

OBS points from pre-profs

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Neonatal mortality is death occurring within the first 28 completed days of life. It is further divided: Early neonatal mortality refers to deaths occurring in the first 7 completed days of life (i.e., days 0-6). Late neonatal mortality refers to deaths occurring from day 7 up to day 28.

Leopold's maneuvers are a systematic method of abdominal palpation used to determine fetal presentation (e.g., cephalic, breech), lie (longitudinal, transverse, oblique), position (relationship of presenting part to maternal pelvis), and engagement. Vaginal examination and ultrasound are other methods.

Hyperextension of the fetal head in a breech presentation (diagnosed by ultrasound) is an absolute contraindication to vaginal breech delivery due to the very high risk of cervical spinal cord injury during delivery

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Puerperal mastitis is a common complication of breastfeeding, affecting a significant percentage of lactating women. It is an inflammation of the breast tissue, often caused by milk stasis and/or infection (commonly *Staphylococcus aureus*). Symptoms include breast pain, tenderness, swelling, redness, and systemic signs like fever and malaise.

Active primary or recurrent genital herpes simplex virus (HSV) lesions at the onset of labor or with rupture of membranes is a strong indication for Cesarean section to prevent neonatal HSV infection, which can be severe or fatal

Maternal hypertension (chronic hypertension or preeclampsia) is one of the most significant risk factors for placental abruption. Other major risk factors include previous abruption, abdominal trauma, smoking, cocaine use, premature rupture of membranes, and multiple gestation.

In the case of intrauterine fetal demise (IUFD) where vaginal delivery is obstructed or difficult (e.g., malpresentation, cephalopelvic disproportion), destructive operations (like craniotomy to reduce head size) may be performed to facilitate vaginal delivery and avoid the risks of a Cesarean section for a deceased fetus. The goal is maternal safety. If OP position causes obstruction at 0 station despite full dilation, and spontaneous delivery is not progressing, **Destructive operation** is an option.

Infectious postpartum mastitis most commonly develops between the second and sixth week after delivery, although it can occur at any time during lactation. It is often associated with nipple trauma, milk stasis, and subsequent bacterial infection (commonly *Staphylococcus aureus*).

Red degeneration (carneous degeneration or necrobiosis) is a common complication of uterine fibroids during pregnancy. It occurs due to rapid growth of the fibroid outstripping its blood supply, leading to infarction and aseptic inflammation within the fibroid

The Mauriceau-Smellie-Veit maneuver is specifically used to facilitate the delivery of the aftercoming head in a vaginal breech birth

Current definitions, such as those by ACOG, generally consider the active phase of labor to begin when the cervix is dilated to 6 cm or more, in the presence of regular, effective uterine contractions leading to progressive cervical change

The perception of pain from uterine contractions is subjective and varies, but generally, contractions become noticeably painful when the intrauterine pressure exceeds the resting tone by about 15-20 mm Hg.

Mendelson's syndrome is a form of chemical pneumonitis caused by the aspiration of acidic

gastric contents into the lungs. This typically occurs in obstetric patients under general anesthesia, especially if airway protective reflexes are compromised. It leads to acute lung injury.

OBS

Chromosomal abnormalities of the fetus

- Most common cause of **first-trimester miscarriage** (~50–60%)

Fetal occiput posterior or transverse malposition

- Most common cause of prolonged second stage / arrest of descent in primigravida
- Head is fully engaged but malpositioned → **slower descent and rotation**
- Typically presents with **persistent occiput posterior** → may require **assisted delivery or manual rotation**

A. Fetal head compression

- Classic cause of **early decelerations**
- Mechanism: pressure on fetal head → **vagal stimulation** → transient FHR decrease
- Usually **benign, requires no intervention**

Perform a cervical cerclage

- ✓ Prior spontaneous PTB
- ✓ Cervical length <25 mm
- ✓ <24 weeks gestation
- ✓ Asymptomatic

👉 This is a classic indication for ultrasound-indicated (or history-based) cerclage

Smoking is a major modifiable risk factor for placental abruption and placenta previa.

