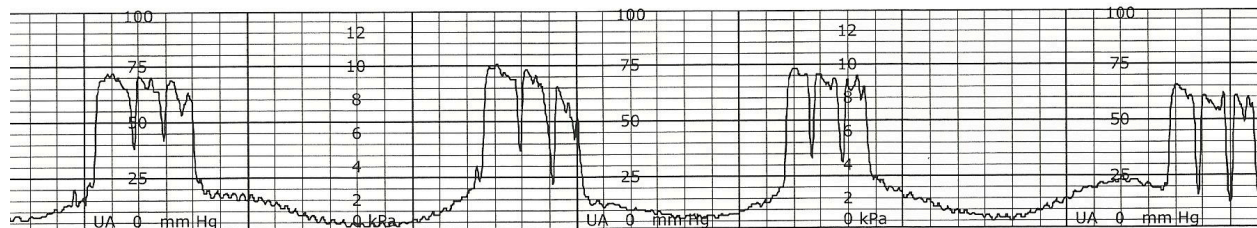
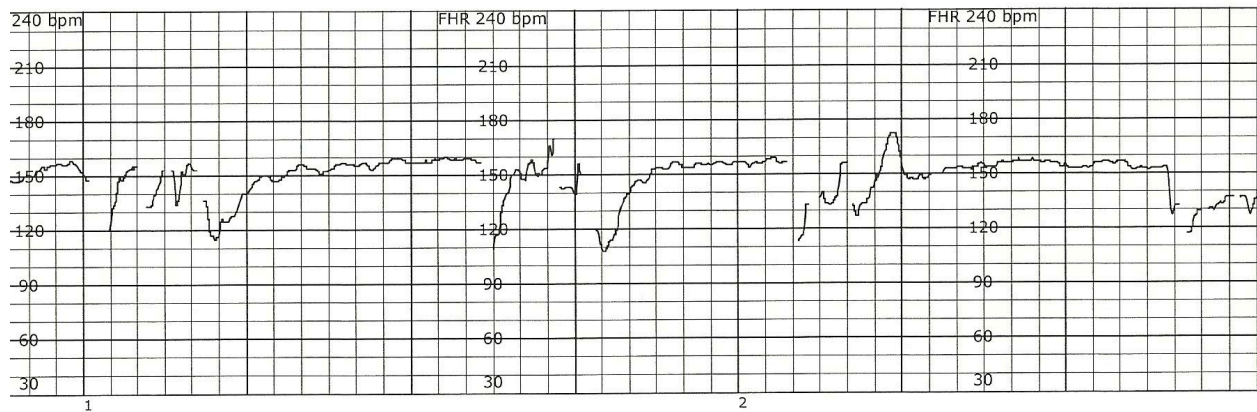


****Please see month 1 reading list for articles relevant to fetal monitoring and labor induction. ****



Page 1

Case 1 – 22 y G1P0 at 40 weeks gestation, arrived with SROM of clear fluid but not in labor. Her pregnancy was uncomplicated except for a 65 pound weight gain. Oxytocin was started and active labor began. She had Category 1 tracings throughout her labor and is now completely dilated. She has just started pushing.

