

SMALL GROUP TEACHING: OBSTETRIC EMERGENCIES

Case 1: Pre-Eclampsia/Eclampsia

Reference: RANZCOG Guideline for Mx of Hypertensive Dsd of Pregnancy, 2014

Stem:

32 year old woman, previously healthy, G1P0 , currently 34/40, natural conception, thus far uncomplicated pregnancy, presents c/o 2/7 headache, vomiting (no diarrhoea) and vague RUQ pain. Also c/o oedema to feet worse than previous. No lower abdominal pain, no PV loss, normal foetal movements. No fevers perceived.

Question 1: WHAT ARE THE IMPORTANT DIFFERENTIAL DIAGNOSES FOR THIS PRESENTATION?

Question 2: WHAT FEATURES ARE IMPORTANT IN FURTHER HISTORY AND EXAMINATION?

Question 3: WHAT INVESTIGATIONS CONFIRM DIAGNOSIS AND ASSESS SEVERITY?

FURTHER CASE INFORMATION:

BP 160/115, HR 115, Sats 95% RA, RR 28, Temp 37.0

Papilloedema and Clonus present, Tender RUQ, Pitting Oedema to mid calf

No focal neurology, GCS 14 (eyes closed, distracted by headache)

Question 4: WHAT ARE THE MANAGEMENT PRIORITIES AT THIS POINT

PROGRESS OF STEM:

While you are preparing infusions and calling the O+G Registrar, the patient goes into a generalised tonic-clonic seizure.

Question 5: WHAT ARE YOUR MANAGEMENT PRIORITIES AT THIS POINT?

Case 2: Post Partum Haemorrhage

Reference: RANZCOG Guidelines on Management of PPH, 2015

Stem:

29 year old, 70kg woman, gave birth via normal vaginal delivery 6/7 ago (3rd degree perineal tear repaired at the time). Term infant is well. Initially mild ongoing PV bleeding, very heavy (1 pad per hour in last 4 hrs) with clots today. Pt c/o lower abdominal pain, chills and dizziness.

BP 100/65, HR 110, RR 24, Sats 100% RA, Temp 38.0.

Her pad is soaked with large clots and the vaginal bleeding is brisk on external perineal examination.

Estimated blood loss: 1200mL in last 24 hrs

Question 1: WHAT ARE YOUR MANAGEMENT PRIORITIES AT THIS POINT?

Case 3: Complications of Labour: Cord Prolapse

Reference: RANZCOG Guidelines for Management of Umbilical Cord Prolapse: 2008

Stem:

36 year old multiparous woman (G6P5) presents in the advanced stages of labour, distressed and states she wants to push.

HR 110, BP 125/85, Sats 100% RA, RR 30, Temp 36.5

Sterile manual vaginal examination reveals a dilated cervix (10cm), head engaged and Cord Prolapse (intravaginal, no visible externally)

Question 1: WHAT ARE YOUR MANAGEMENT PRIORITIES AT THIS POINT?