

OB Admission/Assessment History

ID, age, GTPAL, EDD/LMP/GA, CC, HPI

Contractions: onset, frequency, duration, intensity

Bleeding: colour, amount, clots, pain, trauma

ROM: time, volume (gush/trickle), color, fever/chills, abdo tenderness

Fetal movement present/absent

Hx of current pregnancy: complications, infection, GHTN, GDM, ultrasounds (when?, presentation, placenta, amnio) Bloodwork: type, Rh, Rubella, Hep B/C, HIV, VDRL, MSS, GBS. **Women in labour need a stat HIV and blood type if not done.**

OB Hx: date, term?, labour duration, route (SVD/AVD/LSCS), complications, weight, pregnancy complications.

GyneHx: last pap? Ab/N?, Hx of PID/STI, abdo/pelvic surgery

SurgHx: thyroid, cardiac, asthma, renal

MedHx, Allergies, Medications

SocialHx: smoker/EtOH/drugs, support, abuse.

Admission Orders

1. DAT, clear fluids in active labour
2. AAT
3. VSR
4. (IA/EFM) for fetal surveillance

Indications for Intrapartum EFM

Fetal: abnormal FHR on auscultation, IUGR, premature, oligohydramnios, isoimmunization, multiple pregnancy, breech, meconium stained amniotic fluid

Maternal: hypertensive disorders of pregnancy, insulin-dependent DM, antepartum hemorrhage, significant maternal medical disease, maternal MVA/trauma, TOLAC, BMI > 35, PTL, post-term (>42 weeks), vaginal bleeding in labour, chorioamnionitis, IOL/augmentation with oxytocin, PROM (> 24 hours at term)

Analgesics in Pregnancy/Labour

Morphine 10-15 mg IM Q4H + Gravol 50mg IM once

Tramacet 37.5/325mg PO QID PRN (safe in breastfeeding)

Antiemetics in Pregnancy/Labour

Gravol 25-50mg PO/IV/IM Q4H

Maxeran 10mg IV/IM Q4H

Phenergan 12.5-25mg PO/IV/PR QID

Ondansetron 8-16mg SL or 4mg IV

GBS Positive in Labour

Pen G 5 million units IV, then 2.5 million units IV Q4H

OR, Ampicillin 2g IV then 1g QID

OR, Clindamycin 900mg IV TID until delivery

Treat for GBS if:

1. Previous GBS-infected baby
2. GBS bacturia
3. GBS unknown AND:
 - < 37 weeks GA
 - intrapartum fever
 - ROM > 18hrs
4. GBS positive

Goal is one dose on board at least 4hrs before delivery.

MERCER Protocol PPROM <36 weeks (FFN first if <34wks)

- Ampicillin 2g IV QID for 48hrs, then Amoxil 250mg PO TID x 5/7 AND
- Erythromycin 250mg IV TID for 48hrs, then 250mg PO TID x 5/7

Gestational Hypertension

Treat at BP 170-160/105-110

Goal BP 140-155/90-105

- $MgSO_4$: 4g IV bolus, then 1g IV Q1H

- **Labetolol (works in 5-10min, last 3-6hrs):** 10mg IV push over 2min, then every 10min: 20mg IV push, 40mg IV push, 80mg, 80mg. Max 300mg. CI: asthma, bradycardia, cocaine, AVB.

Once BP controlled: labetolol 200mg PO BID or nifedipine 10mg PO TID.

- **Nifedipine (Adalat) (works in <30min, lasts 5hrs):** 5mg PO (chew & swallow), then 5-10mg Q30min. Side effects: flushing, headache, palpitations, tocolysis

- **Hydralazine (works in 10-20min, lasts 3-6hrs, risk of hypotension):** 5mg IV test dose then 5-10mg IV Q20min, max 30mg OR IV infusion at 0.5-10mg/hr.

Intrauterine Resuscitative Measures

Maternal repositioning (repeated)

Decrease/discontinue oxytocin infusion

Increase main live IV rate

Correct hypotension, if present

Vaginal exam: scalp stimulation (intrapartum only), elevation of presenting part if prolapsing cord

O2 at 8-10L/min/mask

Nitroglycerine for uterine hyperstim with bradycardia

Progress Note

Contractions: frequency, duration, oxytocin? (rate?)

Analgesia

FHR: Baseline, variability, accels, decels (interpretation: normal, atypical, or abnormal)

V/E: Dilation, effacement, station, position, consistency, moulding

A/P: Progress/no progress. R/A in 2hrs. ARM, Synto, expect SVD

Delivery Note

Age, GTPAL woman delivered a viable GA male/female infant via SVD/AVD at 0800.

