

Obstetrics & Newborn

Key Points



MB	Mom & Baby Unit
EOS	Early Onset Sepsis
SGA	Small for Gestational Age
LPT	Late Preterm those born between 34 0/7 and 36 6/7 gestational weeks,
Chorio	Chorioamnionitis or intra-uterine inflammation is a frequent cause of preterm birth.
TCB	Transcutaneous bilirubin
CCHD	Critical Congenital Heart Disease Screening
PKU	Phenylketonuria. It is a rare disorder that prevents the body from breaking down part of a protein called phenylalanine (Phe). Phe is in all foods that contain protein, such as milk, meats, and nuts.
BG	Blood Glucose
Rhogam	RhoGAM is a shot given to pregnant people whose blood is negative for Rhesus factor (Rh) protein but who are carrying an Rh-positive fetus.
GTT	Glucose Tolerance Test
DTR	Deep Tendon Reflexes
T&S	Type and Screen determines ABO blood group and Rh type and screens for clinically significant alloantibodies in case a patient needs blood.
PROM	Premature rupture of membrane
PTL	Preterm Labor Diagnosis
Neuraxial	The term neuraxial anesthesia refers to the placement of local anesthetic in or around the CNS.
ERAS	Enhanced recovery after surgery

Neonatal Pulse Oximetry reading

- Only use the RIGHT HAND and foot due to possible interference of ductus arteriosus providing a false result.

The ductus arteriosus is a fetal vessel that allows the oxygenated blood from the placenta to bypass the fetal lungs in utero.

- At birth, a newborn inhales for the first time and the lungs fill with air, causing pulmonary vascular resistance to drop and blood to flow from the right ventricle to the lungs where it can undergo oxygenation.
- The increased arterial oxygen tension and decrease in blood flow through the ductus arteriosus causes the ductus to constrict and functionally close by 12 to 24 hours of age in healthy, full-term newborns, with permanent (anatomic) closure occurring within 2 to 3 weeks.
- In premature infants, the ductus arteriosus does not close rapidly and may require pharmacologic or surgical closure to treat unwanted repercussions.

Preeclampsia

- Preeclampsia is a pregnancy-specific hypertension syndrome.
- The American College of Obstetricians and Gynecologists defines the diagnostic criteria for preeclampsia as the measurement of hypertensive thresholds (i.e., systolic and diastolic blood pressures ≥ 140 and ≥ 90 mmHg, respectively, occurring twice, four hours apart, after 20 weeks) with either proteinuria (i.e., ≥ 300 mg per 24 hours) or, in the absence of proteinuria, new onset of any of the following systemic findings:
 - a. thrombocytopenia (platelet count $< 100,000 \mu\text{L}$);
 - b. renal insufficiency (i.e., creatinine > 1.1 mg/dL or two-fold increase in creatinine in the absence of underlying renal disease);
 - c. abnormal liver function (i.e., hepatic transaminase levels twice the upper limit of normal);
 - d. pulmonary edema; or
 - e. cerebral or visual symptoms.

Urine Protein Creatinine Ratio

- UPCR is calculated by dividing the level of protein (mg/dl) in a spot urine test by the creatinine level (mg/dl)

Hyperbilirubinemia

- Hyperbilirubinemia is a common condition occurring in neonatal periods, with a prevalence of around 60% in term neonates and 80% in preterm neonates. Preterm neonates have a greater risk of severe hyperbilirubinemia, which can lead to encephalopathy

Car Seat Challenge

- The car seat challenge test is used to identify infants who are at high risk for respiratory or airway problems when in their car seats.
- Failure criteria include (1) apnea > 20 seconds, (2) bradycardia < 80 beats per minute for > 10 seconds, and (3) desaturation $< 90\%$ for > 10 seconds
- Test is 90 to 120 minutes long, unless car ride home is longer.

Latch Score

- LATCH score is a simple tool to identify mothers who require breastfeeding support and counselling before discharge from the hospital to prevent early breastfeeding cessation.

