisted deliveries will be conducted in the same room as well.
- 6.5.9 The Labour Unit shall have a circulation area of at least 40%.

7. Labour Unit Operation Theatre

- 7.1 The O.T. shall be sited within the Labour Unit.
- 7.2 If the Labour Unit is on the same floor as the General O.T. then only one O.T. is required (per 10,000 deliveries).
- 7.3 If the General O.T. is on another floor then 2 O.T.'s in Labour Units are required, one to cater for emergencies.

8. Components of Labour Unit

- 8.1 With reference to memo from KKM Bahagian Perancangan dan Pembangunan Fail (7) dlm KPM 65/1/24/10 dated 18.5.1990 on Operational Policies for Labour Room Subsection 8.0, all items apply except for separate 1st stage area and separate eclampsia room. These need not be separate and should be incorporated in the main labour unit.

9. T.S.S.U.

- 9.1 There is no need to have a separate TSSU in Labour Unit.

10. General Hospitals/District Hospitals

- 10.1 The above criteria apply to both types of hospitals.



11. Staffing and Equipments

11.1 A hospital list of staffing norms and standard equipment list is enclosed.

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