Spontaneous labour/induced with Cervidil/Synto (reason?). PROM? Intrapartum fever? Mec? AVD with forceps/vacuum (# pulls?), reason?. Nuchal cord? (cut and clamped, pulled over), position LOA.

Infant APGARs 9 and 9. NICU called/present for delivery. Infant stable / taken to nursery/NICU.

Cord gases taken. Placenta delivered spontaneously, intact, 3VC.

Laceration (where? 1st, 2nd, 3rd, 4th) Repaired with? (2-0, 3-0 chromic, vicryl). EBL < 500ml.

Drs in attendance.

Postpartum Note

Bleeding Blues (postpartum depression)

Bowel Belly (LSCS)

Bladder Baby (contraception)

Breathing (DVT) Breastfeeding (latching? tongue-tied?)

Pain? Fever? Mobility? Abdomen SNT? (if LSCS)

PPH

empty bladder, massage fundus

Oxytocin 40 units/L IV wide open (150ml/hr)

Oxytocin 10 units IM

Cytotec / Misoprostol 800mcg PR OR 400mg SL OR 200mg PO

Hemabate 250mcg IM or intramural Q15min, max 8 doses

Infections

UTI in Pregnancy

Amoxiclav 500mg BID x 7/7
Macrobid 100mg BID x 3-7/7 (avoid after 36 weeks)
Cefixime 200mg BID x 7/7
Bactrim DS 1 tab BID x 3/7 (*2nd trimester only*)

Asymptomatic Bacturia

Amoxicillin 500mg PO TID x 3-7/7

UTI (Not pregnant)

Amoxiclav 500mg BID x 7/7
Cipro 250mg BID x 3/7 or 500mg daily x 3/7
Bactrim DS 1 tab BID x 3/7
Macrobid 100mg BID x 5/7

Intrapartum Fever

Cefoxitin 2g IV stat x 1 — no subs, then 1g TID OR
Ancef 2g IV QID + Flagyl 500mg IV TID
(continue 24hrs postpartum and afebrile)

Endometritis (Not pregnant)

Cipro 500mg PO BID + Flagyl 500mg PO BID, OR
Clindamycin 900mg IV TID + Gentamicin 90mg IV daily

PID (inpatient tx)

Cefoxitin 2g IV QID + Doxycycline 100mg PO BID, OR
Clindamycin 900mg IV TID + Gentamicin 2mg/kg IV/IM
loading dose then 1.5mg/kg IV TID

Chlamydia

Doxycycline 100mg PO BID x 7/7 OR Azithromycin 1g PO
x single dose if poor compliance expected

Gonorrhea

Cefixime 400mg PO single dose + treat Chlamydia as well
empirically

Herpes

First episode:
Acyclovir 200mg PO 5 times daily x 5/7 OR
Famciclovir 250mg PO TID x 5/7 OR
Valacyclovir 1000mg PO BID x 10/7

If severe: Acyclovir 5mg/kg IV infused over 60min every
8 hours

Recurrent:

Acyclovir 200mg PO 5 times daily x 5/7 OR
Famciclovir 125mg PO BID x 5/7 OR
Valacyclovir 500mg PO BID x 3/7

Suppressive therapy (not pregnant):

Acyclovir 400mg PO BID, OR
Famciclovir 250mg PO BID, OR
Valacyclovir 500mg PO daily (1000mg if >9 episodes/year)

Suppressive therapy:

Acyclovir 400mg PO QID, OR
Famciclovir 250mg PO TID, OR
Valacyclovir 500mg PO BID

Bacterial Vaginosis

Flagyl 500mg PO BID x 10-14/7 OR
Metronidazole Gel 0.75%, one application PV daily x 10/7

Trich

Flagyl 500mg PO BID x 7/7 OR 2g PO single dose

Candida

Fluconazole 150mg PO single dose
If recurrent, repeat Q3D for 3 doses

Wound infections

Keflex 500mg PO QID OR
Clindamycin 300mg PO TID

Other Meds

GERD / Reflux (safe in pregnancy)

Ranitidine 150mg PO BID

Pre-op Prophylaxis

Ancef 2g IV on call to OR
Ranitidine 150mg PO/IV
Maxeran 10mg PO/IV
Sodium citrate 30mg PO

Others:

Indomethacin supp. 100mg PR BID
Ferrous gluconate 300mg BID (if Hgb < 100)
Folic acid 5mg PO daily (Hgb < 80)