

## OB Group I

**A 22 year old at 39 weeks gestation is in labor. She is 62” tall and weighs 220#. Two years ago she had a cesarean section (C/S) for failure to progress. This is her second pregnancy. She requests a vaginal birth after C/S. She has large breasts, a “short neck” and a “small mouth”. The resident who spoke to her on admission about anesthetic options graded her airway as an MP-2. Her hematocrit is 32% and her INR and platelets are normal. She is 4cm dilated and wants an epidural.**

Would you like further studies? (Which?) Would you place an epidural? (Why or why not?) What would you tell her about risks?

**A continuous epidural is placed successfully and she has good pain relief. Three hours later she has progressed to 7 cm but is now experiencing severe abdominal pain.**

Your response? Would you give a bolus (of what?) and increase the infusion rate? Would you give epidural fentanyl?

**Within 15 minutes the mother is tachycardic and her blood pressure has decreased to 90/40. The fetal tracing has become non-reassuring and shows late decelerations.**

What does the fetal monitor measure? What is the significance of the late decelerations? (What if these were early or variables decelerations?) Your response?

**The fetal tracing shows a persistent fetal bradycardia. The obstetricians wish to do an emergency repeat C/S for possible abruption, uterine rupture or uterine scar dehiscence.**

What are your anesthetic choices? (regional vs. general, awake intubation or asleep.

**The baby is delivered by C/S with an APGAR of 4, 7 and 7.**

What comprises the APGAR score and what do these scores mean? The estimated blood loss is 2500 ml. Would you transfuse? There are 2 units of “Type and Screened” blood available. Would you use this? What are the risks? Would you use type O neg instead? Would you wait for cross matched blood?

**After the placenta was removed, you injected 40 units of pitocin into a one liter bag of normal saline and are infusing this rapidly but the uterus is not contracting well. She is still bleeding briskly.**

The obstetrician orders first methergin and then “Hemabate”. How must these be given. What problems can arise. How about injecting 80 units of pitocin IV? Why not? The uterus is still not contracting and the obstetricians want to do a hysterectomy. The patient has lost another estimated 1000 ml of blood. She has a heart rate of 125 and a blood pressure of 75/35. Your response? Proceed with surgery? Wait? (for what? And to do what in the mean time?)

