CASE DISCUSSIONS

CASE 1

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 maneuvre
- Suprapubic pressure
- Post shoulder to oblique
- Deliver the posterior arm
- Wood's corkscrew maneuvre
- Zavanelli maneuvre (cephalic replacement)

CASE 3

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??