Stepwise Management of PPH

Step	Action
Immediate	ABCs, call for help, IV access, vitals, monitor urine
First-line	Uterine massage, oxytocin
Second-line	Tranexamic acid, misoprostol, ergometrine, carboprost
Mechanical/Surgical	Balloon tamponade → compression sutures → artery ligation → hysterectomy
Supportive	Fluids, blood transfusion, labs, oxygen

The average length of the umbilical cord at term is approximately 50 to 60 cm (around 20-24 inches)

Shoulder dystocia is an obstetric emergency where the anterior shoulder of the fetus becomes impacted behind the maternal pubic symphysis after delivery of the head. Initial maneuvers (e.g.,

HELPERR mnemonic) include: McRoberts maneuver (hyperflexing maternal thighs onto abdomen), and application of suprapubic pressure (direct pressure above the pubic symphysis to adduct and dislodge the anterior shoulder).

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Gynecoid pelvis (classic female, most favorable)

Anthropoid pelvis (long A-P, narrow transverse)

Platypelloid pelvis (flat, wide transverse, short A-P)

The android pelvis, often described as 'male-like' or 'funnel-shaped,' has characteristics that make vaginal delivery more difficult. These include a heart-shaped or wedge-shaped inlet, convergent sidewalls (pelvis narrows from inlet to outlet), prominent ischial spines (reducing midpelvic diameter), a narrow subpubic arch, and a short posterior sagittal diameter. These features can lead to dystocia.

Mentum (chin - used for face presentation)

Sacrum (used for breech presentation)

Acromion (shoulder - used for shoulder presentation/transverse lie)

Occiput (used for vertex presentation)

Sinciput (brow/forehead - used for brow presentation)

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Lochia is the normal vaginal discharge that occurs after childbirth, lasting for several weeks (typically 4-6 weeks). It consists of blood, mucus, and uterine tissue (necrotic decidua) shed from the lining of the uterus as it heals and involutes. It changes color over time: lochia rubra (red, first few days), lochia serosa (pinkish-brown, up to ~10 days), and lochia alba (yellowish-white, for several weeks).

Hyperemesis gravidarum is severe nausea and vomiting in pregnancy leading to dehydration, electrolyte disturbances, ketonuria, and weight loss. Due to dehydration and fluid loss, hemoconcentration typically occurs, resulting in an increased hematocrit, not a reduction.

Early decelerations are characterized by a gradual decrease in fetal heart rate (FHR) that mirrors the uterine contraction in timing (nadir of deceleration coincides with peak of contraction). They are generally benign and are thought to be caused by fetal head compression, which elicits a vagal response.

Cardiotocography (CTG) interpretation becomes more reliable from around 26-28 weeks of gestation, as the fetal autonomic nervous system matures, leading to more consistent fetal heart

rate patterns, including variability and accelerations. Before this, CTG tracings can be difficult to interpret reliably.

The modified biophysical profile (mBPP) typically combines two components: the Non-Stress Test (NST), which assesses fetal heart rate reactivity, and the Amniotic Fluid Index (AFI) or measurement of the single deepest vertical pocket of amniotic fluid, which assesses chronic placental function.

Guidelines for neonatal resuscitation suggest that if there is no heart rate detectable after 10 minutes of continuous and adequate resuscitation efforts, it is appropriate to consider discontinuing resuscitation, as the prognosis for survival without severe morbidity is extremely poor. Some guidelines may extend this slightly, but 10 minutes is a key decision point.

Combined first-trimester screening, performed between 11 and 14 weeks, involves measuring maternal serum markers (e.g., PAPP-A, free β -hCG) and an ultrasound measurement of fetal nuchal translucency (NT). This combination provides a risk assessment for common chromosomal aneuploidies like Trisomy 21, 18, and 13.

Sheehan's syndrome is postpartum pituitary necrosis, often occurring after severe PPH leading to hypovolemic shock and pituitary ischemia. This results in hypopituitarism, and one of the earliest signs can be **failure of lactation** due to prolactin deficiency. Other pituitary hormone deficiencies may manifest later.

