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Second Edition

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Edited by

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This book would not have been possible without the constant support of my wife and three sons. Katie has supported our family and my career in obstetrics through the long days and longer nights while completing her Master's in Education degree and continuing to teach. It was seeing her experience complications in labor with our first child that inspired me to write this book. And, every day since then, Tyler, Conner, and Jake are a constant reminder of why this book is needed.

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Preface

There are few experiences in medicine that are more emotionally charged than the delivery of a child, and almost nothing is more rewarding than taking care of a pregnant patient and being able to place a healthy baby into her arms. To achieve this, every person on the labor and delivery unit must do their job. Every resident, nurse, staff member, and student plays a critical part in ensuring the best outcome possible.

On obstetric rotations, however, providers are placed in a fast-paced environment where there is often minimal time for instruction in the procedures performed and little explanation of why certain treatment plans are made. Similarly, when first working on labor and delivery, providers are expected to be able to perform many “basic” tasks and examinations for which there are no good teaching references available – or, if there are, they are buried in the middle of a large and cumbersome reference book. When you add to this the common variations in clinical practice patterns, you have the perfect setup for confusion as you try to learn how to take care of laboring patients.

This book is intended to bridge the gap between small handbooks that do not contain enough material to understand why you are doing certain things and large textbooks that lack the practical information you need for how to do specific procedures, and write notes, orders, and dictations. After reading it, you will be prepared to care for an obstetric patient from the moment she arrives in triage until the time she is discharged. You will understand not only how to perform both simple and complicated procedures, but why they are necessary. The most up-to-date literature and evidence-based recommendations have been used to create simple treatment algorithms for the most common issues you will face, and numerous illustrations are included for clarity as well.

This book should also be a valuable resource for staff physicians who need an updated text on current obstetric care, as well as for those who regularly interact with and teach residents, medical students, and nursing students.

In just the past few years, since the publication of the first edition of this book, there have been important changes in the practice of obstetrics. Some of the most notable include expanding the use of steroids for fetal lung maturity, new definitions for progress in labor, and more evidence-based guidelines for cesarean section techniques. For these reasons, the second edition has been updated to include the most recent literature and evidence for these and many other facets of obstetrics. What has not changed, however, are the basic principles that are included in this manual. The need for a solid foundation of practical knowledge will never go away, and this new edition retains this mission at its core.

You have the opportunity and privilege to be part of one of the most important moments in your patients’ lives on every shift, and also the responsibility to do your job well. This book is the place to begin. Welcome to the adventure, and thank you for all you do for each and every patient.

Acknowledgments

A project of this magnitude does not happen without a dedicated team. I would like to thank each of the authors who gave of their time and energy to assist in updating this book. Despite their busy schedules, they each made it a priority to take part in this important project. I know that every provider who reads it and all the patients they take care of will be grateful for it as well.

I have greatly appreciated the feedback of many students, residents, nurses, and other staff since the first edition was published, and they have provided the impetus for many of the improvements that have been made in this second edition. Receiving all their comments has not only reinforced the notion that the book is needed more than ever, but it has demonstrated how important it is to keep it firmly grounded in the experiences of the providers who are working on labor and delivery every day.

I would also like to recognize the team at Cambridge University Press. Whether helping me to navigate through the process or gently reminding me of deadlines, they were instrumental in bringing this book to its final publication.

