Obstetric Management Training

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Shoulder Dystocia, occurring in more than 1% of deliveries, is often unanticipated and considered a primary cause of perinatal mortality and morbidity, and maternal morbidity. ACOG Practice Bulletin: Shoulder Dystocia, No. 40, Nov. 2002

Postpartum hemorrhage occurs in 10 – 15% of women after delivering and is a leading cause of maternal death. Bateman et al, 2010 It is responsible for 10-12% of maternal deaths in the US. Evenson et al. 2017

Preeclampsia and hypertensive disorders of pregnancy affect up to 10% of all pregnancies worldwide and is a leading contributor to prematurity. In the United States, these disorders have increased by 25% over the past 2 decades, accounting for a 17% maternal mortality rate. It is estimated that there would be a 50-70% reduction in maternal morbidity and mortality with improved recognition, diagnosis and treatment of these disorders, especially preeclampsia (CMQCC, 2014).

Maternal Sepsis accounts for up to 28% of maternal deaths and 15% of ICU admissions. It is estimated that 63% are preventable (CMQCC, 2020).

Antepartum Hemorrhage

Risk factors of APH

Main Causes of APH - placenta previa, placental abruption and vasa previa.

The principles of APH management

Cord Presentation and Prolapse

Risk factors of Cord Presentation and Prolapse

Identification/Recognition of Cord Presentation and Prolapse

Management of Cord Presentation and Prolapse

Postpartum Hemorrhage

Risk factors of PPH

Main causes of PPH

The principles of PPH management

Updated definitions in accordance with ACOG and CMQCC\* Guidelines

An explanation of QBL- the use of quantified blood loss evaluation, for standardized care and improved outcomes

Staging of hemorrhage defined

Active Management of Third Stage Labor (AMTSL) redefined as recommended by ACOG, CMQCC, and AAP to support delayed cord clamping benefits for the newborn, and decrease risk of PPH

Introduction to the use of Tranexamic Acid (TXA), in accordance with 2017 ACOG and 2017 CMQCC (California Maternal Quality Care Collaborative) recommendations to improve maternal outcomes in PPH

Shoulder Dystocia

Definition and Causes of Shoulder Dystocia

Maternal and Neonatal Complications

Management and Maneuvers

Post-Partum Care and On-going

Risk Management

Uterine Rupture/Inversion

Risk factors of Uterine and Inversion

Incidence of Uterine and Inversion

Complications of Uterine Rupture and Inversion

Recognition of Uterine Rupture and Inversion

Management of Uterine Rupture and Inversion

Hypertensive Disorders of Pregnancy

Definitions of hypertensive disorders in accordance with ACOG and CMQCC\* Guidelines

A discussion of the effects of hypertension and preeclampsia on maternal and fetal systems

Review of preeclampsia symptoms respective of organ system involvement

Discussion of lab values, medication regimens, fetal surveillance and timing of delivery

Role of magnesium sulfate, seizure prophylaxis, and management of eclampsia

Prevalence of hypertensive disorders in the postpartum period and the role of consistent patient education

Maternal Collapse

Causes of Maternal Collapse

Changes in anatomy and physiology during pregnancy

Use of an Early Warning System to detect the deteriorating woman

Use of the DRSABCD mnemonic and its application in pregnancy

Changes that occur during pregnancy and how they can affect effective resuscitation

Maternal Sepsis

Progression of Infection, Sepsis and Septic shock

Risk factors contributing to maternal sepsis

Physiological changes of pregnancy that can mask signs of sepsis

Causes of maternal sepsis

Sources and symptoms of maternal sepsis

Use of an Early Warning System, screening for maternal sepsis

Initiating a Sepsis Bundle

Managing Sepsis

Sequalae of Sepsis

Prevention