Episode 55: Term Pregnancy Part 2

On this episode: Dr. Jed Wolpaw With Dr. Mike Hofkamp

In this episode, episode 55, I welcome back frequent guest of the show Dr. Mike Hofkamp to pick up where I left off last time with Dr. Jacqueline Galvan as we discuss problems that can occur with pregnancy at term (part 2) including complications of labor and delivery.

Part 1

Questions & Notes

Click → jump to answers/notes.

EMBOLIC DISORDERS

Amniotic fluid embolism (AFE)
- Presentation and diagnosis of AFE?
- Management of AFE?

Pulmonary embolism

Septic pulmonary vein thrombosis
- Presentation?

Treatment

What is ASRA guideline for..
- Heparin 5,000u BID
- Prophylactic Lovenox
- Therapeutic Lovenox

BLEEDING/HEMORRHAGE

Placenta previa
- Presentation?
- Treatment?

Placenta abruption
- Risk factors?
- Should you worry about epidural masking abruption?
- Complications
- Monitor/management

Uterine rupture
- Presentation?
- Management?
- Anesthesia

Vasa previa
- Management
- Diagnosis

Postpartum hemorrhage
- Most common cause?

Placenta accreta
- Risk factors?
- Diagnosis?
- Management?

CORD PROLAPSE

RETAINED PLACENTA

BREECH PRESENTATION

MATERNAL CPR

Embolic Disorders

Amniotic fluid embolism (AFE)

1:06

- Fluid enters blood stream → immunologic response
- Misnomer: immunologic cascade, NOT embolic
- 12% maternal mortality
- Biphasic response
    - 1st phase
        - Pulmonary vasospasm
        - Right heart failure, hypoxemia
    - 2nd phase
        - Left heart failure, pulmonary edema
        - Destruction of coagulation cascade

Presentation and diagnosis of AFE?

- Nonspecific and dx of exclusion
    - Hypotension
    - Fetal compromise
    - Pulm edema
    - Etc.

Management of AFE?

- Resuscitation / ACLS
- Prompt delivery
- Emerging therapy: intralipid

Pulmonary embolism

6:38

- Hypercoagulable state
- 15% of maternal mortality
- Virchow's triad
    - Venostasis
        - Uterus compressing
    - Hypercoagulable state
    - Vascular trauma
        - Placenta
        - Delivery
- Presentation
    - Variable
- Diagnosis
    - Clinical suspicion
    - D-dimer, V/Q scan
    - Spiral CT, ultrasound

Septic pulmonary vein thrombosis

11:02

- Virchow's Triad as above

Presentation?

- Prolonged fever not responding to conventional antibiotics
- Management
    - Giving heparin, once traditional, is now controversial

Treatment

12:26

- Acutely treating embolus
- Unfractionated heparin drip
    - 1.5-2.5x normal PTT
- Enoxaparin BID 1mg/kg
- Prophylaxis:
    - 40mg sq qd
    - Or UFH 5k BID/TID

What is ASRA guideline for..

13:38

Heparin 5,000u BID

- Go ahead with regional

Prophylactic Lovenox

- Wait 12 hrs

Therapeutic lovenox

- Wait 24 hrs

Bleeding/hemorrhage

Placenta previa

15:01

- Diff types
    - Total
    - Partial
    - Marginal

Presentation?

- Painless bleed PV in 2nd or 3rd trimester
- Avoid speculum

Treatment?

- Deliver via c/s
    - Prepare for large blood loss

Placenta abruption

17:18

Risk factors?

- HTN
- Preeclampsia

- Advanced maternal age
- Trauma
- PROM
- Chorioamnionitis

Should you worry about epidural masking abruption?

- No, will see on fetal heart tracing

Complications

- Hemorrhagic shock
- Acute renal failure
- Coagulopathy
- Risks to fetus

Monitor/management

- Heart rate
- Adequate IV access
- Foley
- Unlike previa, don't require c-section

Uterine rupture

20:30

- <1% of scarred uterus
- Uterine scar dehiscence

Presentation?

- Contraction of fetal parts, sudden change in station

Management?