Guidelines often suggest delivery between 37+0 and 38+6 weeks for GDM with poor control, or earlier if other complications arise. If well-controlled, delivery can be closer to term.

The combination of polyhydramnios (due to impaired fetal swallowing of amniotic fluid) and an absent or persistently small fetal stomach bubble on ultrasound is highly suggestive of esophageal atresia. This is often associated with a tracheoesophageal fistula.

Routine antenatal infection screening at the booking visit typically includes tests for syphilis, HIV, and Hepatitis B.

With decreased fetal movements, especially with a suspicion of IUGR (SFH < dates), an initial assessment of fetal well-being is crucial. A Cardiotocograph (CTG) or Non-Stress Test (NST) is a common first-line investigation to assess fetal heart rate patterns. This would often be followed by an ultrasound for growth, amniotic fluid, and possibly a full Biophysical Profile.

You have:

- Twin pregnancy
- First twin delivered vaginally
- Second twin is transverse lie
- FHR normal (140 bpm)
- Membranes intact
- Uterus well contracted

This is a **classic scenario** in obstetrics.

Management of second twin

After delivery of the first twin, the **preferred and fastest method** to deliver a **transverse second twin** (with reassuring FHR and intact membranes) is:

👉 **Internal podalic version followed by breech extraction**

Uterine artery Doppler velocimetry performed in the second trimester can help predict pregnancies at increased risk for developing complications related to uteroplacental insufficiency, such as pre-eclampsia and fetal growth restriction. Abnormal uterine artery Doppler findings indicate impaired placental perfusion and higher risk.

Anencephaly is a lethal congenital anomaly incompatible with extrauterine life. When diagnosed prenatally, especially with associated complications like polyhydramnios, comprehensive counseling should be provided to the parents. This includes discussing the prognosis and management options. **Offering termination of pregnancy is a standard part of this counseling.** If the pregnancy continues, management is usually supportive, focusing on maternal comfort and mode/timing of delivery.

Sub acute thyroiditis typically follows a viral upper respiratory tract infection. It is characterised by neck pain, tenderness over the thyroid gland, fever, and features of transient hyperthyroidism, followed by hypothyroidism, and then usually recovery. A markedly elevated Erythrocyte Sedimentation Rate is a classic laboratory finding.

For idiopathic membranous nephropathy with indications for immunosuppressive therapy, several regimens are used. Historically, the 'Ponticelli regimen,' which involves alternating monthly courses of corticosteroids with an alkylating agent for 6 months, has been a standard approach. More recently, rituximab has emerged as a highly effective and often preferred first-line or alternative therapy.

Cyclosporine is a calcineurin inhibitor commonly used as an immunosuppressant in organ

transplantation. Its known side effects include nephrotoxicity, hypertension, neurotoxicity, hyperlipidemia, hyperuricemia, hirsutism, and gum hypertrophy. Tacrolimus, another calcineurin inhibitor, also causes tremors and hypertension but is less associated with gum hypertrophy and hirsutism compared to cyclosporine.

Physiological anemia of pregnancy occurs because plasma volume expansion is proportionately greater than the increase in red blood cell mass, leading to hemodilution. The nadir of hemoglobin concentration is typically seen around 28-32 weeks of gestation.

Baseline beat-to-beat variability is considered one of the most important indicators of fetal well-being on a CTG.

Internal rotation of the fetal head, where the occiput rotates anteriorly towards the maternal symphysis pubis, usually begins when the leading bony part of the fetal head reaches the level of the ischial spines and meets the resistance of the pelvic floor muscles.

A standard and widely recommended regimen for antenatal corticosteroids to promote fetal lung maturity is Betamethasone 12 mg intramuscularly, given as two doses 24 hours apart. Another common regimen is Dexamethasone 6 mg intramuscularly, given as four doses 12 hours apart

Fetus papyraceus is the term used to describe a mummified, flattened, and compressed dead fetus that is retained in utero, typically in a multiple pregnancy where the other fetus continues to

develop.