

Labor & Delivery Cheat Sheet

Blood Pressure Disorders

Gestational HTN	≥140/90, x2 at least 4 hours apart after 20 weeks GA	No tx if <160/110; Delivery at ≥37 ^o
Chronic HTN	≥140/90 prior to 20 weeks GA	Treatment indicated if bp persistent ≥140/90
Pre-eclampsia w/o SF	BP ≥140/90, PCR ≥0.3, 24h urine PCR >300	Admit, induction at time of diagnosis if ≥37 weeks
Pre-Eclampsia w/ SF	BP ≥160/110 x2, minutes apart, PCR >0.3, Cr >1.1, plt <100k, LFTs >2 ULN, headache unresolved with Tylenol, SOB 2/2 pulmonary edema, visual disturbance, RUQ pain	Start IV MgSO ₄ , Induce at time of diagnosis, can wait til 34 weeks pending maternal and fetal status

Triage High Yield Problems

Condition	Management
Labor Check R/O Rupture	SVE, observe for 1-2 hrs, then recheck. UA, fluids
Preterm Labor	SSE- Pooling, Nitrazine, Ferning. Can do ROM plus if indeterminate, consider AFI if still indeterminate
Decreased Fetal Movement	NST, water and food, have patient use button, optional bedside US vs formal BPP
Vaginal Bleeding	SSE, Determine location of placenta prior if need SVE. RH status? Last intercourse? Trauma? Previa?
Blood pressure	Labs: CMP, CBC, pr/cr, Treat SR BP, admit for obs?
Nausea and vomiting	Treat with IV meds and fluids if not tolerating PO, NST
Headache	Determine cause, check BP; Can try- Reglan, Benadryl, compazine, fioricet

HGB	Treatment
<9	Iron infusion
<7	Blood Transfusion

Common Conditions for mIOL and suggested time of delivery

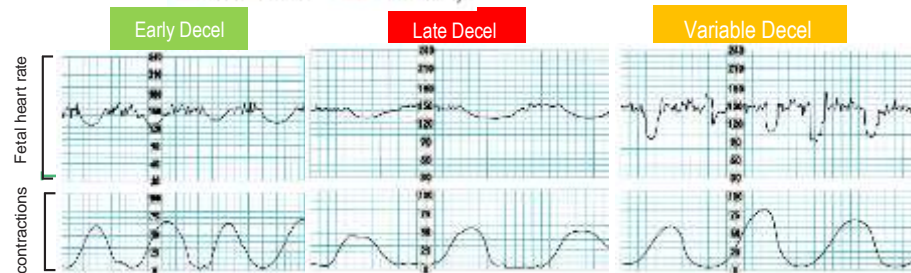
Placenta previa, prior classical	36 ^o -37 ⁶ weeks GA
Oligohydramnios	36 ^o -37 ⁶ weeks GA
Polyhydramnios (mild)	39 ^o -40 ⁶ weeks GA
IUGR	<3 rd %tile: 37 ^o 3 rd -10 th %tile: 38 ^o -39 ^o Concurrent conditions: 34 ^o -37 ⁶
GHTN, controlled	37 ^o , or at diagnosis if later GA
Chronic HTN	Controlled w/o meds: 38 ^o -39 ⁶ Controlled w/ meds: 37 ^o -39 ⁶ Uncontrolled: 36 ⁶ -37 ⁶
Pre-eclampsia w/o SF	37 ^o , or at diagnosis if later GA
Pre-eclampsia w/ SF	34 ^o or at diagnosis if later GA
GDM	Controlled w/o meds: 39 ^o -40 ⁶ weeks GA Controlled w/meds: 39 ^o -39 ⁶ weeks GA Uncontrolled: individualized
PPROM	34 ^o -36 ⁶

Fetal Heart Tracings

Categories of FHT

Define risk	Variable Decelerations	Cord Compression
Contraction	Early Decelerations	Head Compression
Baseline rate	Accelerations	OK (normal fetal oxygenation)
Variability	Late Decelerations	Placental Insufficiency
Acceleration		
Deceleration		
Overall		

Category	Description
I	Normal baseline 110-160, moderate variability and no variable or late decelerations (accels +/-)
II	Anything not category I or III tracing
III	Absent variability in the presence of recurrent variable decel, recurrent late decels, or bradycardia, or sinusoidal pattern



Stages of Labor

Stage	Description	Arrest
First Stage	Onset of labor (beginning of regular, painful contractions Q3-5 min) to complete dilation	No cervical change for ≥4h with adequate contractions (≥200 MVU in 10 min), ≥ 6h if inadequate contractions
	Latent phase	Onset of labor to 6cm
	Active phase	6cm-Complete dilation
Second Stage	Complete dilation to delivery of infant	Nullip: ≥4h w/epidural, ≥3 h w/o epidural Multip: ≥3h w/ epidural, ≥2h w/o epidural
Third Stage	Delivery of placenta, occurs within 30min after infant, signs of cord separation; cord lengthening, gush of blood, fundal rebound	If placenta in place after 30 minutes, will need to go back to OR for a D and E

Admitting a patient

1. Print prenatal records if available
2. Let attending/midwife know
3. Confirm vertex by BSUS
4. Place orders
5. Complete H and P

Induction Meds	Notes
Cytotec	Do not use if TOLAC, use q4h
Cervidil	Do not use if TOLAC, Leave in place for up to 12 hours
Foley/Cook	Leave in place for up to 12 hours
Pitocin	Recommended for Bishop Score>8

Augmentation: the process of stimulating the uterus to increase contractions after labor has begun

Induction: starting the process of labor before labor has begun

Terminology	Weeks
Previable	<23 6/7 weeks
Preterm	24 0/7 to 33 6/7
Late preterm	34 0/7 to 36 6/7
Term	37 0/7 to 40 6/7
Late term	41 0/7 to 41 6/7
Post dates	>42 0/7

Indications for cervical checks (not inclusive):

- q4h for cytotec placement
- FHR change
- patient is feeling more pressure
- need to asses if IV pain meds can be given

Pain management for Labor

Meds	Notes
Nitrous Oxide	Be sure to consent prior to use
IV stadol or nubain	Do not use if >7cm dilated
Epidural	Make sure to clear with attending

APGARS

	0 points	1 point	2 points
Activity	Absent	Flex Arm & Legs	Active
Pulse	0	< 100	> 100
Grimace	Floppy	Minimal	Prompt
Appearance	Blue / pale all over	Pink body Blue extremities (acrocyanosis)	Pink
Respiration	No breathing	Breathing slow & irregular, weak cry	Vigorous cry

APGARS Scoring & Interventions

7-10	No interventions, baby's doing well. Only routine post delivery care needed
4-6	Some resuscitation assistance needed: oxygen, suction, stimulate the baby, rub baby's back
0-3	Needs full resuscitation