- Deliver fetus STAT
- Arterial embolization
- Hysterectomy

Anesthesia

- Trauma / large blood loss mgt
- Large bore IV, foley
- Monitors
- Prepare for Massive Transfusion Protocol

Vasa previa

23:57

- Velamentous insertion of fetus over maternal os
- Presenting part of fetus can cause it to rupture and cause exsanguination

Management

- Emergency c-s

Diagnosis

- Ultrasound

Postpartum hemorrhage

25:20

Most common cause?

- Uterine atony
- Normally endogenous oxytocin → contract

Risk factors?

- Multiple gestation
- Macrosomia
- High parity
- Prolonged labor
- Chorioamnionitis
- Quick labor
- Augmented labor

Diagnosis?

- Clinical
- Boggy, soft uterus
- Lots of vaginal bleeding should heighten suspicion

Treatment?

- Oxytocin
- **M**ethergan (I**M**)
    - Profound constriction – don't give in HTN
- Hemabate
    - Contraindicated in asthma
- Cytotec

Placenta accreta

31:23

- Invade myometrium for placenta attachment
- Accreta increta, percreta

Risk factors?

- Placenta previa
- Prior c/s

Diagnosis?

- Ultrasound, can MRI

Management?

- Lots of prep
- Discussion re: OR vs OB floor
- C-section w/ potential concurrent hysterectomy
- "Mattress suture" uterus

Cord prolapse

37:44

- Can see after membrane rupture and subsequent movement of fetus and possibly compressing cord
- Emergency where hand keeps cord / head from compressing
    - One reason that home deliveries are dangerous

Retained placenta

39:41

- Present as uterine bleeding
- Treatment
    - D&C/E
    - Uterine relaxation
        - Nitroglycerin
        - At risk for uterine atony

Breech presentation

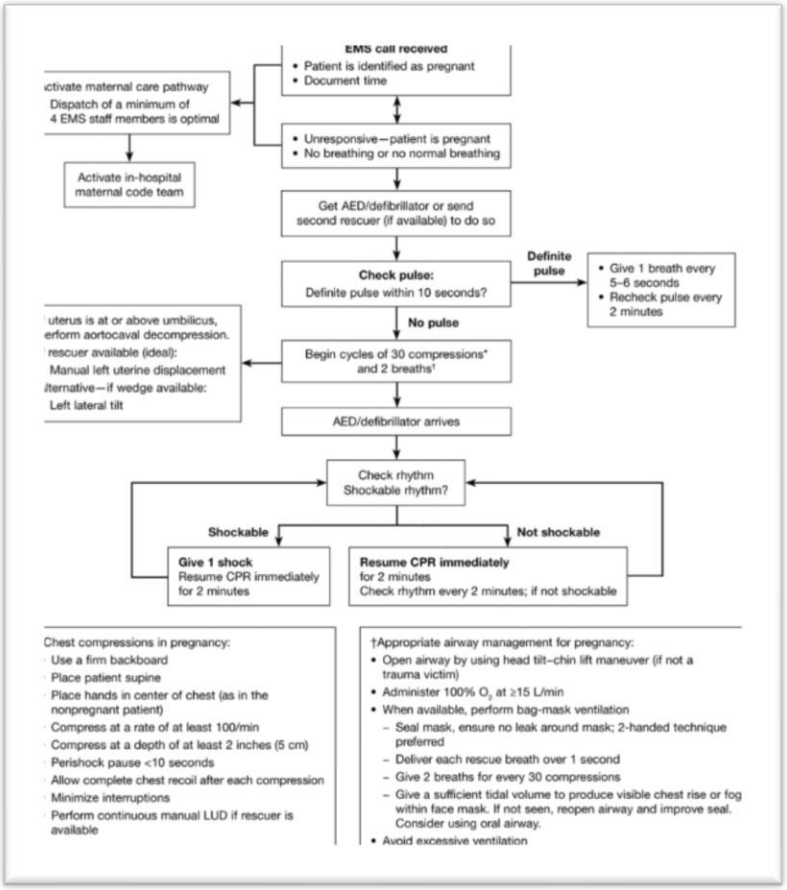
43:33

- Now typically c-section
- External cephalic version 35-80% success
- Be ready for c-section
- Other presentations too
    - Transverse lie → vertical/classical incision

Maternal CPR

50:43

- Left lateral decubitus position → optimize blood flow to uterus
- Compressions
- Mom and baby have best chance if baby can be delivered within 5 minutes



Source: AHA

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