



長庚醫療財團法人  
Chang Gung Medical Foundation

# Improving the safety of emergency treatment of mothers and baby in delivery room

Meng Chen-Hsieh(Head nurse) 、 Heng Feng-Cheng(Nursing supervision) 、  
Pei Chi-Liu(Nurse educator) 、 Li Chen-Chen(Nursing deputy director)

## ABSTRACT

Pregnant women may be due to high-risk pregnancy symptoms, production with combined with production room, emergency investigation process, emergency caesarean section, prevent premature infants who have children's birth process standard care process, can improve the construction and team emergency disposal safety Cooperation and continuity, further protect the health of maternal and infant.

## CONTACT

**Meng Chen-Hsieh**  
**Chang Gung Memorial Hospital**  
**jane0117@cgmh.org.tw**  
**03-3281200#8563**  
**<http://lnkwww.cgmh.org.tw>**

## INTRODUCTION 、 METHODS AND MATERIALS

(1) Establish the informational operation process of medical examination and injury care of pregnant women over 20 weeks of pregnancy, including the scope, objects, evaluation and records that should be completed, emergency inspections in Taiwan, Taiwan Triage and Emergency Scale (TTAS) online nursing record standard to help women quickly obtain complete care, and list correct rate of injury detection as routine monitoring item (2) Establish a standard procedure for cesarean section treatment in delivery room: Establish Standard procedures for emergency assisted abdominal part delivery treatment in the delivery room (teamwork, youth/contact information distribution, NRP first aid training, centralized material planning), coordinate with neonatology and anesthesiology, organize education training and practice drills, environmental settings and accessibility of age channels, Quickly assist delivery within 1 minute, from preparing for cesarean section

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to newborn delivery within 10 minutes, and nursing within one year of employment. (3) Establish delivery rooms and transfer premature babies to prevent body temperature loss, adjust the layout of fabric products in the heating box of the delivery room, and produce low body temperature warning placards and posters to increase use Polyethylene bags, set up heat preservation equipment in the delivery room and formulate supplementary mechanisms to integrate various heat preservation instructions.

## RESULTS

(1) The time from the emergency room to delivery room was shortened from 15 to 7 minutes; the completeness of medical records was increased from 66% to 98%; the recognition of TTAS increased by 68% to 96%; 100% of nurses in delivery NRP certificate. (2) The time from entering cesarean section of birth 100% within 10 minutes, and newborn Apgar Score > 7 increased from 75% to 92%. (3) The incidence of hypothermia after birth in preterm infants dropped from 39% to 18.8%.

## GRAPHS AND TABLES



Combined with production room emergency process informationization

Prevention of Hypothermia preterm care

## DISCUSSION & CONCLUSIONS

Therefore, the coping ability of nurses in the delivery room is improved, so that pregnant women can receive safe, fast and accurate assessment and care. When there is an emergency condition, it is necessary to grasp the production of the baby's time-saving gold, maintaining the body temperature of premature infants in the normal range, and can improve the survival rate of premature infants, avoiding the threat of life due to low body temperature.