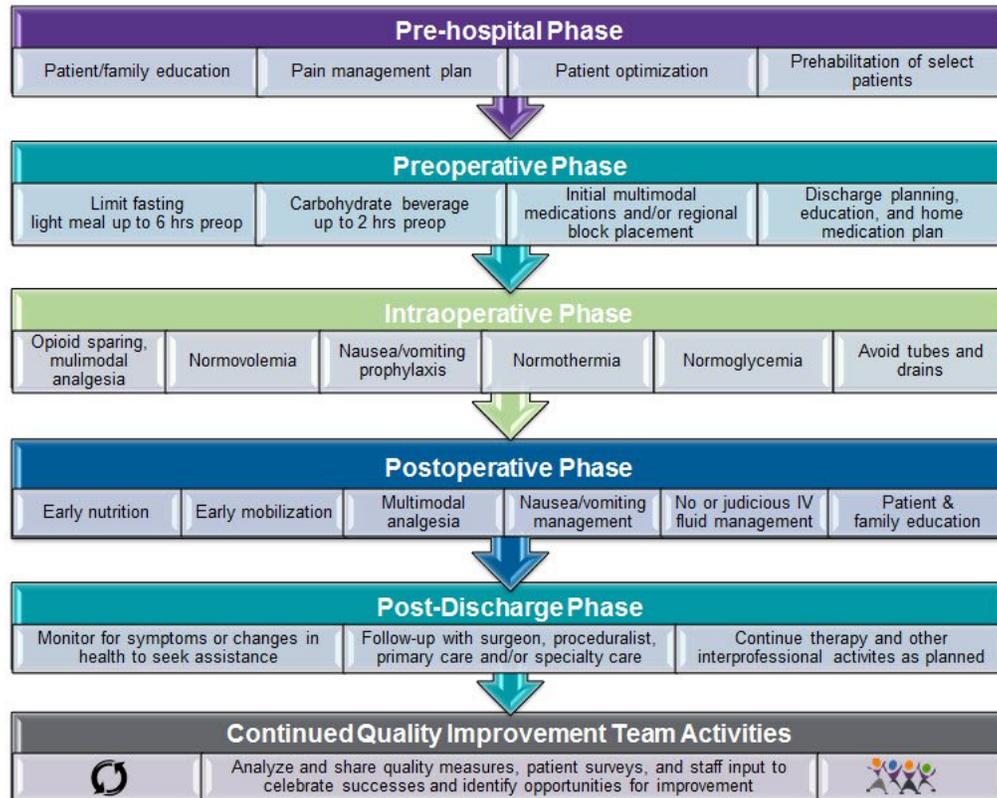
Bilimeter

- The Bili-Meter is a spectroradiometer that measures the therapeutic irradiance (radiant power) of neonatal phototherapy lights.
- Bilimeters are devices that measure bilirubin transcutaneous (i.e. without drawing blood). They work by directing light into the neonate's skin and then measuring the intensity of specific wavelengths that return and using this information to calculate bilirubin level.

LATCH: A Breastfeeding Charting System and Documentation Tool

LATCH is a structured assessment of breastfeeding. Systematic use of LATCH can help identify which mothers and babies need additional support or referral. The use of a structured breastfeeding assessment is recommended at least twice before the newborn's discharge from the nursery. Any concerns identified by LATCH should be addressed prior to discharge, including the development of a plan for follow-up.

	0	1	2
L Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate suck	Grasps breast Tongue down Lips flanged Rhythmic sucking
A Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hours old Spontaneous and frequent >24 hours old
T Type of nipple	Inverted	Flat	Everted (after stimulation)
C Comfort (Breast/nipple)	Engorged Cracked/bleeding/large blisters or bruises Severe discomfort	Filling Reddened/small blisters or bruises Mild, moderate discomfort	Soft Nontender
H Hold (Positioning)	Full assist (staff holds infant at breast)	Minimal assist Teach 1 side; mother does other Staff holds and then mother takes over	No assist from staff Mother able to position/hold infant



LOCHIA

WHAT'S NORMAL & WHAT'S NOT

LOCHIA RUBRA BIRTH TO DAY 4

BRIGHT RED
HEAVY FLOW
BLOOD
SMALL/MEDIUM
CLOTS

LOCHIA SEROSA DAY 4 TO DAY 10

PINKISH BROWN
LESS BLOOD
MORE
DISCHARGE
FEWER CLOTS

LOCHIA ALBA UP TO 6 WEEKS

YELLOW/WHITE
LITTLE BLOOD
SOME
DISCHARGE
NO CLOTS

RED FLAGS

- YOUR BLEEDING SLOWS/STOPS AND THEN STARTS AGAIN
- SOAKING THROUGH A PAD IN 1 HOUR OR LESS
- PASSING CLOTS BIGGER THAN A GOLF BALL
- HAVE A FEVER OR FLU-LIKE SYMPTOMS
- ABDOMINAL PAIN THAT IS MORE THAN USUAL AFTERPAIN CRAMPS

**SLOW DOWN
AND CALL YOUR
CAREGIVER**

WHY DO YOU BLEED AFTER BIRTH?

- HEALING OF THE PLACENTA SITE IN THE UTERUS
- RELEASING EXTRA FLUIDS, BLOOD AND UTERINE LINING FROM PREGNANCY

SELF CARE

- COTTON PANTIES
- PERI-BOTTLE
- HERBAL SITZ BATH
- COOL COMPRESSES
- WITCHHAZEL
- LARGE PADS

elite doula group