Determine Risk _____

Contractions _____

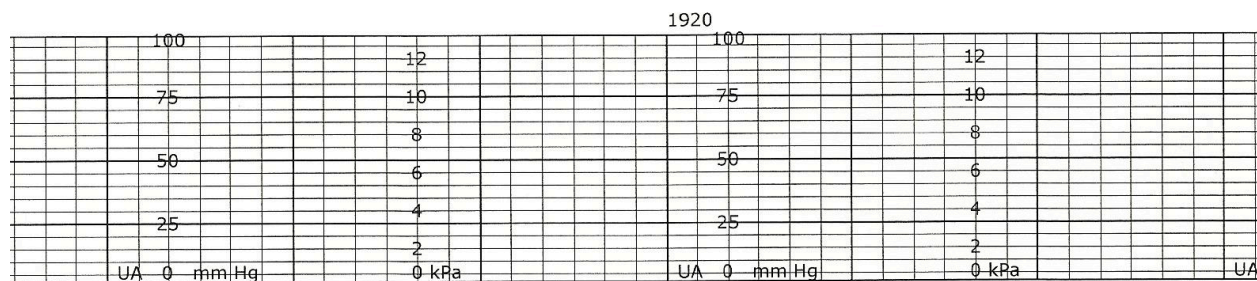
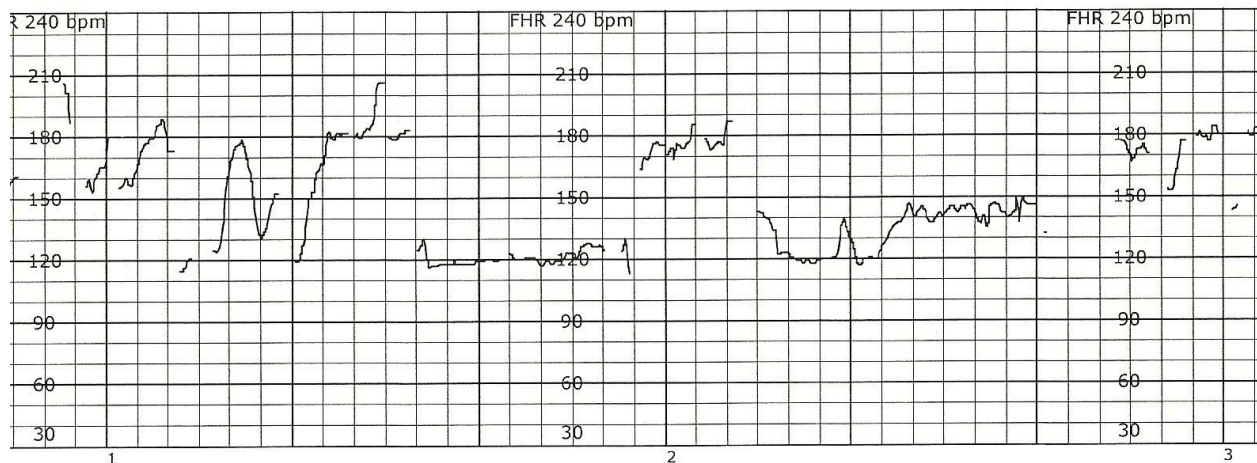
Baseline Rate _____

Variability _____

Accelerations _____

Decelerations _____

Overall acid-base status and EFM category _____



She has been pushing for 90 minutes and the baby is at +2 station. For the past five minutes the tracing has been as above.

Determine Risk _____

Contractions _____

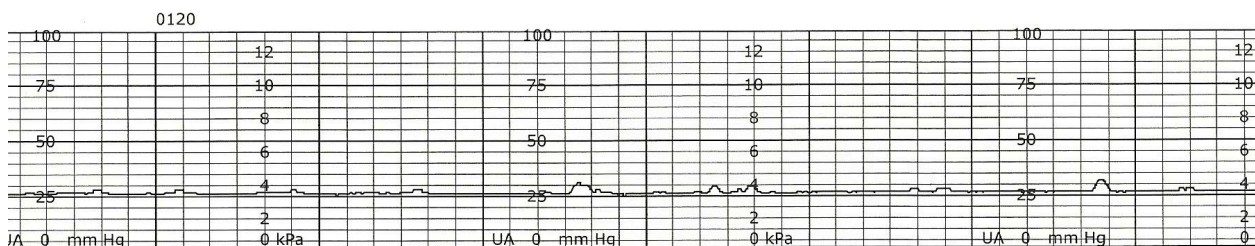
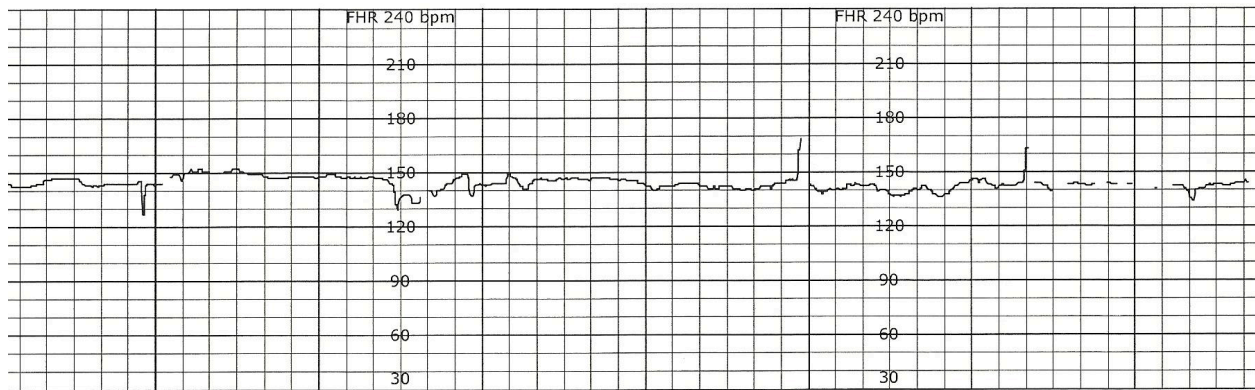
Baseline Rate _____

Variability _____

Accelerations _____

Decelerations _____

Overall acid-base status and EFM category _____



Case 2 – 26 y/o G2P1 at 36 weeks gestation arrives on labor and delivery with chief complaint of vaginal bleeding. Her pregnancy has been uncomplicated. She is found to have moderate vaginal bleeding and her cervical exam is 2 cm dilated/50% effaced/-3 station. Her BP is 130/75, HR 95. This is the initial FHR tracing.

