

Cases

Case 1 PET

- You are called to the antenatal floor to see a pt with a BP of 160/110
- 18 y/o primip
- Admitted at 37 wks 2 days ago
- BP 140/90, 150/98, 2+ prot
- 24 hr urine pending
- BW N
- BP 160/114 HR 92
- Feels awful, headache
- RUQ tender
- Reflexes 3+
- Pv 2 cm 70%
- Management?
- BP control
- Repeat bloodwork
- Delivery-induction vs c-section?
- MgSo4?
- Prior to the antihypertensive you were going to give the pt, she begins to seize...
- Management:
 - Call for help
 - MgSO4 4g bolus iv>>1g/hr
 - O2
 - Pt on her side
 - Mouth guard

Case 2

- You arrive to take call at 5 pm. The pt in room 1 has been laboring since yesterday morning.
- 32 y/o G2P1 induced for postdates at 41 weeks.
- Healthy pregnancy, no GDM
- Previous SVD 8 lb 4 oz babe
- Fully dilated since noon
- The nurses have taken her to the back room for forceps
- Deliver the head over 2 contractions with T-M forceps
- “turtle” sign
- You can’t reach the anterior shoulder and the baby’s face is getting bluer...
- Management:
 - Call for help, anesthesia, episiotomy
 - McRobert’s manoeuvre
 - Suprapubic pressure
 - Post shoulder to oblique
 - Deliver the posterior arm
 - Wood’s corkscrew manoeuvre
 - Zavanelli manoeuvre (cephalic replacement)

Case 3

- 32 y/o G7P6 was delivered at home by a midwife. She is being brought in by ambulance for profuse bleeding.
- BP stable, HR 82
- On assessment: stable hemodynamically, placenta in situ, cord avulsed, still bleeding
- Ivs in place
- Management
 - ABCs
 - Group and X-match, CBC, INR
 - Anesthesia
 - Prepare for OR (manual removal)
 - Beware accreta, inversion
 - Uterus still boggy after removal...

Case 4

- Your resident in the DR asks you to rupture membranes on a pt waiting to be induced for postdates.
- You can't feel the presenting part but the cx is dilated 4 cm and you easily rupture the membranes...
- You feel something slimy and pulsating fall into your hand as it leaves the vagina...what is it? And what now??

Case 5

- A 24 y/o pt at 32 weeks presents with painful vaginal bleeding of a moderate amount.
- Her pregnancy has been complicated by HTN and heavy smoking.
- What does your initial assessment and investigation include?

Case 6

- A 21 year old primip presents for a routine antenatal visit at 28 weeks. You remark that the fetus is in a breech position and she immediately is worried that she will end up with a cesarean section. How would you counsel her at this stage?
- How would your discussion differ if she presented at 36 weeks?