Abbreviations

ABD	abdomen
ACOG	American College of Obstetricians and Gynecologists
AFI	amniotic fluid index
ALL	allergies
ALT	alanine transaminase
AROM	artificial rupture of membranes
ART	assisted reproductive technologies
AST	aspartate transaminase
AV	arteriovenous
BMI	body mass index
BP	blood pressure
bpm	beats per minute
BPP	biophysical profile
CBC	complete blood count
CNS	central nervous system
CPAP	continuous positive airway pressure
CSF	cerebrospinal fluid
CST	contraction stress test
CTA	clear to auscultation
Ctx	contractions
D&C	dilation and curettage
DIC	disseminated intravascular coagulation
DM	diabetes mellitus
DBP	diastolic blood pressure
DTR	deep tendon reflexes
DVT	deep venous thrombosis
EBL	estimated blood loss
ECG	electrocardiogram
ECV	external cephalic version
EDD	estimated date of delivery
EFW	estimated fetal weight
EGA	estimated gestational age
ETT	endotracheal tube
EXT	extremities
FAVD	forceps-assisted vaginal delivery
fFN	fetal fibronectin
FGR	fetal growth restriction
FHR	fetal heart rate
FKC	fetal kick counts
FM	fetal movement
FSE	fetal scalp electrode
GABA	gamma-aminobutyric acid

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GBS	group B streptococcus
GC	gonorrhea
GHTN	gestational hypertension
GU	genitourinary
H&P	history and physical examination
Hct	hematocrit
HEENT	head, eyes, ears, nose, and throat
HELLP	hemolysis, elevated liver enzymes, low platelet count
Hgb	hemoglobin
HIV	human immunodeficiency virus
HR	heart rate
HSV	herpes simplex virus
HTN	hypertension
IM	intramuscular
I/O	intake/output
IUD	intrauterine device
IUFD	intrauterine fetal demise
IUP	intrauterine pregnancy
IUPC	intrauterine pressure catheter
IV	intravenous
LARC	long-acting reversible contraception
LDH	lactate dehydrogenase
LE	lower extremity
LF	low forceps
LFT	liver function test
LMP	last menstrual period
LOA	left occiput anterior
LOP	left occiput posterior
LR	lactated Ringer's
MDI	metered-dose inhaler
MLE	midline episiotomy
MSV	Mauriceau–Smellie–Veit
MTP	massive transfusion protocol
MVP	maximum vertical pocket
MVUs	Montevideo units
NICU	neonatal intensive care unit
NKDA	no known drug allergies
NPO	nil by mouth (<i>nil per os</i>)
NRNST	non-reactive NST
NS	normal saline
NSAID	non-steroidal anti-inflammatory drug
NST	non-stress test
NTTP	non-tender to palpation
OA	occiput anterior
OCP	oral contraceptive pill
OF	outlet forceps
OP	occiput posterior

OR	operating room
PCA	patient-controlled analgesia
PCN	penicillin
PDS	polydioxanone (suture)
PE	pulmonary embolism
PID	pelvic inflammatory disease
PLTCS	primary low transverse cesarean section
PMH	past medical history
PNV	prenatal vitamin
PO	by mouth (<i>per os</i>)
PPH	postpartum hemorrhage
PPV	positive-pressure ventilation
PR	per rectum
PRBCs	packed red blood cells
Pre-E	preeclampsia
PRN	as needed (<i>pro re nata</i>)
PROM	premature rupture of membranes
PPROM	preterm premature rupture of membranes
PSH	past surgical history
PT	prothrombin time
PTL	preterm labor
PTT	partial thromboplastin time
RBC	red blood cell
RLTCS	repeat low transverse cesarean section
RNST	reactive NST
ROA	right occiput anterior
ROM	rupture of membranes
ROP	right occiput posterior
RRR	regular rate and rhythm
RUQ	right upper quadrant
SAA	same as above
SBP	systolic blood pressure
S/P	status post
SQ	subcutaneous
SROM	spontaneous rupture of membranes
SSE	sterile speculum exam
STAT	urgent priority
SVD	spontaneous vaginal delivery
SVE	sterile vaginal exam
SVT	supraventricular tachycardia
TAP	transversus abdominis plane
TOLAC	trial of labor after cesarean
UO	urinary output
US	ultrasound
VAC	vacuum delivery
VAVD	vacuum-assisted vaginal delivery
VBAC	vaginal birth after cesarean

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xiv	List of Abbreviations
VS	vital signs
VTE	venous thromboembolism
WBC	white blood cell
WNL	within normal limits
WPW	Wolff–Parkinson–White