

## Objectives

- Recognize that the cesarean delivery rate in the United States is rising and recall the demographic distribution as well as the role played by medically elective cesareans
- Distinguish the risks of maternal and neonatal morbidity and mortality among the various categories of vaginal and cesarean deliveries.
- Define the term “shoulder dystocia delivery” using ACOG criteria and be familiar with the epidemiology & risk factors associated with this obstetric emergency as well as the recommended personnel and maneuvers needed to effect optimum delivery
- Discuss physical and biochemical events that support the onset of labor and include situations in which the induction of labor is indicated
- Describe common methods of inducing labor including the indications, actions, side effects, precautions and contraindications to the use of pharmacologic preparations in inductions
- Know the most recent recommendations from the NICHD workshop involving terminology, interpretation, assessment and standardized management relative to the process of labor including evidenced-based dosing of oxytocin and evaluation of uterine activity

## Content Outline

1. Cesarean Birth in the United States: Epidemiology, Trends and Outcomes
  - 1.1 Description of data collection regarding delivery method and maternal medical risk factors
  - 1.2 Impact of maternal age, race/ethnicity, gestational age, state of birth
  - 1.3 Controversy raised by presence or absence of risk factors in the trend of increasing cesareans
  - 1.4 Maternal & neonatal outcomes relative to method of delivery
  - 1.5 Impact of changes in obstetric practice & ethics of medically elective cesareans
2. Shoulder Dystocia: An Update
  - 2.1 ACOG definition of shoulder dystocia & epidemiology
  - 2.2 Major & minor risk factors
  - 2.3 Selection of method of delivery
  - 2.4 Maneuvers & positions to manage shoulder dystocia
    - 2.4.1 McRoberts
    - 2.4.2 Woods’ corkscrew
    - 2.4.3 Rubin’s maneuvers
    - 2.4.4 Gaskin position
    - 2.4.5 Zavanelli maneuver & other last resort approaches
  - 2.5 Postpartum management
  - 2.6 Neonatal sequelae--brachial plexopathy
  - 2.7 Maternal sequelae
  - 2.8 Training approaches to management
3. Trends and Controversies in Labor Induction
  - 3.1 Physical & biochemical triggers for labor onset
  - 3.2 ACOG indications for induction of labor
  - 3.3 Economic impact of labor induction
  - 3.4 Cervical ripening
  - 3.5 Preparations & activities used for labor induction
    - 3.5.1 oxytocin
    - 3.5.2 prostagladins
    - 3.5.3 herbs & homeopathic agents
    - 3.5.4 acupuncture
    - 3.5.5 mechanical & physical methods
  - 3.6 Nursing implications

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## Controversies in Obstetric Practice

### Content Outline *continued*

4. Oxytocin, Excessive Uterine Activity, and Patient Safety-Time for a Collaborative Approach
  - 4.1 Terminology & definitions
  - 4.2 Keys to Collaborative Approach
    - 4.2.1 multidisciplinary input
    - 4.2.2 understanding of physiology & research
    - 4.2.3 physiologically appropriate drug dosing

### Reading Material Resources

This self assessment module is based on the resources listed below. A copy of each article is included with the module.

“Cesarean Birth in the United States: Epidemiology, Trends, and Outcomes”, MacDorman, PhD, Marian F., et al., Clinics in Perinatology, No. 35, 2008, pp. 293-307

“Shoulder Dystocia: An Update”, Gottlieb, MD, Amy G., et al., Obstetrics and Gynecology Clinics of North America, No. 34, 2007, pp. 501-531

“Trends and Controversies in Labor Induction”, Moleti, Carole Ann, MCN, Volume 34, No. 1, January/February 2009, pp. 41-47

“Oxytocin, Excessive Uterine Activity and Patient Safety: Time for a Collaborative Approach”, Miller, Lisa A., Journal of Perinatal Neonatal Nursing, Volume 23, No. 1, pp. 52-58