Determine Risk _____

Contractions _____

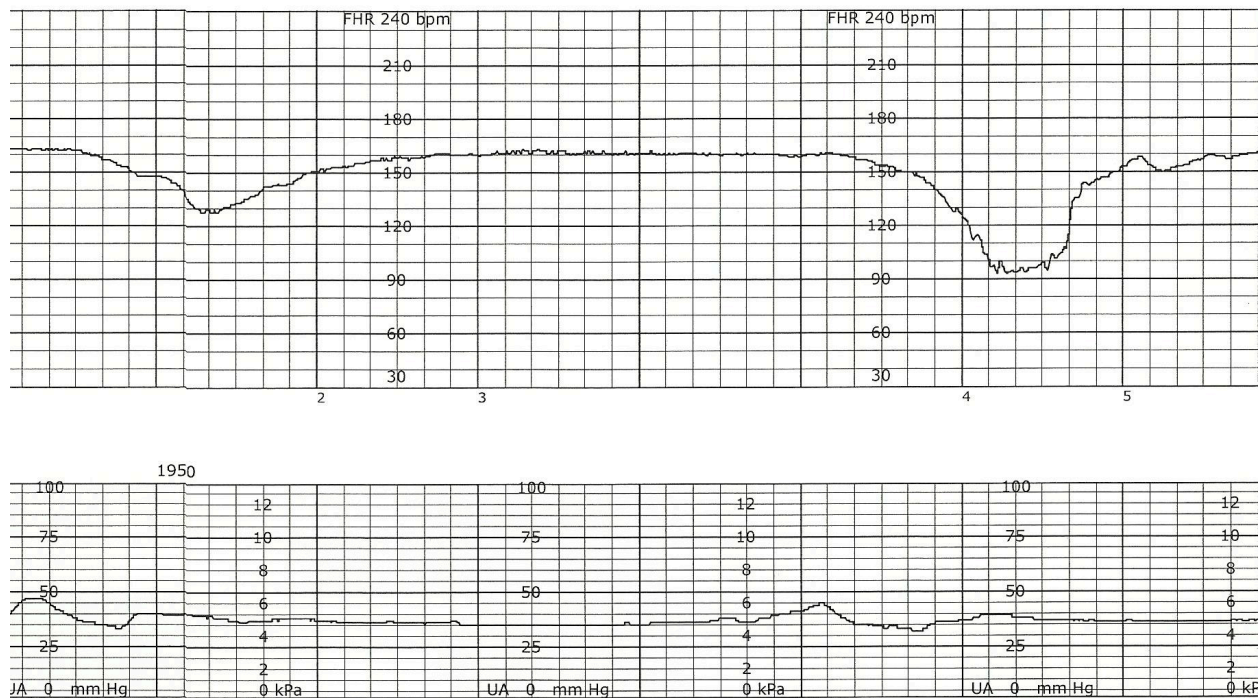
Baseline Rate _____

Variability _____

Accelerations _____

Decelerations _____

Overall acid-base status and EFM category _____



Ten minutes later she is still having bleeding. Her BP is now 115/70 and her HR is 110. The FHR tracing is as above.

Determine Risk _____

Contractions _____

Baseline Rate _____

Variability _____

Accelerations _____

Decelerations _____

Overall acid-base status and EFM category _____

Case 3 – 32 y/o G1P0 at 40 4/7 weeks. She is seeing you for her regular appointment. Her pregnancy so far has been uncomplicated. Her cervix is closed, midposition, 30% effaced and medium consistency, and the fetal head is -3 station.

- 1) What would you recommend?
- 2) Is there an indication for induction? When? What does ACOG say?
- 3) If you choose to induce her, how would you begin her induction? List the possible methods and advantages/disadvantages.

Case 4 – A 34 y/o G3P2 at 37 weeks is in your office for her regular appointment. Your partner has been doing her OB care but just unexpectedly had to take some leave. Her pregnancy has been uncomplicated. She has 2 previous term vaginal deliveries. You are reviewing her labor preferences and she admits she is very worried about this delivery. She lives 45 minutes from the hospital and her last labor was only 1 hour long. She is asking about the possibility of induction. Her cervix is 3 cm dilated/50% effaced/-3 station, soft and midposition.

- 1) What would you recommend?
- 2) Is there an indication for induction? When?
- 3) If you choose to induce her, how would you begin her induction?