Appendix 2

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

A meeting was held in Johor Bahru on 4th March, 1990, to formulate an Operational Policy for Labour Units in the country. This meeting was preceded by a visit to both the labour wards 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 DAS HKL,
Dr. Alex Mathew - Ketua Jabatan DAS HKM,
Dr. N. Sivathyan - Fokus Jabatan DAS, Ipoh,
Dr. Shekumar Dhan - Fokus Jabatan DAS, Penang,
Dr. Rajendran - Fokus Perunding BD TTDI,
Dr. C. Chothia - Fokus Clinical, MNK,
Dr. Lim Soon Foo - Bhs. Pemanggungan, KM,
Dr. Shafiee - Bhs. Hospital, KM,
Dr. Noor Jumaat - Fokus Jabatan DAS, UTM,
Assoc. Prof. W. S. Ismail - Fokus Jabatan DAS, UTM,
Assoc. Prof. M. K. Ibrahim - Fakulti Klinikal, UPM,
Assoc. Prof. V. K. M. Maliah - Fakulti Klinikal, UTM.

This meeting was a follow up to the perundingan Pengarah DAS in Kuala Lumpur held in December 1989 where the recommendations were tabled and accepted by the Kumparan. I hope the following recommendations will be taken into consideration and I 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 Ward, 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 cleanless.

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 OT, 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 directly 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 problem 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.

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 room 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 all 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 fitted 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 KPM Perancangan dan Pembangunan Puskesmas (7) on Subsection 5.0, all items apply except for separate lab/stage area and separate delivery room. These need not be separate and should be incorporated in the main labour unit.

9. T.R.S.W.

9.1 There is no need to have a separate T.R.S.W in Labour Unit.

10. General Hospitals/District Hospitals

10.1 The above criteria apply to both types of hospitals.
11. Staffing and Equipment

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

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