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 prostaglandins
     3.5.3 herbs & homeopathic agents
     3.5.4 acupuncture
     3.5.5 mechanical & physical methods
   3.6 Nursing implications

Continued on next page
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.


