# Margaret H. Rollins School of Nursing
## NURSING 201 – NURSING CARE OF SPECIAL POPULATIONS
Obstetrical Procedures

1) **Define**
   A) Most births occur without the need for intervention

   B) Dystocia:

   C) Examples of the most common types of OB procedures are: Breech, Version, Episiotomy, Lacerations, Forceps, Vacuum, Cesarean, and VBAC

   D) Women who have a delivery that requires some type of intervention may feel fear or guilt

2) **Breech Extraction**
   A) Breech presentation-most common malpresentation of the fetus
   B) Skilled clinician
      1) External Version may be attempted
      2) Forceps may be needed
   C) Risks with Vaginal Breech Extraction
      1) Head trauma

      2) Entrapment

      3)
      4)
   D) Delivery methods for breech presentation are a subject of much debate
      1) ACOG recommends the mode of birth be based on the providers experience
   E) Signs of breech presentation

3) **Version**
4) Procedure used to change fetal presentation

5) Types: External Cephalic Version (ECV) and Internal-Podalic Version
6) **External Cephalic Version**

   A) Uses external maternal abdominal manipulation
   B) Success rate 60% and decreases chance of nonvertex and cesarean birth

C) **Criteria**

D) **Procedure**

E) Pre-op
   1) Inpatient procedure
   2) NPO prior to procedure
   3) Informed consent
   4) Establish IV access
   5) Completed U/S and NST prior

F) Intra-op
   1) Epidural or spinal anesthesia may be provided
   2) Admin uterine relaxant-Terbutaline or magnesium sulfate
   3) Supine or slight trendelenburg positioning
   4) Copiously cover maternal abdomen with warmed U/S gel
   5) Physician attempts to manipulate abdomen and change fetal lie
   6) Physician or nurse may hold fetus in position until uterus regains tone
   7) STOP IF:

G) **Nursing care**

H) **Contraindications** Maternal

I) **Contraindications Fetal**

7) **Internal/Podalic Version**
   A) Not common
   B) Used with multiple gestation to deliver 2nd twin after vaginal delivery of first
   C) Procedure
      1) As with external a medication is administered to relax the uterus
      2) OB places entire hand in uterus and grabs fetal feet and turns to feet presentation
   D) Safety is not documented
      1) Maternal and fetal injury possible
      2) C/S used for most twin gestation especially if one twin malpresented

8) **Laceration**
   A) Unplanned tear in perineum, uterus, vaginal wall, or supporting tissues that occurs during delivery

   B) More common with

   C) Inspect immediately after birth for any tissue injury

9) **Types**
10) Perineal

11) Vaginal and Urethral

12) Cervical

13) **Classifications**
   A) 1st degree-
   B) 2nd degree-
   C) 3rd degree-
   D) 4th degree-

14) **Complications**
   A) Genitourinary and sexual problems
   B) Fistulas
   C) Uterine, bladder (cystocele), and rectal (rectocele) prolapse
   D) Urinary or bowel incontinence
15) **Episiotomy**
   A) Surgical incision of the perineum
   B) Often considered routine but this practice is not warranted

   C) **Procedure**
      1) OB uses rounded tipped scissors used to cut perineum when fetal head is visible during contraction
         (a) Local anesthesia
      2) Midline
         (a) Extends downward from vaginal orifice to rectal sphincter
         (b) Advantage:
         (c) Disadv:
      3) Mediolateral
         (a) Perineum cut is at a 45 degree angle to left or right and may be used for a lg infant

   D) Nursing care

      1) **After repair-**

      2) Assess for

      3) Patient Teaching

16) **Laceration versus Episiotomy**
   A) Age old debate
   B) Pro laceration

C) Pro episiotomy
   1) Routine use is declining and research shows
      (a) It does not protect the perineum
      (b) There are no maternal advantages
      (c) More likely with midline that it will extend to rectum

17) **Best practice**

18) **Forceps**
19) Instrument (2 curved blades) that are used to assist with the birth of a fetus
   A) Blades are joined by pin or groove and lock to prevent forceps from compressing fetal skull

20) Rate of forcep delivery has decreased over the last 20 years (5% to 1%)
21) **Indications**
   A) Any condition that threatens mom or fetus that can be relieved by birth
   B) Used to shorten 2$^{nd}$ stage of labor

22) **Criteria**

   A) Outlet forceps
      1) Head is bulging on perineum

   B) Low forceps

   C) Midforceps

23) **Procedure**
   A) MD introduces fingers into vagina to guide blade into place
   B) Mother will feel pressure but shouldn't feel pain
   C) Traction on forceps only during contraction
   D) Mild bradycardia with head compression not uncommon
24) **Risks**-blade application, pressure, and traction can be traumatic especially if provider is not well experienced
25) Maternal Risks

26) Fetal Risks

27) **Vacuum assisted birth**
   A) attachment of vacuum cup to fetal head using negative pressure to assist in birth of head

28) **Criteria**

29) **Guidelines**

30) **Contraindications**

31) **Risks**-similar to forceps
32) Maternal Risk-same as forceps
33) Fetal Risks:

34) **Nursing Care**
   A) Educate mother allay fears and anxieties
   B) Encourage mother to push
   C) Anticipate resuscitation
   D) Observe and assess for maternal and fetal risks
   E) Educate parents that

35) **Cesarean Section, C/S, cesarean delivery, cesarean birth, or vaginal bypass**
36) Delivery of a fetus through an abdominal and uterine incision
37) **Statistics**
   A) In 2007 an all time high of 31.8% of deliveries were cesareans
   B) This is a 50% increase since 1996
   C) **Why is cesarean rate so high**?

**Risks of Cesarean Section**

38) **Indications for Cesarean Section**
   A) Absolute
      1) Complete placenta previa, CPD, placental abruption, active genital herpes (HSVII), cord prolapse, failure to progress in labor, abnormal FHR pattern/fetal distress, any type of tumor that is obstructing the birth canal, transverse lie

B) Controversial

39) **Types of Incisions**
40) A skin incision and a uterine incision are made. The physician does not always use the same type of incision for both.
41) Skin
    A) Transverse-bikini cut-made just be low the pubic hairline
        1) Adv:
        2) Disadv:

    B) Vertical: between navel and symphisis pubis

42) Uterine
    A) Lower uterine segment-can cut into the lower uterine segment vertically or transversely (horizontally)
        1) Transverse-most common and preferred method

        2) Vertical

    B) Classical

43) **Nursing Care**
    A) **PreOp**
    B) May be scheduled or emergent
    C) Patient should be NPO prior (why we keep laboring moms on just clears)
    D) Place on EFM
    E) OR checklist-armband, VS, remove jewelry, nail polish, contacts (up to anesthesia) etc
    F) Establish IV line-obtain CBC and T+S
    G) Place foley catheter
    H) Administer preop meds

    I) support/educate mom and FOB

J) **IntraOp**

K) **PostOp**
L) Show baby to mom and let her touch and smell

44) **VBAC**
45) Vaginal birth after cesarean delivery
   A) Trended up in the 90's with increasing consumer demand then in the 2000s trended down

46) Most recently success rates for VBAC have been promising and there is more scrutiny going into the risk of uterine rupture
47) **If attempting VBAC**: