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Canadian Family Medicine Clinical Card

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Obstetric Assessment

COMMON APPROACH

Triage Note Template
<input type="checkbox"/> ID: age, G#P#, Due Date
<input type="checkbox"/> Presenting problem: 2-3 words
<input type="checkbox"/> OBHx: GBS, Rh, HTN, GDM, serology, Last U/S (placenta location, size, BPD) Other U/S, significant events
<input type="checkbox"/> POBHx: Dates, GA, C/S, complications
<input type="checkbox"/> Ask re: blood fluids contractions FMC
<input type="checkbox"/> Vitals: BP, Temp, HR

Common Considerations
<input type="checkbox"/> Avoid continuous electronic monitor if low-risk in labour.
<input type="checkbox"/> Consider possible placenta previa before pelvic exam. If no u/s, ask if mother is aware of any problems.
<input type="checkbox"/> Assess fetal position if possible.
<input type="checkbox"/> Always consider a broad differential including non-obstetrical diagnoses.

STAGES OF LABOUR

Stage	Phase	Description	Dystocia
1	Latent	To 3-4 cm (nullip) or 4-5 cm (multip)	
	Active	To full dilatation	>4 hr of <0.5cm/h dilatation
2	Passive	Full dilatation, no pushing	
	Active	Full dilatation, pushing, until birth	>1 hr with no descent
3		Until delivery of placenta	
4		To one hour post-partum	

BISHOP SCORE FOR CERVICAL ASSESSMENT

Factor	0 points	1 point	2 points
Dilatation	0 cm	1 - 2 cm	3 - 4 cm
Effacement OR Length	0 - 30 % >3 cm	40 - 50 % 1 - 3 cm	60 - 70 % < 1 cm
Consistency	Firm	Medium	Soft
Position	Posterior	Mid	Anterior
Station	Ischial Spines - 3 cm	Spines - 2 cm	Spines - 1 cm

If Bishop Score <7, ripening required before induction

FETAL ASSESSMENT

Normal Non-Stress Test (NST)		Bio-physical Profile (BPP) (Over 30 min, 2 points each)	
Duration	20 - 40 minutes	2 x 2 cm pocket of amniotic fluid	
Baseline	110 - 160 bpm	Breathing movements lasting >30 s	
Variability	6 - 25 bpm	3 Body or limb movements	
Accelerations	>32 wk: 2 x 15 bpm x 15 s <32 wk: 2 x 10 bpm x 10 s	1 Extension/flexion of limb or trunk OR open/close of hand	
Decelerations	None or Occasional Variable <30 s	NST normal (include if <8/8 on above)	

Management based on BPP		
2 x 2 cm pocket of amniotic fluid	BPP = 6	Repeat BPP in 24 hr
	BPP < 6	Term: deliver
No 2 x 2 cm pocket of amniotic fluid	Any BPP	Pre-term: refer to specialist

GROUP B STREP (GBS)

Prophylaxis Indications	Treatment	
<37 wk without GBS negative swab (usually done 35 - 37 wk)	Penicillin G	5000000 units IV then 2500000 units IV q4h
GBS positive swab	If penicillin allergy	Cefazolin: 2 g IV then 1 g IV q8h
GBS unknown and >18 hr ROM	If allergy with anaphalaxis	Clindamycin, erythromycin, or vancomycin (check sensitivity)
GBS bacteriuria in this pregnancy		
GBS infection in previous baby		

Key References: Liston R, Sawchuck D, Young D. Fetal Health Surveillance: Antepartum and Intrapartum Consensus Guideline. *J Obstet Gynaecol Can.* 2007;29(9 Supplement 4):S3-S6. Money D, et al.. The Prevention of Early-Onset Neonatal Group B Streptococcal Disease. *J Obstet Gynaecol Can.* 2004;26(9):826-40. Leduc D, Biringier A, Lee L, Dy J. Induction of Labour. *J Obstet Gynaecol Can.* 2013;35(9):840-857. SOGC Content Review Committee. (2011). ALARM Course Syllabus, 18th Edition. SOGC.